



COLUMBIA CARE EXECUTIVE SUMMARY

# COLUMBIA CARE NY LLC EXECUTIVE SUMMARY

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Redacted pursuant to N.Y. Public Officers Law, Art. 6



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### CONCLUSION

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New York State needs a strong partner in order to successfully implement its innovative program and become a national policy leader in medical marijuana treatment. Columbia Care has the proven expertise, scientific credentials, compassion for patients and a commitment to communities across New York that will result in long-term success for all stakeholders. We look forward to implementing this program in partnership with the State of New York to ensure that all eligible patients have access to consistent, high-quality treatment.

Experience has taught us that the most rewarding opportunities are ones that help people live better lives, revitalize communities and foster the pursuit of knowledge. These principles constitute the very foundation of our business model and have been key to our success. We have earned the privilege to serve communities in other jurisdictions, and now welcome the opportunity to introduce our experience, resources and optimism to New York's communities as well as our own neighbors. We thank you for your consideration of this application and look forward to a long and mutually beneficial partnership.

Very respectfully,

**Columbia Care**





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### COLUMBIA CARE LEADERSHIP TEAM

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#### Advisory Board

**Bradford C. Berk, MD, PhD** is the [REDACTED] as well as the [REDACTED] at the [REDACTED]. Dr. Berk was recruited to [REDACTED] in [REDACTED] as [REDACTED] of the [REDACTED]. Prior to his recruitment to [REDACTED], he served [REDACTED] of [REDACTED], and the [REDACTED]. He [REDACTED], which rapidly became one of the nation's top ten most highly funded [REDACTED] research programs. Dr. Berk then served as [REDACTED] from [REDACTED] until [REDACTED]. In [REDACTED] Dr. Berk was chosen after a national search to be [REDACTED] of [REDACTED] and [REDACTED] at the [REDACTED].

[REDACTED]  
He [REDACTED] to his [REDACTED] duties [REDACTED] with a new perspective on patient care, health provider-patient interactions and teamwork. From [REDACTED] to [REDACTED], he focused on cultural transformation at [REDACTED] to promote the development of a patient- and family-centered environment, develop capabilities to address the challenges of health care reform and facilitate the translation of fundamental research discoveries into clinical applications.

In 2015, Dr. Berk [REDACTED] n as [REDACTED] and became the [REDACTED] of the [REDACTED] whose mission is to bring the highest quality multidisciplinary care and most innovative approaches to restore function in individuals who have suffered damage to their brain, spinal cord and peripheral nerves.

Dr. Berk is a member of the National Heart Lung and Blood Institute (NHLBI) Advisory Council that functions as the advisory group to the Director of NHLBI. He also serves on the Empire State Stem Cell Board Funding Committee. He is an elected member of the Association of American Physicians, and American Society of Clinical Investigation and has served as Chairman of the National Institutes of Health Vascular Biology study section, the American Heart Association Scientific Research Council and numerous international scientific review committees. He is also the past-president of the North American Vascular Biology Organization. Dr. Berk previously served on the NHLBI Stem Cell Data Safety and Monitoring Board and is currently on the editorial boards of *Circulation*, *Circulation Research*, *ATVB* and the *Journal of Clinical Investigation* and has published more than 300 articles, chapters, and books. These publications derive from his 28 years of funding by the NIH to study the mechanisms by which changes in blood vessel function contribute to hypertension, heart attacks and stroke.

**Carol M. Browner** is an experienced regulator and business leader who brings to the team nearly 30 years of legal and legislative experience at the state and federal levels. Browner most recently served as Assistant to President Barack Obama and Director of the White House Office



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of Energy and Climate Change Policy, where she oversaw the coordination of environmental, energy, climate, transport, and related policy across the federal government. Previously, Browner served as Administrator of the Environmental Protection Agency during the Administration of former President Bill Clinton, where she adopted the most stringent air pollution standards in the nation's history, set a fine-particle clean air standard for the first time, and spearheaded the reauthorization of the Safe Drinking Water Act, as well as the Food Quality Protection Act. She also served as Secretary of environmental regulation in Florida.

Browner was a founding Board Member of the Center for American Progress and was a [REDACTED] of the [REDACTED], a consulting firm in Washington, D.C. Browner holds a Law Degree from the University of Florida in Gainesville.

**Scott P. LaRue** was named [REDACTED] and [REDACTED] of [REDACTED], the continuing care community of the [REDACTED] of [REDACTED], in [REDACTED]. As the leader of one of the largest Catholic continuing care systems in the nation, Mr. LaRue oversees a not-for-profit healthcare network that includes five skilled nursing facilities, assisted living, home care, a state-of-the-art home- and community-based care program founded on the nationally recognized

[REDACTED]. He is currently guiding [REDACTED] through a long-term strategic transformation process focused on expanding its home- and community-based offerings and aligning its ministry with changing consumer demands and the evolving healthcare needs of the communities it serves while maintaining a steadfast commitment to high quality residential nursing care.

Mr. LaRue joined [REDACTED] in [REDACTED] and previously served as [REDACTED] and [REDACTED]. Before joining [REDACTED], Mr. LaRue held a variety of management and senior executive positions during his more than [REDACTED] years at [REDACTED], the largest provider of eldercare services in [REDACTED]. Among other roles, he led [REDACTED] health care consulting and foodservice management company, [REDACTED], and served as [REDACTED].

Mr. LaRue earned Bachelor of Science and Master of Business Administration degrees from Syracuse University and is a Registered Dietician. He is active with a variety of professional organizations, and serves on a number of Boards of other organizations that work toward similar objectives as the mission of [REDACTED].

**Dennis Rivera,** [REDACTED]. He additionally serves as [REDACTED] to the [REDACTED], the [REDACTED] in the United States representing more than 2.2 million members. He is also [REDACTED] of the [REDACTED], a national joint labor-management coalition whose members care for more than 60 million patients annually. Organizing labor since



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college, Rivera spent more than [REDACTED] years with [REDACTED] as [REDACTED] and [REDACTED]  
[REDACTED]

Mr. Rivera currently serves as a Member of the National Advisory Committee of the US Department of Health and Human Services Health Resource Service Administration National Center for Interprofessional Practice and Education. He is also Advisor to the President of Hunter College and a member of the Board of Advisors of its School of Public Health and School of Nursing. He attended the Colegio Universitario de Cayey of University of Puerto Rico and received Honorary Doctorate Degrees from CUNY School of Law in Queens, New York and from the Carlos Albizu University in Miami.



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### Columbia Care Executive Officers and Board of Directors

**Michael Abbott** serves as the Executive Chairman of Columbia Care, LLC, a holding company that manages a portfolio of medical marijuana Cultivation and Dispensary Facilities in the most highly regulated, medical markets in the United States (including jurisdictions such as Washington, D.C., Arizona, Massachusetts, Nevada and Illinois). With over 200,000 square feet of greenhouse and indoor Cultivation Facilities expected to produce several hundred pounds of medical marijuana and Medical Marijuana Products per month, Columbia Care LLC is a reliable and tested provider of pharmaceutical grade MMPs to dispensaries in every jurisdiction where it operates.

By year-end, the company expects to have 10 licensed Dispensing Facilities up and running including locations in major metropolitan areas like Boston, Phoenix, Washington D.C. and Chicago. Mr. Abbott is also the [REDACTED] of [REDACTED], a Washington, D.C. based company which received the first medical marijuana Dispensary license (one of three) and one of the first medical marijuana Cultivation licenses (one of five) awarded in the District. Under its trade name of [REDACTED] and [REDACTED], [REDACTED] was the first licensee to begin operating. [REDACTED] was the only group awarded both types of licenses in a highly competitive process with over one hundred applicants. Mr. Abbott helped raise over \$2.2 million in capital to finance the construction and build-out of infrastructure for each location and team of personnel.

As [REDACTED], Mr. Abbott is a member of the [REDACTED] operating team, working with management and personnel to develop and grow the business. He has provided leadership since the formation of the company and instrumental in developing strategies that resulted in improved operations, development and use of proprietary technology and enhanced security techniques.

Mr. Abbott is also a board member of SWC Tempe and SWC Prescott, both of which are not-for-profit Arizona medical marijuana companies. Maintaining impeccable compliance and audit records for both Dispensary and Cultivation operations, SWC Tempe and SWC Prescott are market leaders and maintain top tier market shares. Additionally, Mr. Abbott is the [REDACTED] [REDACTED] a non-profit medical marijuana company that was awarded 3 medical marijuana licenses in Massachusetts. [REDACTED] was the only applicant to be awarded the maximum number of licenses permitted under the law in Massachusetts, following an extraordinarily competitive application process that drew over 180 applicants from across the country and resulted in 15 licenses being issued in total. Mr. Abbott also serves as [REDACTED] [REDACTED], an Illinois company that was awarded a license to dispense medical marijuana in Chicago Illinois following a very competitive licensing process. Finally, Mr. Abbott sits on the Board of Integral Associates, LLC dba Great Basin Care, a Nevada company that was awarded 2 Cultivation and Production licenses and 3 Dispensary licenses, the most of any applicant in that highly competitive process.



## COLUMBIA CARE EXECUTIVE SUMMARY

Prior to his involvement in the medical marijuana industry, Mr. Abbott served on the Board of Directors and was a [REDACTED] at [REDACTED] since [REDACTED]. At [REDACTED] he worked closely with the various heads of Raptor's industry groups on the management, oversight and development of the firm's different portfolio companies, co-investments and co-mingled funds.

Mr. Abbott professional career has been predominantly in finance, operations, technology, all within industries that carry significant compliance and regulation. His career started at [REDACTED] in [REDACTED] first in the Capital Markets Group in [REDACTED] and then in [REDACTED] as a [REDACTED] responsible for both Capital Markets and Corporate Derivatives. From [REDACTED] - [REDACTED] he worked at [REDACTED], initially in the convertible bond department, where he helped develop the first on-line convertible bond trading system for retail investors. Mr. Abbott was appointed [REDACTED] for [REDACTED] in [REDACTED]. In [REDACTED] he [REDACTED], a macro FX hedge fund for which he served as the [REDACTED] and member of the investment committee. Additionally, Mr. Abbott sits on the Trustee Board and Audit Committee of the Registered Investment Company of [REDACTED], a New York-based multi-billion dollar public securities real estate firm. He is also a [REDACTED] of [REDACTED], a private equity firm based in Santa Barbara, CA, that acquires wineries and distributes their wines.

Prior to his career in finance, Mr. Abbott was a [REDACTED] from [REDACTED]. He was the [REDACTED] long range rifle champion in 1983, and represented the United Kingdom as a member of the under-25 British Rifle Team in 1982. He was part of the world record breaking senior British Rifle Team that toured the West Indies in 1986. Mr. Abbott also gained his law degree from King's College in London in 1990.

As a philanthropist, Mr. Abbott co-founded the annual Mount Sinai charity dinner to support various initiatives in the hospital's Departments. Over the past ten years, the dinner raised over \$10m. Mr. Abbott is also involved with Room to Read, which focusses on literacy and gender equality in education, and Branson Centre of Entrepreneurship in South Africa.

***Nicholas Vita*** is the Vice Chairman and Chief Executive Officer of Columbia Care, LLC, a holding company that manages one of the nation's largest portfolios of fully-integrated (plant to patient) medical marijuana Cultivation and Dispensary Facilities focused solely in the most highly regulated, medical markets (including jurisdictions such as Washington, D.C., Arizona, Massachusetts, Nevada and Illinois). With over 200,000 square feet of greenhouse and indoor Cultivation Facilities expected to produce several hundred pounds of pharmaceutical-grade medical marijuana and Medical Marijuana Products per month, Columbia Care LLC is one of the most experienced and professional organizations in the industry. By year-end, the company also expects to have 10 licensed Dispensaries up and running including locations in major metropolitan areas like Boston, Phoenix, Washington D.C. and Chicago.



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Mr. Vita is also the [REDACTED] and [REDACTED] of [REDACTED], a for-profit Washington, D.C. based company which received the first medical marijuana Dispensary license (one of three) and among the first medical marijuana Cultivation licenses (one of five) ever awarded in the nation's capital and was the first Dispensary licensee to begin operating.

[REDACTED] was the only group awarded both Cultivation and Dispensary licenses in a highly competitive process with a substantial pool of applicants. Mr. Vita helped raise over \$2.2 million in capital to finance the construction and build-out of infrastructure for each location and team of personnel. He personally oversaw every aspect of the infrastructure development from planning to opening. In the more than two years the company has been operating, under Mr. Vita's leadership, [REDACTED] has experienced a month-over-month increase in revenue ranging from 15 to 20% and has managed operating costs resulting in positive cash flow. He serves as the primary liaison to numerous local community groups, including a law enforcement and police, and oversaw the implementation of the District's first charity care program in addition to several philanthropic giving initiatives.

Mr. Vita is also the [REDACTED] and member of the board for [REDACTED] and [REDACTED], both Arizona medical marijuana not-for-profit companies. [REDACTED] and [REDACTED] were awarded licenses by the State of Arizona after a competitive selection process. Following licensure, Mr. Vita managed the design, permitting, and build-out, completing these processes in three months. He also structured partnerships with local operators and built a team to operate two Dispensaries and two Cultivation Facilities. He now oversees a national team of almost 100 employees that treats about 7,000 patients and grows over 150 pounds of pharmaceutical-grade Medical Marijuana Products (including concentrates, tinctures and extracts) per month. Mr. Vita led the development and implementation of all policies and procedures.

Sixty days after opening, both businesses became operationally cash flow positive. Under his leadership the business' revenue base has increased at a 5 to 10% month-over-growth rate during the past two years. In addition, he helped implement a charity care program and several philanthropic giving initiatives in the Tempe and Prescott communities and served as a liaison with local law enforcement. Additionally, Mr. Vita serves as the [REDACTED] and a member of the board for [REDACTED], a non-profit medical marijuana company that was awarded 3 licenses in Massachusetts. Patriot Care Corp. was the only applicant to be awarded the maximum number of licenses permitted under the law in Massachusetts, following an extraordinarily competitive application process that drew over 180 applicants from across the country and resulted in 15 licenses being issued. Mr. Vita also serves as [REDACTED] and [REDACTED], an Illinois company that was awarded a license to dispense medical marijuana in Chicago, Illinois following a very competitive licensing process there.

Prior to joining Columbia Care, Mr. Vita spent over 20 years investing capital, structuring public and private investments, providing strategic advisory services to Fortune 500 companies and negotiating joint ventures and partnerships ranging in size and scope. He still serves a [REDACTED] to [REDACTED], a New York-based healthcare focused financial



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services firm ("██████"). ████████ specializes in cross-capital structure, credit and stressed/distress investing within the healthcare sector. In his capacity as ████████, he also serves as a ████████ for ████████ as a member of the Board of Managers of ████████ a military infrastructure investment fund responsible for structuring public private partnerships with the U.S. Department of Defense.

Prior to ████████, Mr. Vita was a ████████, member of the investment committee, and ████████ for the ████████, a multi-billion dollar global credit hedge fund. Previously, he worked for over ████████ years in the Investment Banking Division at ████████, first as an ████████ in Mergers, focusing on healthcare, then as an ████████ and ████████ in the Healthcare Department. He began his career in investment banking at ████████ inc., a United Kingdom based Merchant Bank as an ████████ in Mergers & Acquisitions.

Mr. Vita currently sits on a number of corporate, not-for-profit and academic Boards and received his A.B. from Columbia College, Columbia University where he was a member of the Men's Varsity Heavyweight Crew Team and ████████ of ████████.

**Robert Mayerson** is the President and Chief Operating Officer of Columbia Care, LLC, a holding company that manages a portfolio of medical marijuana Cultivation and Dispensary Facilities in the most highly regulated markets in the United States (including jurisdictions such as Washington, D.C., Arizona, Massachusetts, Nevada and Illinois). With over 200,000 square feet of greenhouse and indoor cultivation facilities expected to produce several hundred pounds per month, Columbia Care LLC is a reliable and tested provider of pharmaceutical grade medical marijuana to Dispensaries in every jurisdiction where it operates. By year-end, the company also expects to have 10 licensed Dispensaries up and running including locations in major metropolitan areas like Boston, Phoenix, Washington D.C. and Chicago.

Mr. Mayerson is also a board member of ████████ and ████████, both of which are not-for-profit Arizona medical marijuana companies. Maintaining impeccable compliance and audit records for both Dispensary and Cultivation operations, ████████ and ████████ are market leaders and maintain top tier market shares.

Mr. Mayerson also serves as the ████████ of ████████, a non-profit medical marijuana company that was awarded 3 licenses in Massachusetts. ████████ was the only applicant to be awarded the maximum number of licenses permitted under the law in Massachusetts, following an extraordinarily competitive application process that drew hundreds of applicants from across the country and resulted in 15 licenses being issued in total. Mr. Mayerson also serves as ████████ and ████████ of ████████, an Illinois company that was awarded a license to dispense medical marijuana in Chicago, Illinois following a very competitive licensing process there. Mr. Mayerson oversees every aspect of the business development process including both Cultivation and Dispensary Facilities and running



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day-to-day operations of the company and all of its affiliates. He is a seasoned growth-oriented executive with over 33 years of domestic and international experience. He has demonstrated experience in operations, strategic planning, treasury, controller, real-estate and investor relations functions.

Prior to joining [REDACTED], Mr. Mayerson served as the [REDACTED], and [REDACTED], a leading retailer of outdoor equipment and apparel. [REDACTED] had approximately \$200 million in revenue and an operating budget of equivalent size. Prior to his work with [REDACTED], Mr. Mayerson served as [REDACTED] an international retailer of office supplies based in Massachusetts, and played a key role in developing the company's rapid growth domestically and overseas, from less than \$1 billion in revenue to over \$20 billion. Mr. Mayerson spent the first [REDACTED] years of his career in various roles with [REDACTED]

Mr. Mayerson has served on several non-profit Boards of Directors in Massachusetts. He served for [REDACTED] years as a Trustee for the Harvard Conservation Trust in Harvard, MA, with his last [REDACTED] years there spent as [REDACTED] of the Trust. Mr. Mayerson also served as a Trustee and an [REDACTED] of Fruitlands Museum located in Harvard. Mr. Mayerson has served on the University of Massachusetts Business Advisory Council and, while at [REDACTED], served on the Board of the [REDACTED] Foundation, the private, charitable arm of [REDACTED]. He holds an MBA in Finance from University of Massachusetts.



## Environmental, Planning, and Engineering Consultants

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## Memorandum

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**To:** Nicholas Vita, Columbia Care, LLC  
**From:** John Neill, Britt Page  
**Date:** June 5, 2015  
**Re:** Summary of Economic and Fiscal Benefits from the Columbia Care Medical Marijuana Project

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This memo summarizes the economic and fiscal benefits from the construction and operation of the proposed Columbia Care medical marijuana cultivation and dispensary facilities in the State of New York.

### A. CONSTRUCTION PERIOD BENEFITS

Table 1 summarizes the employment, employee compensation, and economic output that will be generated by the renovation of existing buildings for occupation by the Columbia Care cultivation facility and four dispensary facilities. Key findings include:

- Renovation of buildings for occupation by Columbia Care facilities will generate an estimated 64 direct, indirect, and induced jobs within the four host counties, of which 50 will be in Monroe County.
- In the larger New York State economy, including the host counties, total employment from construction of the project is estimated at 71 jobs.
- Total employee compensation generated within the host counties by project construction is estimated at \$3.88 million, of which \$2.85 million will occur in Monroe County. In the larger New York State economy, including the host counties, total employee compensation during the construction period estimated at \$4.27 million.
- The total output, or total economic activity, that will result from construction of the project is estimated at \$10.13 within the host counties. In the larger New York State economy, including the host counties, total construction period output is estimated at \$11.49 million.

**Table 1**  
**Construction Period Effects**

	Monroe County*	Clinton County	New York County	Suffolk County	4-County Total	Total Within New York State
<b>Employment (Full- and part-time jobs)</b>						
Direct	30	3	3	4	39	39
Indirect (jobs in support industries)	6	1	0	1	7	10
Induced (jobs from household spending)	14	1	0	2	17	22
Total	50	5	3	6	64	71
<b>Employee Compensation (Millions of 2015 Dollars)</b>						
Direct	\$2.03	\$0.15	\$0.37	\$0.28	\$2.83	\$2.83
Indirect (jobs in support industries)	\$0.29	\$0.02	\$0.04	\$0.04	\$0.39	\$0.55
Induced (jobs from household spending)	\$0.53	\$0.03	\$0.03	\$0.07	\$0.66	\$0.89
Total	\$2.85	\$0.19	\$0.44	\$0.39	\$3.88	\$4.27
<b>Output** (Millions of 2015 Dollars)</b>						
Direct	\$4.74	\$0.48	\$0.66	\$0.65	\$6.53	\$6.53
Indirect (jobs in support industries)	\$0.92	\$0.09	\$0.09	\$0.13	\$1.23	\$1.81
Induced (jobs from household spending)	\$1.95	\$0.11	\$0.07	\$0.23	\$2.36	\$3.15
Total	\$7.61	\$0.68	\$0.81	\$1.02	\$10.13	\$11.49
<b>Notes:</b>						
* Monroe County figures include economic benefits from renovation costs associated with both the cultivation facility and the dispensary facility in Rochester.						
** The total effect on the local economy, including the sum of the cost of goods and services used to produce a product and the associated payments to workers, taxes, and profits.						
<b>Sources:</b> The characteristics and construction cost of the development; IMPLAN economic modeling system; and AKRF, Inc.						

## B. OPERATIONAL PERIOD BENEFITS

Table 2 summarizes the employment, employee compensation, and economic output generated by the annual operation of the proposed project in its first stabilized operating year (2019), including economic effects from operation of the cultivation and dispensary facilities, management of the Columbia Care Foundation, grant awards from the Foundation to R&D facilities within the host communities, and fees paid to the New York State Department of Health every other year. Key findings include:

- Direct employment is estimated to be 294 permanent, full- and part-time jobs within the host counties, of which 149 will be in Monroe County. Total employment, including indirect and induced jobs, is estimated at 405 jobs within New York State, with 194 in Monroe County, 50 in Clinton County, 86 in New York County, and 46 in Suffolk County.
- Direct employee compensation from the annual operation of the project is estimated at \$14.36 million across host counties. Total direct, indirect, and induced employee compensation is estimated at \$18.27 million within the host counties, and \$19.59 million in the broader New York State economy.
- Total economic output from operation of the project is estimated at \$84.82 million in New York State, with \$80.16 million taking place within the four host counties.

**Table 2**  
**Operational Period Effects\***

	Monroe County**	Clinton County	New York County	Suffolk County	4-County Total	Total Within New York State
<b>Employment (Full- and part-time jobs)</b>						
Direct	149	38	72	36	294	294
Indirect (jobs in support industries)	8	3	9	1	21	22
Induced (jobs in support industries)	37	10	4	10	61	88
Total	194	50	86	46	376	405
<b>Employee Compensation (Millions of 2015 Dollars)</b>						
Direct	\$6.60	\$1.94	\$3.89	\$1.94	\$14.36	\$14.36
Indirect (jobs in support industries)	\$0.36	\$0.07	\$1.03	\$0.03	\$1.49	\$1.62
Induced (jobs in support industries)	\$1.38	\$0.32	\$0.32	\$0.40	\$2.41	\$3.61
Total	\$8.34	\$2.32	\$5.23	\$2.37	\$18.27	\$19.59
<b>Output*** (Millions of 2015 Dollars)</b>						
Direct	\$45.61	\$6.63	\$10.28	\$6.43	\$68.96	\$68.96
Indirect (jobs in support industries)	\$1.43	\$0.37	\$2.23	\$0.13	\$4.15	\$4.90
Induced (jobs in support industries)	\$3.56	\$1.31	\$0.82	\$1.35	\$7.05	\$10.97
Total	\$50.60	\$8.30	\$13.33	\$7.92	\$80.16	\$84.82
<b>Notes:</b>						
* Includes economic benefits from operation of the cultivation and dispensary facilities, management of the Columbia Care Foundation, grant awards from the Foundation to R&D facilities within the host communities, and fees paid to the New York State Department of Health every other year.						
** Monroe County figures include economic benefits from operation of both the cultivation facility and the dispensary facility in Rochester.						
*** The total effect on the local economy, including the sum of the cost of goods and services used to produce a product and the associated payments to workers, taxes, and profits.						
<b>Sources:</b> Facility annual operating budgets provided by Columbia Care; IMPLAN economic modeling system; and AKRF, Inc.						

## C. FISCAL BENEFITS

The annual operation of the Columbia Care project will generate substantial tax revenues and fees for local and State government. These will include, among others:

- **Excise Tax:** Annual revenues for the fully stabilized project are estimated at approximately \$30.88 million annually. Assuming a New York State excise tax of 7.0 percent on gross revenues, the Columbia Care facilities will generate approximately \$2.16 million annually in New York State excise tax.
- **Community Host Payments:** Columbia Care will make payments of \$25,000 annually towards certain line items in the municipal budgets of each of the four host communities.



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# Form DOH-5138 and Supporting Documents

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            Security Agreement .....Page 67



Section A: Business Entity Information
1. Business Name: Columbia Care NY LLC
2. Organization Type (choose one): [X] For-profit [ ] Non-profit
3. Business Type (choose one): [ ] Corporation [ ] Sole Proprietorship [ ] Limited Partnership [ ] Other: [X] Limited Liability Company [ ] General Partnership
4. Phone: (212) 554-3424 5. Fax: 6. Email: email@col-care.com
7. Business Address: 24 West 25th Street, 6th Floor
8. City: New York 9. State: NY 10. ZIP Code: 10010
11. Mailing Address (if different than Business Address):
12. City: 13. State: 14. ZIP Code:
Section B: Primary Contact Information
15. Name: Robert Mayerson 16. Title: COO/President
17. Phone: (978) 771-1434 18. Fax: 19. Email: bmayerson@col-care.com
20. Mailing Address: 24 West 25th Street, 6th Floor
21. City: New York 22. State: NY 23. ZIP Code: 10010
Section C: Proposed Manufacturing Facility Information
24. Proposed Facility Name: Columbia Care NY LLC
25. Proposed Facility Address: 1669 Lake Avenue, Eastman Business Park, Building #12, 4th Floor
26. City: Rochester 27. State: NY 28. ZIP Code: 14615
29. County: Monroe County
30. Property Status (choose one): [ ] Owned by the applicant [X] Leased by the applicant [ ] Other:
If you checked "Other" above, describe the property status in the field provided.
31. Proposed Hours of Operation:
Monday: 6:00 am to 10:00 pm Friday: 6:00 am to 10:00 pm
Tuesday: 6:00 am to 10:00 pm Saturday: 6:00 am to 10:00 pm
Wednesday: 6:00 am to 10:00 pm Sunday: 6:00 am to 10:00 pm
Thursday: 6:00 am to 10:00 pm
An additional entry is included below for applicants who are proposing to use more than one manufacturing facility (responsible for cultivation, harvesting, extraction or other processing, packaging and labeling).



32. Proposed Facility Name: N/A- Columbia Care NY LLC will only use one Manufacturing Facility location

33. Proposed Facility Address:

34. City: 35. State: NY 36. ZIP Code:

37. County: 38. Property Status (choose one):
Owned by the applicant
Leased by the applicant
Other:
If you checked "Other" above, describe the property status in the field provided.

39. Proposed Hours of Operation:
Monday: to Friday: to
Tuesday: to Saturday: to
Wednesday: to Sunday: to
Thursday: to

Section D: Proposed Dispensing Facility #1 Information

40. Proposed Facility Name: Columbia Care NY LLC

41. Proposed Facility Address: 212 East 14th Street

42. City: New York 43. State: NY 44. ZIP Code: 10003

45. County: New York County
46. Property Status (choose one):
Owned by the applicant
Leased by the applicant
Other:
If you checked "Other" above, describe the property status in the field provided.

47. Proposed Hours of Operation:
Monday: 10:00 am to 7:00 pm Friday: 10:00 am to 7:00 pm
Tuesday: 10:00 am to 7:00 pm Saturday: 10:00 am to 7:00 pm
Wednesday: 10:00 am to 7:00 pm Sunday: 10:00 am to 7:00 pm
Thursday: 10:00 am to 7:00 pm

Section E: Proposed Dispensing Facility #2 Information

48. Proposed Facility Name: Columbia Care NY LLC

49. Proposed Facility Address: 1107 Old County Road

50. City: Riverhead 51. State: NY 52. ZIP Code: 11901

53. County: Suffolk County
54. Property Status (choose one):
Owned by the applicant
Leased by the applicant
Other:
If you checked "Other" above, describe the property status in the field provided.



55. Proposed Hours of Operation:
Monday: 10:00 am to 7:00 pm
Tuesday: 10:00 am to 7:00 pm
Wednesday: 10:00 am to 7:00 pm
Thursday: 10:00 am to 7:00 pm
Friday: 10:00 am to 7:00 pm
Saturday: 10:00 am to 7:00 pm
Sunday: 10:00 am to 7:00 pm
Section F: Proposed Dispensing Facility #3 Information
56. Proposed Facility Name: Columbia Care NY LLC
57. Proposed Facility Address: 345 Cornelia Street
58. City: Plattsburgh
59. State: NY
60. ZIP Code: 12901
61. County: Clinton County
62. Property Status (choose one):
[ ] Owned by the applicant
[X] Leased by the applicant
[ ] Other:
If you checked "Other" above, describe the property status in the field provided.
63. Proposed Hours of Operation:
Monday: 10:00 am to 7:00 pm
Tuesday: 10:00 am to 7:00 pm
Wednesday: 10:00 am to 7:00 pm
Thursday: 10:00 am to 7:00 pm
Friday: 10:00 am to 7:00 pm
Saturday: 10:00 am to 7:00 pm
Sunday: 10:00 am to 7:00 pm
Section G: Proposed Dispensing Facility #4 Information
64. Proposed Facility Name: Columbia Care NY LLC
65. Proposed Facility Address: 200 West Ridge Road
66. City: Rochester
67. State: NY
68. ZIP Code: 14615
69. County: Monroe County
70. Property Status (choose one):
[ ] Owned by the applicant
[X] Leased by the applicant
[ ] Other:
If you checked "Other" above, describe the property status in the field provided.
71. Proposed Hours of Operation:
Monday: 10:00 am to 7:00 pm
Tuesday: 10:00 am to 7:00 pm
Wednesday: 10:00 am to 7:00 pm
Thursday: 10:00 am to 7:00 pm
Friday: 10:00 am to 7:00 pm
Saturday: 10:00 am to 7:00 pm
Sunday: 10:00 am to 7:00 pm

FORM DOH-5138 AND SUPPORTING DOCUMENTS



Section H: Legal Disclosures

72. Has the applicant, any controlling person of the applicant, any manager, any principal stakeholder, any sole proprietor applicant, any general partner of a partnership applicant, any officer or member of the board of directors of a corporate applicant, or corporate general partner had a prior discharge in bankruptcy or been found insolvent in any court action? [ ]Yes [x]No

If the answer to this question is "Yes," a statement providing details of such bankruptcy or insolvency must be included with this application.

73. Does any controlling person of the applicant, any manager, any principal stakeholder, any sole proprietor applicant, any general partner of a partnership applicant, any officer or member of the board of directors of a corporate applicant, or corporate general partner, or a combination of such persons collectively, maintain a ten percent interest or greater in any firm, association, foundation, trust, partnership, corporation or other entity, and such entity will or may provide goods, leases, or services to the registered organization, the value of which is or would be five hundred dollars or more within any one year?

OR

Does any entity maintain a ten percent interest or greater in the applicant, and such entity will or may provide goods, leases, or services to the registered organization, the value of which is or would be five hundred dollars or more within any one year?

[x]Yes [ ]No

If the answer to either of these questions is "Yes," a statement with the name and address of the entity together with a description of the goods, leases, or services and the probable or anticipated cost to the registered organization, must be included with this application.

74.

A. Is the applicant a corporate subsidiary or affiliate of another corporation? [x]Yes [ ]No

If the answer to this question is "Yes," a statement setting forth the name and address of the parent or affiliate, the primary activities of the parent or affiliate, the interest in the applicant held by the parent or affiliate, and the extent to which the parent will be involved in the activities of the applicant, and responsible for the financial and contractual obligations of the subsidiary must be included with this application. The organizational and operational documents of the corporate subsidiary or affiliate must also be submitted, including but not limited to, as applicable: the certificate of incorporation, bylaws, articles of organization, partnership agreement, operating agreement, and all amendments thereto, and other applicable documents and agreements including in relation to the subsidiary or affiliate's financial or contractual obligations with respect to the applicant.

B. Is any owner, partner or member of the applicant not a natural person? [x]Yes [ ]No

If the answer to this question is "Yes," a statement must be included with this application setting forth the name and address of the entity, the primary activities of the entity, the interest in the applicant held by the entity, and the extent to which the entity will be involved in the activities of the applicant, and responsible for the financial and contractual obligations of the applicant. The organizational and operational documents of the entity must also be submitted, including but not limited to, as applicable: the certificate of incorporation, bylaws, articles of organization, partnership agreement, operating agreement, and all amendments thereto, and other applicable documents and agreements including in relation to the entity's financial or contractual obligations with respect to the applicant, and the identification of all those holding an interest or ownership in the entity and the percentage of interest or ownership held in the entity. If an interest or ownership in the entity is not held by a natural person, the information and documentation requested herein must be provided going back to the level of ownership by a natural person (Principal Stakeholder).

FORM DOH-5138 AND SUPPORTING DOCUMENTS



75. Has construction, lease, rental, or purchase of the manufacturing facility been completed? [X]Yes [ ]No

If the answer to this question is "No," a statement indicating the anticipated source and application of the funds to be used in such purchase, lease, rental or construction, as well as anticipated date that construction, lease, rental or purchase will be completed must be included with this application.

76. Has construction, lease, rental, or purchase of the dispensing facilities been completed? [X]Yes [ ]No

If the answer to this question is "No," a statement indicating the anticipated source and application of the funds to be used in such purchase, lease, rental or construction, as well as anticipated date that construction, lease, rental or purchase will be completed must be included with this application.

Section I: Required Attachments

Applications received without the required attachments will not be eligible for consideration until the required attachments are received. All such attachments must be postmarked by the Deadline for Submission of Applications.

77. [X] The applicant has enclosed a non-refundable application fee in the amount of \$10,000.

Applications received without the \$10,000 application fee will not be considered.

78. [X] The applicant has enclosed a conditionally refundable registration fee in the amount of \$200,000.

Applications received without the \$200,000 registration fee will not be considered.

The \$200,000 registration fee will be refunded to applicants that are not selected as registered organizations.

79. [X] The applicant has attached all required statements from Section H: Legal Disclosures, if applicable.

80. [X] The applicant has attached identification of all real property, buildings, and facilities that will be used in manufacturing and dispensing activities, pursuant to PHL § 3365 and 10 NYCRR § 1004.5(b)(2), and labeled this attachment as "Attachment A."

81. [X] The applicant has attached identification of all equipment that will be used to carry out the manufacturing, processing, transportation, distributing, sale, and dispensing activities described in the application and operating plan, pursuant to PHL § 3365 and 10 NYCRR § 1004.5(b)(3), and labeled this attachment as "Attachment B."

82. [X] The applicant has attached copies of all applicable executed and proposed deeds, leases, and rental agreements or executed option contracts related to the organization's real property interests, showing that the applicant possesses or has the right to use sufficient land, buildings, other premises, and equipment, and contains the language required in 10 NYCRR § 1004.5(b)(9), if applicable, or, in the alternative, the applicant attached proof that it has posted a bond of not less than \$2,000,000, pursuant to PHL § 3365 and 10 NYCRR § 1004.5(b)(9), and labeled this attachment as "Attachment C."

FORM DOH-5138 AND SUPPORTING DOCUMENTS



83. [X] The applicant has attached an operating plan that includes a detailed description of the applicant's manufacturing processes, transporting, distributing, sale and dispensing policies or procedures, and contains the components set forth in 10 NYCRR § 1004.5(b)(4), and labeled the operating plan as "Attachment D – Operating Plan" with the information clearly labeled and divided into the following sections:

- Section 1 - Manufacturing (§ 1004.5(b)(4))
Section 2 - Transport and Distribution (§ 1004.5(b)(4))
Section 3 - Dispensing and Sale (§ 1004.5(b)(4))
Section 4 - Devices (§ 1004.5(b)(4)(i))
Section 5 - Security and Control (§ 1004.5(b)(4)(ii))
Section 6 - Standard Operating Procedure (§ 1004.5(b)(4)(iii))
Section 7 - Quality Assurance Plans (§ 1004.5(b)(4)(iv))
Section 8 - Returns, Complaints, Adverse Events and Recalls (§ 1004.5(b)(4)(v))
Section 9 - Product Quality Assurance (§ 1004.5(b)(4)(vi))
Section 10- Recordkeeping (§ 1004.5(b)(4)(vii))

84. [X] The applicant has attached copies of the organizational and operational documents of the applicant, pursuant 10 NYCRR § 1004.5(b)(5), which must include the identification of all those holding an interest or ownership in the applicant and the percentage of interest or ownership held, and labeled this attachment as "Attachment E."

85. [X] "Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members" has been completed for each of the board members, officers, managers, owners, partners, principal stakeholders, directors, and any person or entity that is a member of the applicant setting forth the information required in PHL § 3365(1)(a)(iv) and 10 NYCRR § 1004.5(b)(6).

86. [X] The applicant has attached documentation that the applicant has entered into a labor peace agreement with a bona fide labor organization that is actively engaged in representing or attempting to represent the applicant's employees, pursuant to PHL § 3365(1)(a)(iii) and 10 NYCRR § 1004.5(b)(7), and labeled this attachment as "Attachment F."

87. [X] The applicant has attached a financial statement setting forth all elements and details of any business transactions connected with the application, including but not limited to all agreements and contracts for consultation and/or arranging for the assistance in preparing the application, pursuant to 10 NYCRR § 1004.5(b)(10), and labeled this attachment as "Attachment G."

88. [X] The applicant has completed "Appendix B – Architectural Program" and included the components set forth in 10 NYCRR § 1004.5(b)(11) and -(12).

89. [X] The applicant has attached the security plan of the applicant's proposed manufacturing and dispensing facilities indicating how the applicant will comply with the requirements of Article 33 of the Public Health Law, 10 NYCRR Part 1004, and any other applicable state or local law, rule, or regulation, and labeled this attachment as "Attachment H."

90. [X] The applicant has attached the most recent financial statement of the applicant prepared in accordance with generally accepted accounting principles (GAAP) applied on a consistent basis and certified by an independent certified public accountant, in accordance with the requirements of 10 NYCRR § 1004.5(b)(16), and labeled this attachment as "Attachment I."

91. [X] The applicant has attached a staffing plan for staff to be involved in activities related to the cultivation of marijuana, the manufacturing and/or dispensing of approved medical marijuana products, and/or staff with oversight responsibilities for such activities that includes the requirements set forth in 10 NYCRR § 1004.5(b)(18) of the regulations and labeled this attachment as "Attachment J."

FORM DOH-5138 AND SUPPORTING DOCUMENTS



- 92.  The applicant has attached proof from the local internet service provider(s) that all of the applicant's manufacturing and dispensing facilities are located in an area with internet connectivity and labeled this attachment as "Attachment K." Internet connectivity will be required to support the use of a Seed-to-Sale Solution approved by the Department to record the registered organization's permitted activities.
- 93.  The applicant has attached a timeline demonstrating the estimated timeframe from growing marijuana to production of a final approved product, and labeled this attachment as "Attachment L."
- 94.  The applicant has attached a statement and/or documentation showing that the applicant is able to comply with all applicable state and local laws and regulations relating to the activities in which it intends to engage under the registration, pursuant to 10 NYCRR § 1004.5(b)(8), and labeled this attachment as "Attachment M."

Section J: Attestation and Signature

As the chief executive officer duly authorized by the board of a corporate applicant, or a general partner or owner of a proprietary applicant, I hereby authorize the release of any and all applicant information of a confidential or privileged nature to the Department and its agents. If granted a registration, I hereby agree to ensure the registered organization uses the Seed-to-Sale Solution approved by the Department to record the registered organization's permitted activities. I hereby certify that the information provided in this application, including in any statement or attachments submitted herewith, is truthful and accurate. I understand that any material omissions, material errors, false statements, misrepresentations, or failure to provide any requested information may result in the denial of the application or other action as may be allowed by law.

95. Signature:

96. Date Signed: 6/1/15

97. Print Name: Robert Mayerson

The application must include a handwritten signature by the chief executive officer duly authorized by the board of a corporate applicant, or a general partner or owner of a proprietary applicant, and must be notarized.

Notary Name:	Notary Registration Number: 3/25/2016
Notary (Notary Must Affix Stamp or Seal)	Date: 6/1/2015

PAMELA L. KAMMER  
Notary Public  
Commonwealth of Massachusetts  
My Commission Expires  
March 25, 2016

FORM DOH-5138 AND SUPPORTING DOCUMENTS

# FORM DOH-5138 AND SUPPORTING DOCUMENTS

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## **SUPPORTING DOCUMENTS**

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Please find on the following pages Columbia Care NY LLC's Supporting Documents in response to Form-DOH-5138, Section H: Legal Disclosures #73 and #74.

# FORM DOH-5138 AND SUPPORTING DOCUMENTS

## SECTION H: LEGAL DISCLOSURES, #73

Columbia Care NY LLC is a single member LLC whose sole member is Columbia Care LLC (the “Parent Company”). As such, the Parent Company maintains 100% interest in applicant Columbia Care NY LLC. Below is a graphical depiction of the corporate organizational structure of the applicant.



The Parent Company’s name is Columbia Care LLC and its address is as follows:

24 West 25<sup>th</sup> Street, 6<sup>th</sup> Floor  
New York, NY 10010

Since Columbia Care NY LLC is a subsidiary of the Parent Company, the Parent Company will provide financial services to Columbia Care NY LLC upon registration as a Registered Organization under New York’s Medical Marijuana Program. The Parent Company has executed a Letter of Commitment for up to [REDACTED] for the purposes of financing the commencement of Columbia Care NY LLC’s operation but not limited to covering all on-going operational losses and expenses until Columbia Care NY LLC becomes self-sustainable in its operation of as a Registered Organization.

Please see page XX of Form DOH-5138 and Supporting Documents: Section H: Legal Disclosures #74 for a copy of the Letter of Commitment, including proposed forms of the Promissory Note and Security Agreement.

# FORM DOH-5138 AND SUPPORTING DOCUMENTS

## SECTION H: LEGAL DISCLOSURES, #74

Columbia Care NY LLC is a single member LLC whose sole member is Columbia Care LLC (the “Parent Company”). As such, the Parent Company maintains 100% interest in applicant Columbia Care NY LLC. Below is a graphical depiction of the corporate organizational structure of the applicant.



## OWNERSHIP INTEREST TABLE

Below is a table identifying all natural persons holding an ownership interest in the Parent Company. Note, by virtue of their respective ownership interest held in the Parent Company, each natural person identified below holds an indirect ownership interest in applicant Columbia Care NY LLC.

Also note, all natural persons identified below have completed, signed and notarized Form DOH-5145 pursuant to PHL § 3365(1)(a)(iv) and 10 NYCRR § 1004.5(b)(6). See Appendix A: Form DOH-5145 for more information on each owner (Principal Stakeholder).

Redacted pursuant to N.Y. Public Officers Law, Art. 6

FORM DOH-5138 AND SUPPORTING DOCUMENTS

**THIS PAGE CONTAINS CRITICAL INFRASTRUCTURE INFORMATION  
EXCEPTION FROM FOIL DISCLOSURE REQUESTED**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

FORM DOH-5138 AND SUPPORTING DOCUMENTS

**THIS PAGE CONTAINS CRITICAL INFRASTRUCTURE INFORMATION  
EXCEPTION FROM FOIL DISCLOSURE REQUESTED**

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## **CERTIFICATE OF FORMATION**

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On the following pages, please find Columbia Care NY LLC's Certificate of Formation

FORM DOH-5138 AND SUPPORTING DOCUMENTS

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "COLUMBIA CARE LLC", FILED IN THIS OFFICE ON THE TWENTY-NINTH DAY OF JANUARY, A.D. 2013, AT 4:41 O'CLOCK P.M.

FORM DOH-5138 AND SUPPORTING DOCUMENTS

5281231 8100

130104763



You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 0178412  
DATE: 01-29-13

**CERTIFICATE OF FORMATION  
OF  
COLUMBIA CARE LLC**

**ARTICLE I**

**NAME**

The name of the limited liability company is Columbia Care LLC (the "Company").

**ARTICLE II**

**REGISTERED OFFICE; REGISTERED AGENT**

The registered office of the Company in the State of Delaware shall be 2711 Centerville Road, Suite 400, County of New Castle, Wilmington, Delaware 19808. The name of its registered agent at such address is Corporation Service Company.

The undersigned does hereby certify, make and acknowledge this Certificate of Formation on this 29<sup>th</sup> day of January, 2013.



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Nicholas Vita, Authorized Person

FORM DOH-5138 AND SUPPORTING DOCUMENTS

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## **OPERATING AGREEMENT**

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On the following pages, please find Columbia Care NY LLC's Operating Agreement.

Redacted pursuant to N.Y. Public Officers Law, Art. 6













































































Redacted pursuant to N.Y. Public Officers Law, Art. 6

FORM DOH-5138 AND SUPPORTING DOCUMENTS

AMENDED AND RESTATED OPERATING AGREEMENT OF COLUMBIA CARE, L.L.C.  
SIGNATURE PAGE

LEGAL\18351642\4 00602.2555.000/233971.000

Redacted pursuant to N.Y. Public Officers Law, Art. 6

FORM DOH-5138 AND SUPPORTING DOCUMENTS

AMENDED AND RESTATED OPERATING AGREEMENT OF COLUMBIA CARE, L.L.C.  
SIGNATURE PAGE

LEGAL\18351642\4 00602.2555.000\233971.000

Redacted pursuant to N.Y. Public Officers Law, Art. 6

FORM DOH-5138 AND SUPPORTING DOCUMENTS

AMENDED AND RESTATED OPERATING AGREEMENT OF COLUMBIA CARE, L.L.C.  
SIGNATURE PAGE

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## **FINANCIAL OBLIGATIONS**

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On the following pages, please find the contracts documenting the financial obligation between Columbia Care LLC (the “Parent Company”) and its wholly owned subsidiary, applicant Columbia Care NY LLC.

The financial documentation includes:

- Letter of Commitment
- Form of Promissory Note
- Form of Security Agreement

# COLUMBIA CARE LLC

24 W. 25<sup>th</sup> Street, 6<sup>th</sup> Floor  
New York, New York 10010  
T: 212.396.9209 | F: 212.327.0541

## Letter of Commitment

This Letter of Commitment, dated **May 15, 2015**, memorializes the conditional financing agreement (“Agreement”) by and between **Columbia Care LLC**, whose address is 24 W. 25<sup>th</sup> Street, 6<sup>th</sup> Floor, New York, NY 10010, and **Columbia Care NY LLC**, whose address is 24 W. 25<sup>th</sup> Street, 6<sup>th</sup> Floor, New York, NY 10010. Columbia Care LLC hereby agrees to lend Columbia Care NY LLC up to Fifteen Million US Dollars (\$15,000,000.00), representing the required capital to finance the commencement of operations of Columbia Care NY LLC, including but not limited to covering all on-going operational losses and expenses until Columbia Care NY LLC becomes self-sustainable in its operation of one manufacturing facility and four dispensing facilities as part of its Registered Organization in the State of New York pursuant to its Medical Marijuana Program, within a reasonable amount of time after the award of the registration from the New York State Department of Health (the “Department”).

This Agreement is contingent upon Columbia Care NY LLC obtaining a registration as a Registered Organization from the Department pursuant to the Compassionate Care Act, Title 10 of the New York Code of Rules and Regulations Part 1004, and all other laws, rules and regulations promulgated thereunder. The loan amount shall then become available to Columbia Care NY LLC, within a reasonable amount of time, but in no case later than thirty (30) days from the successful registration of Columbia Care NY LLC, upon which time the loan amount shall then become subject to Columbia Care NY LLC’s control.

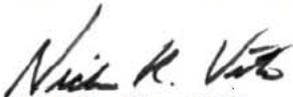
If commercially necessary, Columbia Care LLC will take all reasonable efforts to lend additional sums to Columbia Care NY LLC under substantially similar terms as this Agreement to ensure the company’s financial health and long-term operational viability.

Columbia Care NY LLC will notify Columbia Care LLC within seventy two (72) hours of the Department’s notice of its award or denial of registration as a Registered Organization.

Any note and/or security agreement required to effectuate the terms of loan contemplated hereunder shall be of the same form as that in Exhibit A and Exhibit B attached hereto.

The undersigned hereby attests that he has the authority to sign on behalf of Columbia Care LLC and to lawfully bind the same to this Letter of Commitment.

**By: Columbia Care LLC**



Nicholas Vita, CEO  
Columbia Care LLC

5/15/15  
Date

FORM DOH-5138 AND SUPPORTING DOCUMENTS



EXHIBIT A

**COLUMBIA CARE NY LLC  
PROMISSORY NOTE (“NOTE”)  
(Line of Credit)**

Effective as of  
**May 15, 2015 (“Effective Date”)**

**\$15,000,000 line of credit**

In consideration for the promises, covenants and conditions hereinafter set forth, the parties hereto agree as follows:

1. Obligation. COLUMBIA CARE NY LLC (“Borrower”), hereby promises to pay to the order of Columbia Care LLC, a Delaware limited liability company, (“Holder”), on or before December 29, 2020 (the “Maturity Date”), at Holder’s principal address at 24 West 25<sup>th</sup> Street, 6<sup>th</sup> Floor, New York, NY 10010, the amount of FIFTEEN MILLION AND 00/100 DOLLARS (\$15,000,000.00) (the “Maximum Principal Amount”) or so much thereof as shall from time to time be disbursed hereunder (“Principal”), together with accrued interest from the date of disbursement on the unpaid Principal at the applicable rate as set forth in Section 2. Holder may disburse to Borrower funds as requested by Borrower (each disbursement an “Advance”) upon approval by Holder of a written request from Borrower. Each request for an Advance shall include (i) the purpose for which such advance will be used and (ii) the total amount being requested from all lenders in connection with such request.

(a) The total principal disbursed for all outstanding Advances shall not exceed the Maximum Principal Amount.

(b) Each Advance shall be used only to fund working capital or capital expenditures.

(c) As used herein, the term “Holder” shall initially mean Holder, and shall subsequently mean each person or entity to whom this Note is duly assigned.

2. Interest. Interest shall accrue with regard to each Advance from the date of such Advance at a rate of ten percent (10%) per annum compounded annually (the “Interest”). If any payment of Principal or Interest under this Note becomes due and payable on a day other than a “Business Day” (defined as a day Monday through Friday, but excluding any day on which banks in the State of New York are closed due to a government holiday) then the maturity of such payment will be extended to the next succeeding Business Day, and with respect to the payment of Principal, interest thereon will be payable at the rate set forth herein during the period of such extension. Notwithstanding anything in this Note to the contrary, interest on the debt evidenced by this Note shall not exceed the maximum amount of nonusurious interest that may be contracted for, taken, reserved, charged, or received under law (the “Highest Lawful Rate”); any purported interest paid in excess of that maximum amount shall for all purposes be a payment of Principal and shall be credited on the Principal of the debt or, if that has been paid in

## EXHIBIT A

full, shall be refunded. This provision overrides other provisions in this and all other instruments concerning the debt.

### 3. Payments.

(a) No payment of Principal shall be due until the Maturity Date, at which time the total amount of all Advances of the Principal shall be due and payable by Borrower to Holder.

(b) Payments of accrued Interest on all Advances are due and payable on each anniversary of the Effective Date.

(c) Pre-payment of Principal, together with accrued Interest, may be made at any time without penalty.

(d) All payments will be made in lawful tender of the United States and will be applied (i) first, to the payment of accrued Interest and (ii) second (to the extent that the amount of such payment exceeds the amount of all such accrued Interest), to the payment of Principal.

(e) Borrower shall use any Available Cash at the end of any month to pay or pre-pay all amounts due hereunder, including any outstanding Principal and Interest. "Available Cash" shall be defined as cash available after Borrower pays all operating expenses (including legal fees) and maintenance capital expenditures (including budgeted capital expenditure reserves) and creates a reserve for any expected operating expenditure shortfall in the following month.

4. Events of Default. The following events shall be "Events of Default" for purposes of this Note:

(a) the Borrower fails to pay any regular periodic payment of interest or principal on this Note on its due date, and such failure shall not have been fully cured within three (3) business days after written notice from Holder, or the Borrower fails to pay any other principal or interest payment on this Note on the Maturity Date or otherwise when due;

(b) the Borrower fails or omits to perform, observe or satisfy any agreement or covenant contained in this Note and such failure shall not have been fully cured within thirty (30) days after the giving of written notice to the Borrower by the Holder; provided, however, that such cure period shall not apply to any failure of the Borrower to pay principal, interest or any other payment when due under this Note;

(c) any representation or warranty of the Borrower made in or pursuant to this Note is or becomes false, incorrect or misleading;

(d) the Borrower is unable to pay its debts generally, or makes a general assignment for the benefit of creditors, or any proceeding is instituted by or against the Borrower to adjudicate it as bankrupt or insolvent, or seeking liquidation, winding up, reorganization, arrangement, adjustment, protection, relief, or composition of it or its debts under any law relating to bankruptcy, insolvency or reorganization or relief of debtors, or seeking the entry of an order for relief or the appointment of a receiver, trustee, or other similar official for it or for any substantial part of its property (and, in the case of any such proceeding instituted against the

EXHIBIT A

Borrower (but not instituted by it), either such proceeding remains undismissed or unstayed for a period of 60 days, or any of the actions sought in such proceeding (including, without limitation, the entry of an order for relief against, or the appointment of a receiver, trustee, custodian or similar official for, it or for any substantial part of its property) shall occur, or the Borrower takes any corporate action to authorize any of the actions set forth above in this subsection; or

(e) there is an event of default under the Security Agreement executed by the Borrower for the benefit of Holder, of even date herewith, as defined therein.

5. Remedies On Default; Acceleration. Upon any Event of Default, Holder may pursue, in addition to its rights and remedies under this Note and the Security Agreement, any legal or equitable remedies that are available to Holder, and may declare the entire unpaid Principal amount of this Note and all unpaid accrued Interest under this Note to be immediately due and payable in full.

6. Representation, Warranties and Covenants of Borrower. Borrower represents and warrants that it is a duly organized and validly existing New York corporation, and that this Note has been authorized by all necessary corporate action.

7. General Provisions.

(a) Governing Law. This Note shall be governed by and construed under the laws of the State of New York.

(b) Severability; Headings. The invalidity or unenforceability of any term or provision of this Note will not affect the validity or enforceability of any other term or provision hereof. The headings in this Note are for convenience of reference only and will not alter or otherwise affect the meaning of this Note.

(c) Assignment. This Note is transferable or assignable by Holder only with the prior written consent of Borrower to such transfer or assignment; provided, however, that Holder may transfer to an Affiliate of Holder without consent of Borrower. Affiliate shall mean any entity that is in control of, under control of, or under common control with, Holder. Borrower may not assign its obligations under this Note.

(d) Binding Effect. This Note shall be binding upon, and shall inure to the benefit of Borrower, the Holder hereof and their respective successors and assigns.

(e) Notices. Unless otherwise provided, any notice required or permitted under this Agreement shall be given in writing. Notices shall be deemed given upon the earlier to occur of (a) actual receipt by the Borrower or Holder, as applicable; (b) if sent by facsimile machine, on the day (other than a Business Day) such notice is sent if sent prior to 5:00 p.m. and evidenced by the facsimile electronic receipt, or on the following Business Day; (c) on the first (1st) business day following the day deposited with the commercial courier if sent by commercial overnight delivery service; or (d) on the fifth (5th) business day following deposit thereof with the United States Post Office. The Borrower and Holder, by notice duly given in accordance herewith, may each specify a different address for the giving of any notice hereunder.

EXHIBIT A

Borrower: 24 West 25<sup>th</sup> Street, 6<sup>th</sup> Floor  
New York, NY 10010  
P: 212-396-9209  
F: 212-327-0541  
E: email@col-care.com

Holder: Columbia Care LLC  
24 West 25<sup>th</sup> Street, 6<sup>th</sup> Floor  
New York, NY 10010  
P: 212-396-9209  
F: 212-327-0541  
E: \_\_\_\_\_

(f) Attorney's Fees. If this Note is not paid when due or if any Event of Default occurs, Borrower promises to pay all costs of enforcement and collection, including but not limited to, reasonable attorneys' fees, whether or not any action or proceeding is brought to enforce the provisions hereof.

(g) Waivers. Except as otherwise explicitly provided herein, the Borrower hereby waives presentment, demand for payment, notice of dishonor, protest and any and all notices and demands in connection with the performance, default or enforcement of this Note, and consents to any and all extensions or postponements of the time of payment or other indulgence, renewals, waivers, substitutions, exchanges, releases of collateral granted or permitted by the Holder.

[SIGNATURE PAGE FOLLOWS]

EXHIBIT A

**SIGNATURE PAGE TO COLUMBIA CARE NY LLC PROMISSORY NOTE**

IN WITNESS WHEREOF, the undersigned has executed this Note on and as of the date first above written.

**COLUMBIA CARE NY LLC**

By:  \_\_\_\_\_

Name: Michael Abt

Title: Chairman

FORM DOH-5138 AND SUPPORTING DOCUMENTS

EXHIBIT B

SECURITY AGREEMENT

THIS SECURITY AGREEMENT (this “Agreement”) is made as of May 15, 2015, by COLUMBIA CARE NY LLC, a New York limited liability company (“Borrower”) and COLUMBIA CARE LLC, a Delaware limited liability company, (“Secured Party”).

Recitals

Concurrently herewith, Borrower is executing and delivering to Secured Party a line of credit promissory note (the “Note”) in the maximum principal amount of \$15,000,000, for the operation of a Registered Organization awarded a registration by the New York State Department of Health to the Borrower. The Note, the Agreement, and all mortgages, deeds of trust, pledge agreements, collateral assignments, financing statements and other documents, instruments and agreements made pursuant hereto or thereto are referred to herein as the “Loan Documents.”

The Loan Documents are made by the Borrower in connection with a line of credit financing entered into by Borrower on the date hereof. The execution and delivery of this Agreement and the other Loan Documents is a material condition precedent without which Secured Party would not extend the credit evidenced by the Note.

The Notes contemplate that the amount due thereunder may decrease or increase as Borrower pays down amounts owed thereunder or requests additional Advances (as defined therein) prior to the Maturity Date (as defined therein).

Agreement

NOW, THEREFORE, taking the foregoing recitals into account, and for good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Borrower represents, warrants, covenants and agrees as follows:

1. Security Interest. To secure the prompt and complete payment and performance in full when due of all liabilities and obligations of Borrower under the Note (including the payment of principal, interest and other amounts, whether at stated maturity, by acceleration or otherwise), this Agreement and the other Loan Documents (collectively, the “Secured Obligations”), Borrower hereby assigns and pledges to Secured Party as security and grant to Secured Party a security interest in and lien upon all of such Borrower’s right, title and interest in and to certain assets, properties and rights of Borrower, in each case whether now or hereafter existing or in which such Borrower now has or hereafter acquires such right, title or interest (collectively, the “Collateral”):

(a) all equipment (including all machinery, vehicles, tools and furniture), fixtures, and inventory not including marijuana or marijuana products; and

## EXHIBIT B

(b) the contracts and related files, documents and records (or copies thereof), excluding Borrower's charter documents, and books and records relating to the organization, existence or ownership of Borrower.

Such lien and security interest shall be fully perfected and shall have first priority over all other liens, claims and encumbrances, and Borrower hereby authorizes Secured Party to file UCC financing statements evidencing the lien and security interest created by this Agreement.

2. Representations and Warranties. The Borrower hereby represents and warrants to Secured Party as follows:

(a) Borrower is a corporation duly organized, validly existing and in good standing under the laws of the State of New York. Borrower's organizational documents have not been modified, amended or terminated and are in full force and effect.

(b) Borrower has the power and authority to own the Collateral and to execute, deliver and perform the Loan Documents (as applicable), Borrower has duly authorized the execution, delivery and performance of the Loan Documents (as applicable) by all necessary action, and the Loan Documents are valid and binding obligations of, and are enforceable against, Borrower.

(c) The execution, delivery and performance of the Loan Documents do not and will not conflict with or constitute a default under or violation of Borrower's organizational documents or any agreement to which Borrower is a party or by which it or any of its assets is bound or any law, rule, regulation, order, judgment or decree applicable to or binding upon it or any of its assets.

(d) Borrower owns and holds all right, title and interest in and to the Collateral free and clear of liens, claims and encumbrances.

3. Covenants. Borrower hereby covenants and agrees as follows:

(a) Borrower shall not sell, assign, transfer, convey or otherwise dispose of any Collateral (other than immaterial dispositions in the ordinary course of business that are replaced with items of equal or greater value), nor create, incur or permit to exist any lien, claim or encumbrance upon any of the Collateral, except for those in favor of Secured Party.

(b) Borrower shall operate in the ordinary course of business, and shall not enter into any agreement or arrangement under which any third party controls Borrower or any substantial part of Borrower or acquires Borrower's revenues or any substantial part thereof.

(c) Borrower shall, at its cost and expense, pay when due all taxes, charges and assessments against any of the Collateral, except those contested in good

EXHIBIT B

faith by appropriate proceedings with timely payment of any amounts due prior to delinquency.

(d) Borrower shall, at its cost and expense, defend against all actions, claims and demands affecting the Collateral, the security interest granted hereby, or Borrower's or Secured Party's right, title, interest or benefit in or to the Collateral.

(e) Borrower shall permit Secured Party, its agents, representatives, employees and independent contractors, to inspect and appraise the Collateral upon reasonable prior notice and during normal business hours, subject to applicable law.

(f) Borrower shall furnish Secured Party notice of any change in the location of Borrower's business or change of Borrower's name or use or registration of any assumed name.

(g) Borrower shall not reorganize, merge, consolidate, liquidate or dissolve.

4. Further Assurances. Borrower shall, at its sole cost and expense, execute and deliver to Secured Party such other and further documents, instruments and agreements as reasonably requested by Secured Party to create, maintain, perfect or assure the priority of, the security interest granted hereby. Without limiting the foregoing, Borrower shall, at its sole cost and expense, execute and deliver to the Secured Party, from time to time, such financing statements, mortgages, leasehold mortgages or other evidence of security interest as Secured Party may reasonably request, in a form and substance satisfactory to Secured Party. Secured Party is hereby authorized to appoint an agent and attorney-in-fact for Borrower (provided such appointment is compliant with all regulatory and legal requirements), which appointment is coupled with an interest and shall be irrevocable so long as any of the Secured Obligations remain outstanding, to execute and deliver such documents, endorsements and instruments, and to take all such other actions (to the maximum extent permitted by Commonwealth law, statute and governing regulations) in the name and on behalf of Borrower as Secured Party may deem necessary or advisable to create, maintain, perfect, assure the priority of, or foreclose, its security interest in and lien on the Collateral.

5. Insurance. Borrower shall maintain policies of insurance with respect to their properties and business against loss, liability and damage of the kinds customarily carried or maintained by companies of established reputation engaged in similar businesses including, without limitation, property coverage in an amount not less than the replacement value of the Collateral and general liability coverage, each to the extent available. All such policies shall name Secured Party as an additional insured and loss payee if and as requested by Secured Party. Borrower shall deliver to Secured Party certificates evidencing such policies at Secured Party's request and Borrower shall deliver to Secured Party such policies and certificates evidencing such policies upon request.

## EXHIBIT B

6. Performance of Obligations. In the event Borrower fails to pay or perform any of its obligations hereunder, Secured Party may, but shall have no obligation to, pay or perform such obligations. All costs and expenses of Secured Party incurred in such payment or performance or with respect to any other matter under this Agreement shall become a part of the Secured Obligations and shall be immediately payable by Borrower to Secured Party, upon demand, together with interest from the date incurred by Secured Party until the date of payment thereof at the Default Rate set forth in the Note.

7. Indemnification. Borrower shall indemnify and hold harmless, and at Secured Party's option defend, Secured Party and its parents, subsidiaries and other direct and indirect affiliates and related companies, and all officers, directors, employees, agents, members, managers, and partners of Secured Party and each such other company, from and against any and all claims, losses, liabilities, damages, judgments, liens, costs and expenses (including reasonable attorneys' fees) that may be imposed upon, incurred by or asserted against Secured Party or any such other party by reason of the Loan Documents or the credit extended under the Loan Documents or operation of Borrower or any failure by Borrower to comply with any provision of the Loan Documents.

8. Events of Default. Borrower shall be in default under this Agreement upon the occurrence of any one or more of the following events (each an "Event of Default"):

- (a) any failure by Borrower to pay any principal or interest under the Note if such failure is not cured within the cure period set forth in the Note; or
- (b) any failure by Borrower to pay any other amount under any Loan Document if such failure is not cured within five (5) business days after written notice to Borrower that such payment is overdue; or
- (c) any failure by Borrower to observe or perform any other covenant or agreement in any of the Loan Documents that is not remedied within ten (10) business days after written notice thereof to Borrower (or other applicable cure period in such Loan Document); or
- (d) any representation or warranty of Borrower made in any Loan Document is or becomes false, incorrect or misleading in any material respect; or
- (e) Borrower becomes subject to a bankruptcy, reorganization, insolvency, dissolution or liquidation proceeding or makes an assignment for the benefit of creditors or becomes insolvent or unable to pay its debts when due, or a trustee, receiver or other custodian for Borrower or all of any part of the Collateral is appointed or sought or all or any material part of the Collateral is attached, levied upon or otherwise seized by legal process; or
- (f) there is an impairment of Secured Party's security interest in or lien upon any Collateral or the value or priority thereof, or a notice of lien, levy or assessment is filed or asserted against Borrower or an asset of Borrower by any government authority; or a judgment or other claim becomes a lien on any Collateral, or any of the Collateral is seized, attached, or otherwise levied upon.

EXHIBIT B

9. Remedies.

(a) Upon any Event of Default hereunder, Secured Party may, if it elects in its sole discretion, do any one or more of the following:

(i) either personally, or by means of a court-appointed receiver, take possession of all or any of the Collateral and exclude therefrom Borrower and all others claiming under Borrower, and thereafter hold, store, use, dispose of, operate, manage, maintain and control, make repairs, replacements, alterations, additions and improvements to and exercise all rights and power of Borrower with respect to the Collateral or any part thereof; in the event Secured Party demands or attempts to take possession of the Collateral in the exercise of any rights under this Agreement, Borrower agrees to promptly turn over and deliver possession thereof to Secured Party;

(ii) without notice to or demand upon Borrower, make such payments and do such acts as Secured Party may deem necessary to protect its security interest in the Collateral (including, without limitation, paying, purchasing, contesting or compromising any lien or encumbrance, whether superior or inferior to Secured Party's security interest) and in exercising any such powers or authority to pay all expenses (including, without limitation, litigation costs and reasonable attorneys' fees) incurred in connection therewith;

(iii) require Borrower from time to time to assemble the Collateral, or any portion thereof, at a place designated by Secured Party, and deliver promptly such Collateral to Secured Party, or an agent or representative designated by Secured Party; Secured Party, and its agents and representatives, shall have the right to enter upon any or all of Borrower's premises and property to exercise Secured Party's rights hereunder;

(iv) realize upon the Collateral or any part thereof as herein provided or in any manner permitted by law and exercise any and all of the other rights and remedies conferred upon Secured Party by this Agreement, any other Secured Obligation, or by law, either concurrently or in such order as Secured Party may determine;

(v) sell, lease, or otherwise dispose of the Collateral, in such order as Secured Party may determine, as a whole or in such parcels as Secured Party may determine, and upon terms and in such manner as Secured Party may determine; Secured Party may be a purchaser at any sale; and

(vi) exercise any and all other remedies available under the Uniform Commercial Code or any other applicable law.

(b) No single or partial exercise by Secured Party of any right, power or remedy hereunder shall preclude any other or further exercise thereof or the exercise of any other right, power or remedy. Each right, power and remedy herein specifically granted to Secured Party or otherwise available to it shall be cumulative, and shall be in addition to every other right, power and remedy herein specifically given or now or

## EXHIBIT B

hereafter existing at law, in equity, or otherwise. Each such right, power and remedy, whether specifically granted herein or otherwise existing, may be exercised at any time and from time to time and as often and in such order as may be deemed expedient by Secured Party in its sole discretion. Any repossession or retaking or sale of the Collateral pursuant to the terms hereof shall not operate to release Borrower until full payment of any deficiency has been made in cash.

(c) Unless the Collateral is perishable or threatens to decline speedily in value or is of a type customarily sold on a recognized market, Secured Party shall give Borrower at least ten (10) days prior written notice of the time and place of any public sale of the Collateral or other intended disposition thereof to be made. Such notice may be mailed to Borrower as provided by Section 13.

(d) All costs and expenses incurred by Secured Party to enforce its rights under the Loan Documents including, without limitation, all costs and expenses of taking, holding and preparing for the sale and selling of the Collateral, and attorneys' fees and costs (collectively, "Collection Costs") shall become a part of the Secured Obligations and shall be immediately payable by Borrower to Secured Party, upon demand, together with interest from the date incurred by Secured Party until the date of payment by Borrower at the Default Rate set forth in the Note.

(e) The proceeds of any sale of Collateral under Section 9(a) shall be applied as follows:

- (i) to the repayment of the Collection Costs;
- (ii) to the payment of the other Secured Obligations in such order as Secured Party shall determine; and
- (iii) the surplus, if any, shall be paid to whomsoever may be lawfully entitled to receive the same, or as a court of competent jurisdiction may direct.

(f) After an Event of Default, Borrower shall take any action which Secured Party may request in order to convey and assign the Collateral to Secured Party or to such one or more third parties as Secured Party may designate, or to a combination of the foregoing. To enforce the provisions of this Section 9, Secured Party, subject to applicable law, may seek appointment of a receiver from any court of competent jurisdiction. Any receiver shall in addition have the power to dispose of the Collateral in any manner lawful in the jurisdiction in which his appointment is confirmed.

### 10. Waivers.

(a) Borrower hereby waives presentment, demand, notice, protest and, except as is otherwise provided herein, all other demands and notices in connection with this Agreement or the enforcement of Secured Party's rights hereunder or in connection with any Secured Obligations or any Collateral, and hereby consents to and waives notice of the granting of renewals, extensions of time for payment or other indulgences to Borrower or to any third party, or substitution, release or surrender of any collateral

EXHIBIT B

security for any Secured Obligation, the addition or release of persons primarily or secondarily liable on any Secured Obligation or on any collateral security for the Note and/or the settlement or compromise thereof. No waiver by Secured Party of any default shall be effective unless in writing nor operate as a waiver of any other default or of the same default on a future occasion. No delay or omission on the part of Secured Party in exercising any right or remedy hereunder shall operate as a waiver of such right or remedy or of any other right or remedy hereunder. Any waiver of any such right or remedy on any one occasion shall not be construed as a bar to or waiver of any such right or remedy on any future occasion.

(b) BORROWER IRREVOCABLY WAIVES ALL RIGHT TO TRIAL BY JURY IN ANY ACTION, PROCEEDING OR COUNTERCLAIM (WHETHER BASED ON CONTRACT, TORT OR OTHERWISE) ARISING OUT OF OR RELATING TO THIS AGREEMENT OR THE NOTE.

11. Termination; Assignment. This Agreement and the security interest in the Collateral created hereby shall terminate when all of the Secured Obligations have been paid and finally discharged in full. In the event of a sale or assignment by Secured Party of all or any of the Secured Obligations held by it, Secured Party may assign or transfer its rights and interest under this Agreement in whole or in part to the assignee(s) or purchaser(s) of such Secured Obligations, whereupon such assignee(s) or purchaser(s) shall become vested with all of the powers and rights of Secured Party hereunder, and Secured Party shall thereafter be forever released and fully discharged from any liability or responsibility hereunder with respect to the rights and interest so assigned.

12. Reinstatement. Notwithstanding the termination provisions of Section 11, this Agreement shall continue to be effective or be reinstated, as the case may be, if at any time any amount received by Secured Party in respect of the Secured Obligations is rescinded or must otherwise be restored or returned by Secured Party upon the insolvency, bankruptcy, dissolution, liquidation or reorganization of Borrower or upon the appointment of any intervenor or conservator of, or trustee or similar official for Borrower or any substantial part of its properties, or otherwise, all as though such payments had not been made.

13. Notices. Unless otherwise provided, any notice required or permitted under this Agreement shall be given in writing. Notices shall be deemed given upon the earlier to occur of (a) actual receipt by the Borrower or Secured Party, as applicable; (b) if sent by facsimile machine, on the day (other than a Business Day) such notice is sent if sent prior to 5:00 p.m. and evidenced by the facsimile electronic receipt, or on the following Business Day; (c) on the first (1st) business day following the day deposited with the commercial courier if sent by commercial overnight delivery service; or (d) on the fifth (5th) business day following deposit thereof with the United States Post Office. Each Borrower and Secured Party, by notice duly given in accordance herewith, may each specify a different address for the giving of any notice hereunder.

Borrower: Columbia Care NY LLC

EXHIBIT B

24 West 25<sup>th</sup> Street, 6<sup>th</sup> Floor  
New York, NY 10010  
P: 212-396-9209  
F: 212-327-0541  
E: email@col-care.com

Secured Party: Columbia Care LLC  
24 West 25<sup>th</sup> Street, 6<sup>th</sup> Floor  
New York, NY 10010  
P: 212-396-9209  
F: 212-327-0541

14. Governing Law; Jurisdiction; Venue. This Agreement, including the validity hereof and the rights and obligations of the parties hereunder, shall be construed in accordance with and governed by the laws of the state of Delaware, without regard to conflicts of law rules. Borrower agrees that the state courts in or for the State of New York have exclusive jurisdiction over all matters arising out of this Agreement, and that service of process in any such proceeding shall be effective if mailed to Borrower at its address described in the Section 13. Each Borrower irrevocably submits, in any such proceeding, to the non-exclusive jurisdiction of each such court and irrevocably waives the defense of an inconvenient forum with respect to any such proceeding.

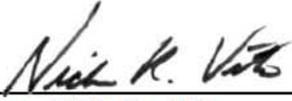
15. Miscellaneous. This Agreement shall be binding upon Borrower and its successors, and shall inure to the benefit of Secured Party and its successor and assigns. Borrower may not assign this Agreement or delegate any duties hereunder. If any provision in this Agreement shall be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.

EXHIBIT B

SIGNATURE PAGE TO SECURITY AGREEMENT

IN WITNESS WHEREOF, each Borrower has duly executed this Agreement as of the date first set forth above.

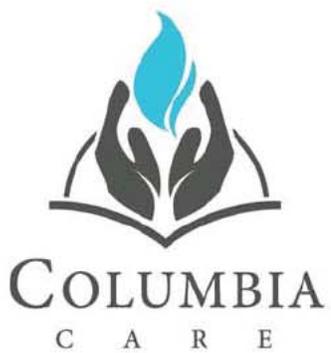
COLUMBIA CARE LLC

By:   
Name: Nicholas Vita  
Title: CEO

COLUMBIA CARE NY LLC

By:   
Name: Michael Abbott  
Title: Chairman

FORM DOH-5138 AND SUPPORTING DOCUMENTS



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# Attachment A

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**Identification of All Real Property**  
*PHL § 3365 and 10 NYCRR § 1004.5(b)(2)*

# ATTACHMENT A

## IDENTIFICATION OF ALL REAL PROPERTY

*PHL § 3365 and 10 NYCRR § 1004.5(b)(2)*

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# ATTACHMENT A IDENTIFICATION OF ALL REAL PROPERTY

## *PHL § 3365 and 10 NYCRR § 1004.5(b)(2)*

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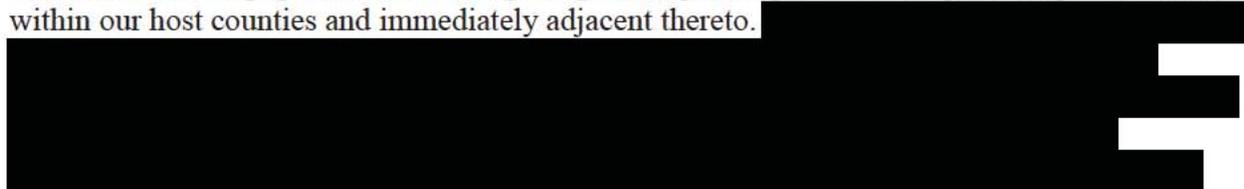
### **REAL PROPERTY OVERVIEW**

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Columbia Care NY LLC (“Columbia Care”) has carefully selected appropriately located and practical sites for its Manufacturing Facility and four Dispensing Facilities in strict compliance with the setback requirements of 10 NYCRR § 1004.10(b)(7). Many factors were taken into consideration, particularly proximity to hospitals, research institutions and of course patient populations. After thorough vetting and investigation, Columbia Care executed leases for properties at the following addresses:

- **Rochester Manufacturing Facility:** 1669 Lake Avenue  
Eastman Kodak Park  
Building #12, 4<sup>th</sup> Floor  
Rochester, NY 14615
- **Manhattan Dispensing Facility:** 212 East 14<sup>th</sup> Street  
New York, NY 10003
- **Riverhead Dispensing Facility:** 1107 Old Country Road  
Riverhead, NY 11901
- **Plattsburgh Dispensing Facility:** 345 Cornelia Street  
Plattsburgh, NY 12901
- **Rochester Dispensing Facility:** 200 West Ridge Road  
Rochester, NY 14615

Our facility locations cover the four corners of New York State, providing accessibility to over 80% of the state’s population, including the greatest possibly number of qualified patients both within our host counties and immediately adjacent thereto.





Redacted pursuant to N.Y. Public Officers Law, Art. 6

## Caregiver Connection Program

Since we are restricted to four Dispensing Facility locations by law and thereby are limited in our access to patients living great distances from our sites, Columbia Care, if approved by the New York State Department of Health (the “Department”), proposes to offer a Caregiver Connection Program which will match certified patients with designated caregivers. This service will enhance access for certified patients who are too ill to visit the Dispensing Facilities themselves and lack a designated caregiver. The Caregiver Connection Program will be structured such that it is in full compliance with all applicable Medical Marijuana Program law, rules and regulations.

Many patients using medical marijuana as a treatment option experience access issues because they are home-bound and unable to travel to Dispensing Facilities. We applaud New York State for allowing certified patients to designate a caregiver who can be registered with the Medical Marijuana Program to obtain approved Medical Marijuana Products from Registered Organizations to facilitate treatment and access. We suspect that many of these patients will require assistance in identifying qualified individuals to perform this critical role and further anticipate that a significant number of these patients will select certified Home Health Aides as their designated caregivers.

To address these patient needs, Columbia Care plans to establish, subject to Department approval, a free online Caregiver Connection Program for certified patients to “match-up” with qualified individuals within the patient’s community who are certified as Home Health Aides and are also eligible to serve as a designated caregiver under the Compassionate Care Act. All certified patients may access the portal, and all qualified Home Health Aides who opt to participate will be “matched” with interested patients accordingly. Note, the website will not promote the use of Columbia Care’s Dispensing Facilities or manufactured products or impose any other obligation of any kind.

This initiative will enable Columbia Care to offer similar access-to-care standards to certified patients in the areas directly accessible (i.e., areas within approximately 20-minutes driving distance, as reflected in the two darker shades of blue in the chart below) with those in areas less accessible but still reasonably close to our proposed facility locations (i.e., areas located within a 75-mile radius of our proposed facilities, as reflected in the light blue areas of the chart below). Through our novel Caregiver Connection Program, Columbia Care can provide its outstanding service and high-quality, pharmaceutical-grade Medical Marijuana Products to patients living in more rural areas.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

If approved by the Department, the process for implementing the Caregiver Connection Program will be as follows:

Redacted pursuant to N.Y. Public Officers Law, Art. 6

While Columbia Care proposes to implement this optional service, certified patients remain free to use or not use it (some may choose to identify and designate their own caregiver). In addition, any payment made to the designated caregiver for his or her services (time or expenses) is directly negotiated between the patient and caregiver. Columbia Care will not directly reimburse designated caregivers through this service.

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## **ROCHESTER MANUFACTURING FACILITY**

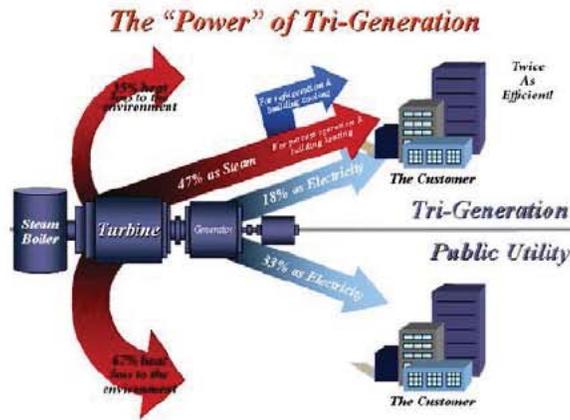
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Columbia Care’s Manufacturing Facility will be located at the Eastman Kodak Business Park (“EBP”), a manufacturing technology campus in Rochester, New York. EBP has a rich history having housed Kodak, one of the most valuable and innovative manufacturing companies in the United States since the late 1800s. Economic downturn has dramatically changed the landscape at this Rochester iconic facility. Columbia Care views the nascent New York Medical Marijuana as a unique opportunity to repurpose a portion of EBP by bringing innovative manufacturing back to the area.



EBP’s existing infrastructure is ideal for Columbia Care’s Manufacturing Facility, particularly with regards to the guaranteed access to power and comprehensive security measures already in place, which will be in addition to, not in lieu of, our own Security Plan (see Attachment D, Section 5: Security and Control and Attachment H: Security Plan for more information on our

security). With regards to electricity (an essential component to any large-scale commercial manufacturer), EBP utilizes Tri-Generation to produce its own power, including heat and chilled water. Access to these incredible assets on-site effectively eliminate the typical burden a Manufacturing Facility would bear on local municipal resources. This state-of-the-art, on-site system delivers power throughout EBP’s campus through a small grid with underground redundant feeds. Accordingly, Columbia Care is effectively virtually guarantees our facility will never be without power. Moreover, EBP boasts an impressive commercial-grade chilled water system with a 60,000-ton capacity and equipment capable producing 300 gallons of reverse osmosis deionized water per minute- a critical need for feeding thousands of live plants.



Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

The Rochester Manufacturing Facility location allows Columbia Care easy access to major state thoroughfares, making deliveries to our Dispensing Facility locations relatively simple. Rochester is situated equal distances from our proposed facility in Plattsburgh and our facilities in Manhattan and Riverhead. Notably, the location is approximately 50 feet door-to-door with our Rochester Dispensing Facility location.

Considering our relationship with the University of Rochester Medical Center, the Manufacturing Facility's proximity to the university and hospital will allow Columbia Care direct access to scientific, medical and research professionals working with us hand-in-hand to strengthen our research endeavors through our novel research consortium (see Attachment D, Section 3: Dispensing and Sale for more information on our research consortium).

Since executing our lease at EBP, Columbia Care has become a Corporate Member of the Rochester Business Alliance.



## MANHATTAN DISPENSING FACILITY

Columbia Care will locate a Dispensing Facility in Manhattan. Our location was selected based on its proximity to both public transportation and state-of-the-art medical and research centers. Located just two blocks from Union Square, certified patients from the five boroughs of New York City can easily access the facility through a variety of public transportation means.

The Manhattan Dispensing Facility is also located just one block from Mount Sinai Beth Israel Philips Cancer Center, whose team suggested we locate in close proximity in order to facilitate a working relationship revolving around innovative research. Our proximity is mutually beneficial- the center's certified patients will have easy access to our high quality, pharmaceutical-grade Medical Marijuana Products, and we will have access to the center's talented medical staff. Moreover, our location nearby will facilitate our research partnership, which is described in more detail in Attachment D, Section 3: Dispensing and Sale. Their certified patients will have access to the highest quality medicine and we will have access to the hospital's medical personnel.



## RIVERHEAD DISPENSING FACILITY

Columbia Care's Riverhead Dispensing Facility location was selected based on its close proximity to Southampton Hospital/Stony Brook University. Certified patients associated with the hospital will be able to easily access our cutting edge facility to acquire our approved Medical Marijuana Products.

The precise site provides certified patients and designated caregivers with easy access to our Dispensing Facility using public transportation and by driving (we contracted for ample parking). As with all of our facilities, the Riverhead Dispensing Facility is handicapped-accessible and will comply with all ADA requirements to allow accessibility to all our patients.



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## PLATTSBURGH DISPENSING FACILITY

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Our proposed Plattsburgh Dispensing Facility is located in a small strip mall. We selected this location due to its proximity to the University of Vermont Health Network’s Champlain Valley Physicians Hospital, with whom we intend to collaborate with on innovative research through our research consortium, described in detail in Attachment D, Section 3: Dispensing and Sale. Our relationship with the university and the hospital will benefit both our patients by providing them with high quality care and high quality medicinal products. Locating near the Champlain Valley Physicians Hospital will also allow Columbia Care access to top scientific, research and medical professionals.

The Plattsburgh Dispensing Facility is easily accessible through public transportation and has ample parking for our patients.



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## ROCHESTER DISPENSING FACILITY

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Similar to our Manufacturing Facility, Columbia Care’s Rochester Dispensing Facility will be located at the Eastman Kodak Business Park. In fact, the entrances to the two facilities are within walking distance.

As mentioned above, EBP currently has an extensive, comprehensive



Considering our relationship with the University of Rochester Medical Center, the Manufacturing Facility's proximity to the university and hospital will allow Columbia Care direct access to scientific, medical and research professionals working with us hand-in-hand to strengthen our research endeavors through our novel research consortium (see Attachment D, Section 3: Dispensing and Sale for more information on our research consortium).

The Rochester Dispensing Facility location allows patients easy access to the facility from major state thoroughfares. Since executing our lease at EBP, Columbia Care has become a Corporate Member of the Rochester Business Alliance.



## LETTERS OF SUPPORT

On the following pages, please find Letters of Support from the following entities:

- **1199SEIU United Healthcare Workers East:** Executed by 1199SEIU President George Gresham.
- **Mount Sinai Health System:** Executed by Mount Sinai Health System President and CEO Dr. Kenneth L. Davis, M.D., Icahn School of Medicine at Mount Sinai President for Academic Affairs Dr. Dennis S. Charney, M.D., Mount Sinai Hospital President and COO Dr. David L. Reich, M.D., and Icahn School of Medicine at Mount Sinai Chair of the Department of Population Health Science & Policy Dr. Annetine C. Gelijns, Ph.D.
- **University of Rochester Medical Center:** Executed by University of Rochester Medical Center and UR Medicine CEO, Dean of the School of Medicine and Dentistry and Senior Vice President for Health Services Dr. Mark Taubman, M.D.
- **Eastman Business Park:** Executed by Eastman Business Park Director Michael R. Alt
- **Arizona Technology Enterprises (AzTE):** Executed by AzTE Vice President of Venture Development Charlie Lewis
- **City of Rochester:** Executed by Mayor Lovely A. Warren

# 1199SEIU

United Healthcare Workers East

**PRESIDENT**  
George Gresham

**SECRETARY TREASURER**  
Maria Castaneda

**EXECUTIVE VICE-PRESIDENTS**

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George Kennedy  
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John Reid  
Bruce Richard  
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Rona Shapiro  
Neva Shillingford  
Milly Silva  
Veronica Turner  
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Barbara Rosenthal  
Helen Schaub  
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Minerva Solla  
Katherine Taylor  
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Camille Edwards  
Jerry Fishbein  
Vladimir Fortunny  
Jennifer Foster-Epps  
Roy Garcia  
Frances Gentle  
Ericka Gomez  
Derek Grate, Sr.  
Rebecca Gutman  
Ruth Heller  
Kwai Kin (David) Ho  
Todd Hobler  
Antonio Howell  
Herbert Jean-Baptiste  
Brian Joseph  
Keith Joseph  
Maria Kercado  
Tyrek Lee  
Rosa Lomuscio  
Winslow Luna  
Coraminita Mahr  
Dalton Mayfield  
Rhina Molina  
Robert Moore \*  
Aida Morales  
Isaac Norrey  
Vasper Phillips  
Bruce Popper  
Lawrence M. Porter  
Rhadames Rivera  
Victor Rivera  
Rene R. Ruiz  
Claudice St. Hilaire  
James Scordato  
John Seales  
Berta Silva  
Patricia Smith  
Greg Speller  
Clare Thompson  
Oscar Torres Fernandez  
Kathy Tucker  
Antoinette Turner  
Ana Vazquez  
Julio Vives  
Lisa Wallace  
Margaret West-Allen  
Daine Williams  
Cynthia Wolff  
Gladys Wrenick

**GENERAL COUNSEL**  
Daniel J. Ratner

**CHIEF FINANCIAL OFFICER &  
DIRECTOR OF ADMINISTRATION**  
Michael Cooperman

\* Acting

May 29, 2015

Dr. Howard Zucker  
Commissioner  
New York State Department of Health  
Corning Tower Empire State Plaza  
Albany, New York 12237

Dear Commissioner Zucker,

I am writing to inform you of the enthusiastic support of 1199SEIU, the world's largest union local, for the application of Columbia Care, LLC to become a Registered Organization ("RO") and New York Medical Marijuana Dispensary in accordance with New York's Compassionate Care Act. We are highlighting our exclusive support for Columbia Care's application because of the company's commitment to the highest standards of scientific research, the unique professionalism and experience of the organization's leadership and, most of all, the compassion and care it has shown for its patients and communities.

We are a union of healthcare workers. With nearly 400,000 members throughout New York State, Massachusetts, New Jersey, Florida, Maryland and the District of Columbia, we are on the front line of healthcare, providing services to the sick, the infirm and the elderly. One of our key missions is to improve and expand quality patient care. For this reason, we are supportive of the Compassionate Care Act and believe that Columbia Care is the applicant best equipped to realize the goals of this legislation.

For example, Columbia Care has repeatedly demonstrated its commitment to scientific research and its willingness to finance that research. Columbia Care has established a unique registry of data gathered from over 75,000 patient interactions in its existing dispensaries in states outside of New York -- in other highly regulated medical markets such as Washington, D.C. and Arizona.

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PRINCIPAL  
HEADQUARTERS**  
310 West 43rd St.  
New York, NY 10036  
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www.1199seiu.org

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Albany, NY 12210  
Tel. (518) 396-2300  
Fax (518) 438-1140

**BALTIMORE, MARYLAND**  
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Baltimore, MD 21201  
Tel. (410) 332-1199  
Fax (410) 332-1895

**MASSACHUSETTS**  
150 Mt. Vernon Street, 3rd Fl.  
Dorchester, MA 02125  
Tel. (617) 284-1199  
Fax (617) 474-7150

**BUFFALO**  
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Buffalo, NY 14214  
Tel. (716) 982-0540  
Fax (716) 876-0930

**FLORIDA**  
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Miami Lakes, FL 33014  
Tel. (305) 623-3000  
Fax (305) 826-1604

**GOVERNEUR**  
95 E Main Street  
Gouverneur, NY, 13642  
Tel. (315) 287-9013  
Fax (315) 287-7226

**HICKSVILLE**  
100 Duffy Ave., Suite 3 West  
Hicksville, NY 11801  
Tel. (516) 542-1115  
Fax (516) 542-0919

**NEW JERSEY**  
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Tel. (732) 287-8113  
Fax (732) 287-8117

**ROCHESTER**  
259 Monroe Ave., Suite 220  
Rochester, NY 14607  
Tel. (585) 244-0830  
Fax (585) 244-0956

**SYRACUSE**  
250 South Clinton, Suite 200  
Syracuse, NY 13202  
Tel. (315) 424-1743  
Fax (315) 479-6716

**WHITE PLAINS**  
99 Church St.  
White Plains, NY 10601  
Tel. (914) 993-6700  
Fax (914) 993-6714

ATTACHMENT A IDENTIFICATION OF ALL REAL PROPERTY

The company is partnering with some of the top medical research institutions in New York State, including Mount Sinai Hospital and The University of Rochester Medical Center to analyze this data and conduct research critically needed to improve the efficacy and guarantee the safety of medical marijuana treatments.

Columbia Care has also committed to establishing and funding a charitable foundation to finance ongoing research in New York and guarantee access to treatment for patients who cannot afford to pay.

In addition, the Columbia Care leadership team has the professional talent and experience needed to bring New York patients uniformly pharmaceutical-grade products and reliably high-quality service. With operating experience from renown businesses and organizations, Columbia Care's management team brings with it a combination of operating experience, rigorous compliance discipline and financial sophistication. As a result, the company has been selected for licensing by regulatory authorities in five<sup>1</sup> of the most highly-regulated medical markets after exhaustive vetting and diligence processes. The overall experience of Columbia Care is constantly leveraged by its medical marijuana operations in those multiple highly regulated markets. It is worth noting that Columbia Care has impeccable operations compliance and audit records.

Just as impressive to us is Columbia Care's commitment to serving individual patients' medical needs as well as serving the communities in which those patients live. Columbia Care helps establish and monitor individual treatment goals for patients. The company has created a respectful, welcoming and compassionate environment with professional dispensary staff, a staff that attends on-the-ground and classroom training, including participation in a rotating internal internship program and state-appropriate certification. At the same time, Columbia Care attempts to bring a process of renewal to communities, not only by creating well-paying jobs, but by working with law enforcement, charities and other non-profits to address community needs. It donates up to 15 percent of its profits to local organizations serving the public good. All of this translates into a long-term partner for 1199SEIU with a sustainable business that will contribute to New York, the quality of life of its patients and the state's economy.

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<sup>1</sup> Including Washington, D.C., Arizona, Massachusetts, Illinois and Nevada.

We have no doubt that Columbia Care is the most qualified applicant to fulfill the goals of this critical legislation and help enhance the quality of life of a large number of New Yorkers. This is why 1199SEIU has made its commitment of exclusivity and is placing the full weight of its resources behind Columbia Care's application.

Thank you for your time and willingness to consider our exclusive, strong and unequivocal endorsement of Columbia Care's application.

Sincerely,



George Gresham  
President



May 21, 2015

Howard Zucker, M.D., J.D.  
Commissioner of Health  
New York State Department of Health  
Corning Tower  
Empire State Plaza  
Albany, NY 12237

Dear Dr. Zucker:

The Mount Sinai Health System supports Columbia Care in its application to receive a license to cultivate and dispense medical marijuana in New York State. We look forward to working with them in implementing this program in New York State.

The Mount Sinai Hospital will work towards establishing a consulting agreement with Columbia Care to provide: (a) expert guidance in the creation of policies and procedures that govern safe and effective operations; and (b) quality assessment and improvement tools and auditing. The goal of the consulting engagement would be to advise Columbia Care on compliance with applicable regulations as well as implementation of quality and security programs to support dispensary operations.

We have been engaged in ongoing dialogue and planning with Columbia Care to conduct medical marijuana research. We have several areas of shared interest, including: anorexia and cachexia associated with advanced cancer; painful HIV-associated peripheral neuropathy; and epilepsy treatment. We expect that we will pursue other research interests in the future. As an initial hypothesis-generating project, we have commenced a retrospective analysis of Columbia Care registry data from patients in Arizona and Washington DC that receive medical marijuana for cancer anorexia or HIV-associated neuropathy.

We have created a framework for a prospective national data registry for medical marijuana patients. This effort is being led by Dr. Emilia Bagiella, Director of the Center for Biostatistics and by Dr. Annetine Gelijns, Chair of Population Health Science and Policy. The integrity of the registry will be protected by a structure that includes an independent data safety monitoring board, a steering committee, and an advisory group of external experts. The steering committee will oversee a data coordinating center and a clinical coordinating center. Columbia Care has committed to funding the start-up costs for this effort.

By virtue of these preliminary efforts, Mount Sinai believes that Columbia Care has a commitment to advancing the science and safe practice of medical marijuana therapy. We believe that they are committed to creating mechanisms to support access for economically disadvantaged patients and cutting edge research in the field. We therefore strongly support Columbia Care's application for a medical marijuana cultivation/dispensary license in NY State.

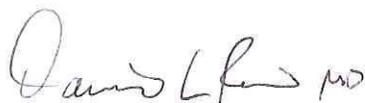
Sincerely yours,



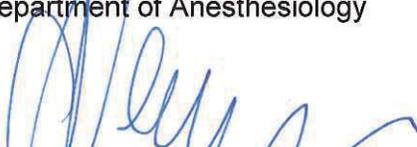
Kenneth L. Davis, M.D.  
President and Chief Executive Officer  
Mount Sinai Health System



Dennis S. Charney, M.D.  
Anne and Joel Ehrenkranz Dean  
Icahn School of Medicine at Mount Sinai  
President for Academic Affairs  
Mount Sinai Health System  
Professor, Departments of Psychiatry, Neuroscience,  
and Pharmacology & Systems Therapeutics



David L. Reich, M.D.  
President and Chief Operating Officer  
The Mount Sinai Hospital  
Horace W. Goldsmith Professor  
Department of Anesthesiology



Annetine C. Gelijns, Ph.D.  
Chair, Department of Population Health Science & Policy  
Edmond A. Guggenheim Professor of Health Policy  
Co-Director, InCHOIR  
Department of Population Health Science & Policy  
Icahn School of Medicine at Mount Sinai

Mark B. Taubman, MD  
CEO, University of Rochester Medical Center and UR Medicine  
Dean, School of Medicine and Dentistry  
Senior Vice President for Health Sciences



MEDICINE of THE HIGHEST ORDER

May 19, 2015

Dr. Howard Zucker  
Commissioner  
New York State Department of Health  
Corning Tower  
Empire State Plaza  
Albany, New York 12237

Dear Commissioner Zucker:

The University of Rochester Medical Center supports Columbia Care's application to receive one of the five licenses to cultivate and dispense medical marijuana in New York State. We express our interest in this application stemming from Columbia Care's express commitment to fund appropriate medical research and their commitment to ensuring access for all patients regardless of resources.

With the passage of the Compassionate Care Act, we believe New York is well-positioned to be at the forefront of medical marijuana research and patient care. In order to achieve that goal, we believe it is critical that clinical research and policy analysis be a primary focus of this program.

We are most interested in partnering with Columbia Care in the medical marijuana licensing process because of their demonstrated focus on medical research and commitment to financing research. We believe it is vital that research is conducted in order to better understand the efficacy of various dosages and strains along with issues of safety. Columbia Care has demonstrated their commitment to these initiatives through the collection of self-reported efficacy, adverse events, demographic and actuarial data from thousands of patients in multiple markets. Our researchers and physicians at UR Medicine believe a research partnership with Columbia Care could further inform efficacy and ensure the safest environment for patients accessing this method of treatment. Research will ensure New York maintains intellectual, scientific and policy leadership well into the future.

We further believe that Columbia Care is committed to supporting New York's mission of enhancing quality of life for patients throughout the state. To support this mission, Columbia Care has committed to establishing and funding a charitable foundation to finance ongoing research and to ensure access to this treatment option for eligible patients, regardless of their ability to pay.

Columbia Care has brought together unprecedented resources to support New York's mission of enhancing quality of life for patients throughout the state. We share a collective focus on research and patient care and the prioritization of compliance and safety. Thank you for your consideration of their candidacy and licensure in this important program.

Sincerely,

Mark Taubman, M.D.



May 27, 2015

Dr. Howard Zucker  
Commissioner  
New York State Department of Health  
Corning Tower Empire, State Plaza  
Albany, New York 12237

Dear Commissioner Zucker:

With the passage of the Compassionate Care Act, we believe New York is well-positioned to be at the forefront of medical marijuana patient care, enabling responsible development of this treatment paradigm and serving as the global industry leader.

As such, Eastman Business Park (EBP) strongly supports Columbia Care's application to receive one of the five licenses to cultivate and dispense medical marijuana in New York State. Our support for this application stems from Columbia Care's unique and proven manufacturing expertise, its unmatched experience operating compliant medical marijuana facilities in other highly regulated markets, its express commitment to locate its cultivation and processing facility at EBP to provide a permanent economic driver for the greater Rochester community, the validation it has received from other State regulatory authorities throughout the United States, its commitment to clinical research with several leading New York teaching hospitals and their desire to ensure access to pharmaceutical grade products for all qualifying patients regardless of their financial resources.

We believe the relationship with Columbia Care goes beyond tenant-landlord, and approaches more of a partnership, especially as it relates to cultivation of plants, manufacturing ingestible products to strict quality tolerances and the extraction and refinement of cannabinoid oils into approved medical products. Eastman Business Park is a manufacturing technology campus that offers many synergies associated with Columbia Care's medical marijuana operations. Aside from world-class site security and infrastructure, there are high technology operations within EBP that can be utilized to conduct process development and manufacturing R&D associated with identification and separation of cannabinoid oils. These capabilities are complimentary to Columbia Care's commitment to sponsor proprietary research to better understand the efficacy of various dosages and strains along with issues of safety. Columbia Care has demonstrated its commitment to these initiatives through the collection of self-reported efficacy, adverse events, demographic and actuarial data from thousands of patients in multiple markets and by maintaining uninterrupted supply lines for medicine as a licensee in other, highly-regulated markets resulting in the highest quality products that will be available under the Compassionate Care Act.

Michael R. Alt – Director Eastman Business Park – 585-477-1556

1669 Lake Avenue – Rochester, New York 14652



EASTMAN  
Business Park

We further believe that Columbia Care is passionate in supporting New York's mission of enhancing quality of life for patients throughout the state. This commitment goes beyond the commitment to create a best-in-class manufacturing operation to produce the highest quality medical marijuana available. To support this undertaking, Columbia Care is investing substantial capital to repurpose a 90 year old building at EBP into a modern, vibrant, state-of-the-art manufacturing facility that is 50% vacant. This industrial application is very collaborative with the EBP Master Plan for site revitalization. Furthermore, Columbia Care will commit to hiring 10% of its operations workforce from the Monroe County "working poor" population in support of the local anti-poverty initiative.

Having a well-capitalized, highly skilled, proven counterparty such as Columbia Care will offer the State and the Business Park a unique, long-term value proposition. Columbia Care has brought together unprecedented resources to support New York's mission of enhancing quality of life for patients throughout the state. We share a collective focus on research and manufacturing, assuring that compliance and safety are priorities. Thank you for your consideration of our support for their candidacy and licensure in this important program.

Sincerely,



May 26, 2015

Dr. Howard Zucker  
Commissioner  
New York State Department of Health  
Corning Tower Empire State Plaza  
Albany, New York 12237

Dear Commissioner Zucker,

On behalf of Arizona Technology Enterprises ("AzTE"), the technology transfer arm for Arizona State University ("ASU"), I am pleased to write this letter to provide our exclusive support to Columbia Care, LLC ("Columbia Care") and recommend their selection as one of the five applicants chosen to become a Registered Organization ("RO") as a New York Medical Marijuana Dispensary in accordance with New York's Compassionate Care Act (S7923/A6357-E). As our corporate neighbor in Tempe, Arizona and through collaborative research initiatives, we are familiar with Columbia Care's operations and personnel. They are considered by many stakeholders, including members of our organization, as the most highly respected and most professional operator in Arizona's medical marijuana program. Furthermore, they are the only organization we are aware of that has committed itself to the research oriented medical mission of the State's program, making them a uniquely valuable and informed partner for researchers, healthcare providers and policy makers.

Of note, AzTE is currently in exclusive discussions with Columbia Care regarding the development and commercialization of two novel, proprietary technologies with potential applications in the medical marijuana industry:

- 1) Eye movement technology correlated to detecting THC impairment which was developed by Barrow Neurological Institute ("BNI") researchers Dr. Steven Macknik and Dr. Susana Martinez-Conde and further enhanced at Arizona State University. Drs. Macknik and Martinez-Conde are now employed by and conducting their research at SUNY Downstate Medical Center. The purpose of this patent-protected product is to provide an accurate curbside measurement system that can be utilized by patients and law enforcement alike to prevent irresponsible utilization of this product and avoid potentially damaging impairment related outcomes. Columbia Care and AzTE are developing the partnership structure to collaborate, develop this technology and find a better solution to the community risks associated with impairment.
- 2) Controlled dosing technology developed at Arizona State University for the intended purpose of delivering consistent, non-variable therapeutic patient doses consistent with medical professional standards. Dosing is the most fundamental requirement for establishing medical product efficacy and patient safety. The industry has been permitted to grow ahead of this basic premise – circumventing standard best-practices in medicine. This tool will not only

**Arizona Technology Enterprises**  
1475 N. Scottsdale Road, Suite 200, Scottsdale, AZ 85257-3538  
725 Arizona Ave, Suite 404, Santa Monica, CA 90401-1723  
AZ: (480) 884-1996 CA: (424) 229-9473  
www.azte.com

ATTACHMENT A: IDENTIFICATION OF ALL REAL PROPERTY

accelerate the discovery process by improving the quality of and access to raw data, but it will enhance the safety profile for users and allow regulators to develop rules with greater precision and confidence in outcomes. In light of NY's statutory framework that limits delivery modalities, including vaporization, this medical delivery device is particularly relevant to patients in New York who would otherwise be forced to use woefully inadequate vaporization devices developed for the recreational tobacco and marijuana marketplace.

Columbia Care has demonstrated a commitment to providing new and innovative technologies exclusively for the medical marijuana industry in furtherance of its mission to be the leading provider of services, products, and research for medical marijuana patients. These tools have the potential to vastly improve the medical efficacy and reduce the impact of irresponsible licensed and unlicensed users. ASU is a leading US research university that brings innovative discoveries to the marketplace with a positive societal impact. By bringing proprietary innovation and know-how to New York, we believe the collaboration between ASU and Columbia Care will address two of the most fundamental issues facing law enforcement and the medical marijuana industry today and, most importantly, more effectively protect and benefit the citizens of New York.

Best regards,

A handwritten signature in black ink, appearing to read "Charlie Lewis". The signature is fluid and cursive, with a large initial "C" and a stylized "L".

Charlie Lewis  
Vice President of Venture Development



**City of Rochester**

City Hall Room 308A, 30 Church Street  
Rochester, New York 14614-1290  
www.cityofrochester.gov

**Lovely A. Warrar**  
Mayor

New York State Department of Health  
Bureau of Narcotic Enforcement  
Medical Marijuana Program  
150 Broadway  
Albany, New York 12204

Dear Sir or Madam:

I write on behalf of the City of Rochester to inform you that we have been contacted by Columbia Care, LLC to express their interest in becoming a Registered Organization under New York State Compassionate Care Act, manufacturing and dispensing medical marijuana in New York State. Columbia Care, LLC's has informed the City that it plans to establish a manufacturing facility and dispensary within the City of Rochester. We understand that we have individuals in the Rochester area suffering from the grave pain and suffering that medical marijuana may treat and that there are also economic benefits through taxes and jobs for our citizens if a facility was to be located in Rochester.

We are intrigued by the possibility that a medical marijuana manufacturing facility has the potential to be established here in Rochester. We have a strong presence of academic and medical organizations already active in the Rochester area, including such facilities as University of Rochester, University of Rochester Medical Center, and the Rochester Institute of Technology. These organizations and others like them promise great capacity for the research, cultivation and development of improved forms and applications of medical marijuana.

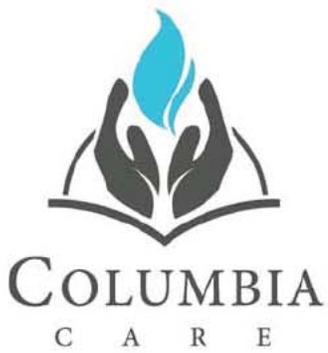
In consideration of the foregoing, the City of Rochester is interested in the application of Columbia Care, LLC to become a Registered Organization under the New York State Compassionate Care Act.

Sincerely,

Lovely A. Warren  
Mayor

cc NICHOLAS VITA  
COLUMBIA CARE, LLC





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# Attachment B

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**Identification of All Equipment**  
*PHL § 3365 and 10 NYCRR § 1004.5(b)(3)*

# ATTACHMENT B

## IDENTIFICATION OF ALL EQUIPMENT

*PHL § 3365 and  
10 NYCRR § 1004.5(b)(3)*

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ATTACHMENT B  
IDENTIFICATION OF ALL EQUIPMENT  
*PHL § 3365 and*  
*10 NYCRR § 1004.5(b)(3)*

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Redacted pursuant to N.Y. Public Officers Law, Art. 6

ATTACHMENT B: IDENTIFICATION OF ALL EQUIPMENT

**THIS PAGE CONTAINS TRADE SECRETS AND CRITICAL INFRASTRUCTURE INFORMATION  
EXCEPTION FROM FOIL DISCLOSURE REQUESTED**

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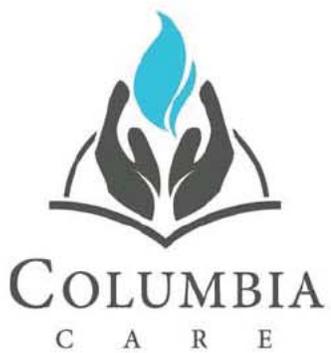
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# Attachment C

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**Copies of All Leases**  
***PHL § 3365 and 10 NYCRR § 1004.5(b)(9)***

**ATTACHMENT C**  
**COPIES OF ALL LEASES**  
*PHL § 3365 and 10 NYCRR § 1004.5(b)(9)*

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# ATTACHMENT C

## COPIES OF ALL LEASES

### *PHL § 3365 and 10 NYCRR § 1004.5(b)(9)*

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#### COPIES OF ALL LEASES

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Please find on the following pages copies of all applicable executed leases related to Columbia Care NY LLC's real property interests, showing that Columbia Care NY LLC has the right to use sufficient land, buildings and equipment. The following lease agreements are for our Manufacturing and Dispensing Facilities, including:

- **Rochester Manufacturing Facility:** 1669 Lake Avenue  
Eastman Kodak Park  
Building #12, 4<sup>th</sup> Floor  
Rochester, NY 14615
- **Manhattan Dispensing Facility:** 212 East 14<sup>th</sup> Street  
New York, NY 10003
- **Riverhead Dispensing Facility:** 1107 Old Country Road  
Riverhead, NY 11901
- **Plattsburgh Dispensing Facility:** 345 Cornelia Street  
Plattsburgh, NY 12901
- **Rochester Dispensing Facility:** 200 West Ridge Road  
Rochester, NY 14615

ATTACHMENT C: COPIES OF ALL LEASES

# ATTACHMENT C

## COPIES OF ALL LEASES

### *PHL § 3365 and 10 NYCRR § 1004.5(b)(9)*

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#### **ROCHESTER MANUFACTURING FACILITY LEASE**

---

Please find on the following pages a copy of Columbia Care NY LLC's lease for the following facility:

- **Rochester Manufacturing Facility:** 1669 Lake Avenue  
Eastman Kodak Park  
Building #12, 4<sup>th</sup> Floor  
Rochester, NY 14615

ATTACHMENT C: COPIES OF ALL LEASES

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## COPIES OF ALL LEASES

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#### **MANHATTAN DISPENSING FACILITY LEASE**

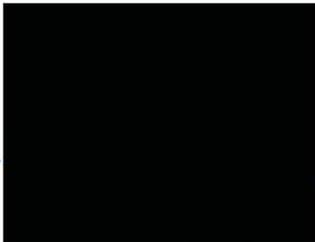
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Please find on the following pages a copy of Columbia Care NY LLC's lease for the following facility:

- **Manhattan Dispensing Facility:** 212 East 14<sup>th</sup> Street  
New York, NY 10003

ATTACHMENT C: COPIES OF ALL LEASES







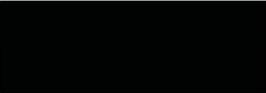








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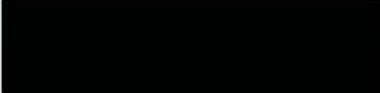
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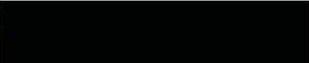




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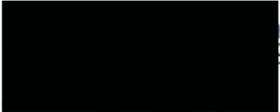


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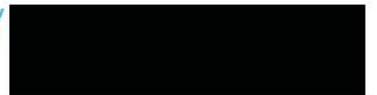
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# ATTACHMENT C

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### *PHL § 3365 and 10 NYCRR § 1004.5(b)(9)*

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#### **RIVERHEAD DISPENSING FACILITY LEASE**

---

Please find on the following pages a copy of Columbia Care NY LLC's lease for the following facility:

- **Riverhead Dispensing Facility:** 1107 Old Country Road  
Riverhead, NY 11901

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# ATTACHMENT C

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### *PHL § 3365 and 10 NYCRR § 1004.5(b)(9)*

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#### **PLATTSBURGH DISPENSING FACILITY LEASE**

---

Please find on the following pages a copy of Columbia Care NY LLC's lease for the following facility:

- **Plattsburgh Dispensing Facility:** 345 Cornelia Street  
Plattsburgh, NY 12901

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# ATTACHMENT C

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### *PHL § 3365 and 10 NYCRR § 1004.5(b)(9)*

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#### **ROCHESTER DISPENSING FACILITY LEASE**

---

Please find on the following pages a copy of Columbia Care NY LLC's lease for the following facility:

- **Rochester Dispensing Facility:** 200 West Ridge Road  
Rochester, NY 14615

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# Attachment D

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**Section 1: Manufacturing**  
***10 NYCRR § 1004.5(b)(4)***

# ATTACHMENT D

## SECTION 1: MANUFACTURING

### *10 NYCRR § 1004.5(b)(4)*

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# ATTACHMENT D

## SECTION 1: MANUFACTURING

### *10 NYCRR § 1004.5(b)(4)*

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#### 1.0 MANUFACTURING OVERVIEW

---

Affiliates of Columbia Care NY LLC (“Columbia Care”) have been safely and securely cultivating medical marijuana and producing Medical Marijuana Products (“MMPs”) without incident in several of the country’s most highly-regulated state-run programs similar to New York’s Medical Marijuana Program. Currently, Columbia Care’s affiliates manage and/or operate a total of eight cultivation facilities across the country, including:

- Two in Arizona (our Chino Valley and Wickenburg indoor and greenhouse facilities are fully operational)
- One in Massachusetts (our Lowell indoor facility is currently in the build-out phase)
- Two in Nevada (our North Las Vegas and unincorporated Clark County indoor and greenhouse facilities are currently in the build-out phase)
- Three in Washington, D.C. (one indoor facility is fully operational, and two indoor facilities are in the build-out phase)

Our refined and real-world manufacturing and cultivation practices have gone through several iterations over the years—the culmination of operating experience and specialized input from agricultural, manufacturing, scientific and security experts. Columbia Care will implement the same best practices employed at these nationwide locations in our New York facilities. To date, every lot of MMPs produced at our affiliate facilities has passed each safety test conducted by regulators and independent laboratories commissioned to identify and measure the presence of any mold, fungus, bacterial diseases, rot, pests, non-organic pesticides, mildew and other harmful contaminants. Columbia Care is confident in its ability to duplicate this performance standard in New York.

Our Manufacturing Facilities and systems nationwide are designed to operate within six sigma tolerances and our processes and techniques mimic ISO 9001:2000 standards (which we intend to certify once the New York Manufacturing Facility is operational). Our production platform is designed to manufacture MMPs that are used specifically for therapeutic purposes. Leveraging our expertise in cultivation, medicine, mechanical engineering, research and MMP production, we design everything in-house from plant nutrients to the engineering required for micro-climate controlled rooms. We do all of this to minimize the risk of exposing our patients to potentially lethal contaminants while maximizing the effectiveness of the approved MMPs we deliver.

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Unlike other applicants whose experience with commercial operations may be in less regulated or recreational markets, Columbia Care recognizes that chemical solvents, curing conditions, supplemental ingredient selection and environment can create enormous variations within genetically similar strains that must be carefully monitored and managed to ensure MMP safety and reliability and compliance with the “brand” requirements set forth by New York law governing the Medical Marijuana Program. We know that a clean, sanitized and sterile manufacturing environment is key to ensuring the absolute integrity of our MMPs, which will help alleviate potential problems among some of New York’s most vulnerable patients. These self-imposed disciplines are more resource intensive than the industry standard, but yield a safe, consistent, contaminant-free product that will lead the market in quality, safety and efficacy. Our patients and the New York State Department of Health (the “Department”) will expect our MMPs and our Manufacturing Facility to meet these standards, and we will deliver every time.

Our team, our substantial capital base and our national platform offers New York proven and vetted execution capabilities and resources to ensure the successful and compliant implementation of the state’s Medical Marijuana Program. Having already established our credentials as a reliable Manufacturing Facility operator in several of the most highly regulated medical markets in the US, we strive to be the premier provider of approved MMPs for certified patients in New York.

In the process of addressing patients’ health care needs by providing a trusted, safe and quality product to treat approved symptoms and alleviate pain, we will proactively cultivate relationships with the community and its leaders. In addition, our Manufacturing Facility will maintain only the highest standards of sanitation and professionalism, our staff will be highly trained and well-managed and our overall business model boasts both fiscal and environmental responsibility, operating in close cooperation with the state, the Department, local law enforcement agencies and the local community.

And finally, Columbia Care’s Plan for manufacturing and Cultivation is consistent with Title V-A of Article 33 of the Public Health Law (“PHL”), 10 New York Code of Rules and Regulations (“NYCRR”) Part 1004 and all other applicable state laws, rules and regulations (collectively, the “Program Rules and Regulations”). We are further committed to staffing our Manufacturing Facility with highly qualified personnel with exemplary backgrounds and robust experience.

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## 2.0 MANUFACTURING FACILITY LOCATION AND DESIGN

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Based on our sister facilities' staff and management's nearly century's worth of collective experience in botanical cultivation and production, including medical marijuana as well as other agricultural crops, coupled with years of research and evaluation of various designs, and the advice of noteworthy industry experts from all disciplines, including professors and agriculture department heads from a major research university, we have designed a unique, proprietary and state-of-the-art facility in our selected location at the Eastman Business Park ("EBP") in Rochester, NY.

Access to EBP, a manufacturing technology campus, is completely controlled from the street and parking lots to all areas within the fortified campus.



[REDACTED]

[REDACTED]

Consistent with Columbia Care's standards in facility design, the EBP Manufacturing Facility will be compartmentalized based on function for both efficiency of operations and maintenance of security.

[REDACTED]

Attachment H: Security Plan for more information on our security measures, including the video surveillance system), which is in full compliance with New York’s Program Rules and Regulations, particularly 10 NYCRR § 1004.13.

EBP has assured Columbia Care that it will accommodate all security requirements that Columbia Care must meet under New York’s Program Rules and Regulations, particularly 10 NYCRR §1004.13, and will provide supporting or redundant services where necessary and appropriate. Please find a letter of support from Michael R. Alt, Director of Eastman Business Park on the following pages.



May 27, 2015

Dr. Howard Zucker  
Commissioner  
New York State Department of Health  
Corning Tower Empire, State Plaza  
Albany, New York 12237

Dear Commissioner Zucker:

With the passage of the Compassionate Care Act, we believe New York is well-positioned to be at the forefront of medical marijuana patient care, enabling responsible development of this treatment paradigm and serving as the global industry leader.

As such, Eastman Business Park (EBP) strongly supports Columbia Care's application to receive one of the five licenses to cultivate and dispense medical marijuana in New York State. Our support for this application stems from Columbia Care's unique and proven manufacturing expertise, its unmatched experience operating compliant medical marijuana facilities in other highly regulated markets, its express commitment to locate its cultivation and processing facility at EBP to provide a permanent economic driver for the greater Rochester community, the validation it has received from other State regulatory authorities throughout the United States, its commitment to clinical research with several leading New York teaching hospitals and their desire to ensure access to pharmaceutical grade products for all qualifying patients regardless of their financial resources.

We believe the relationship with Columbia Care goes beyond tenant-landlord, and approaches more of a partnership, especially as it relates to cultivation of plants, manufacturing ingestible products to strict quality tolerances and the extraction and refinement of cannabinoid oils into approved medical products. Eastman Business Park is a manufacturing technology campus that offers many synergies associated with Columbia Care's medical marijuana operations. Aside from world-class site security and infrastructure, there are high technology operations within EBP that can be utilized to conduct process development and manufacturing R&D associated with identification and separation of cannabinoid oils. These capabilities are complimentary to Columbia Care's commitment to sponsor proprietary research to better understand the efficacy of various dosages and strains along with issues of safety. Columbia Care has demonstrated its commitment to these initiatives through the collection of self-reported efficacy, adverse events, demographic and actuarial data from thousands of patients in multiple markets and by maintaining uninterrupted supply lines for medicine as a licensee in other, highly-regulated markets resulting in the highest quality products that will be available under the Compassionate Care Act.



EASTMAN  
Business Park

We further believe that Columbia Care is passionate in supporting New York's mission of enhancing quality of life for patients throughout the state. This commitment goes beyond the commitment to create a best-in-class manufacturing operation to produce the highest quality medical marijuana available. To support this undertaking, Columbia Care is investing substantial capital to repurpose a 90 year old building at EBP into a modern, vibrant, state-of-the-art manufacturing facility that is 50% vacant. This industrial application is very collaborative with the EBP Master Plan for site revitalization. Furthermore, Columbia Care will commit to hiring 10% of its operations workforce from the Monroe County "working poor" population in support of the local anti-poverty initiative.

Having a well-capitalized, highly skilled, proven counterparty such as Columbia Care will offer the State and the Business Park a unique, long-term value proposition. Columbia Care has brought together unprecedented resources to support New York's mission of enhancing quality of life for patients throughout the state. We share a collective focus on research and manufacturing, assuring that compliance and safety are priorities. Thank you for your consideration of our support for their candidacy and licensure in this important program.

Sincerely,

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<b>Proposed Floor Plan</b>	
Project number	Rochester Cultivation
Date	04.29.15
Drawn by	Melissa Piper
Checked by	Bruce Hampton

No.	Description	Date

**Columbia Care**  
 1669 Lake Avenue  
 Rochester, NY 14652

**Elton + Hampton Architects**  
  
 103 Terrace Street,  
 Roxbury, MA 02120  
 (617) 708-1071

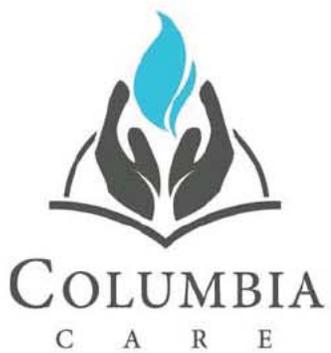
**RO-A1**  
 Scale 1/16" = 1'-0"

<b>Life Safety Plan</b>	
Project number	Rochester Cultivation
Date	04.29.15
Drawn by	Melissa Piper
Checked by	Bruce Hampton
<b>RO-A2</b>	
Scale 1/16" = 1'-0"	

No.	Description	Date

**Columbia Care**  
1669 Lake Avenue  
Rochester, NY 14652

**Elton + Hampton Architects**  
  
103 Terrace Street,  
Roxbury, MA 02120  
(617) 708-1071



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# Attachment D

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**Section 2: Transport and Distribution**  
*10 NYCRR § 1004.5(b)(4)*

ATTACHMENT D  
SECTION 2: TRANSPORT AND  
DISTRIBUTION  
*10 NYCRR § 1004.5(b)(4)*

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ATTACHMENT D, SECTION 2: TRANSPORT AND DISTRIBUTION

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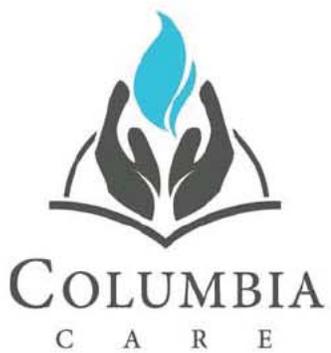
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# Attachment D

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**Section 3: Dispensing and Sale**  
***10 NYCRR § 1004.5(b)(4)***

# ATTACHMENT D

## SECTION 3: DISPENSING AND SALE

### *10 NYCRR § 1004.5(b)(4)*

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ATTACHMENT D  
SECTION 3: DISPENSING AND SALE  
*10 NYCRR § 1004.5(b)(4)*

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ATTACHMENT D, SECTION 3: DISPENSING AND SALE

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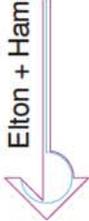
## **2.0 DISPENSING FACILITY LOCATIONS AND FLOOR PLANS**

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Columbia Care proposes to locate its four Dispensing Facilities at the following locations:

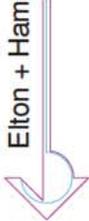
- **Manhattan Dispensing Facility:** 212 East 14<sup>th</sup> Street  
New York, NY 10003
- **Riverhead Dispensing Facility:** 1107 Old Country Road  
Riverhead, NY 11901
- **Plattsburgh Dispensing Facility:** 345 Cornelia Street  
Plattsburgh, NY 12901
- **Rochester Dispensing Facility:** 200 West Ridge Road  
Rochester, NY 14615

Please find on the following pages the **CONFIDENTIAL** intelligently-designed floor plans for each Dispensing Facility location, indicating the names and functions of each compartment/area.

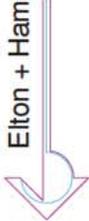
	Columbia Care		Proposed First Floor Plan	
	212 E 14th Street New York, NY 10003		Project number	NYC
		No.	Date	05.27.15
		Description	Drawn by	Melissa Piper
			Checked by	Bruce Hampton
				Scale 1/4" = 1'-0"

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		<b>Elton + Hampton Architects</b>	
Columbia Care 212 E 14th Street New York, NY 10003			
No.	Description	Date	
<b>Proposed First Floor Plan</b>		NYC	
Project number	05.27.15		<b>NY01</b> Scale: 1/4" = 1'-0"
Date	Melissa Piper		
Drawn by	Bruce Hampton		
Checked by			

Redacted pursuant to N.Y. Public Officers Law, Art. 6

	Columbia Care		Proposed Floor Plan	
	1107 Old Country Road Riverhead, NY 11901		Project number	Riverhead
		No.	Date	5-14-15
		Description		Drawn by Melissa Piper
				Checked by Bruce Hampton
				Scale 1/4" = 1'-0"

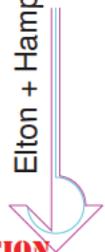
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Proposed First Floor Plan	
Project number	PLATTSBURGH
Date	05.27.15
Drawn by	Melissa Piper
Checked by	Bruce Hampton
PL01	
Scale 1/4" = 1'-0"	

No.	Description	Date

Columbia Care  
 345 Cornelia Street  
 Plattsburgh, NY 12901

Elton + Hampton Architects



<b>Proposed Floor Plan</b>	
Project number	Rochester Dispensary
Date	06.02.15
Drawn by	Melissa Piper
Checked by	Bruce Hampton
<b>RD-A1</b>	
Scale 1/4" = 1'-0"	

No.	Description	Date

<b>Columbia Care</b>
200 West Ridge Road Building 28 Rochester, NY 14652

<b>Elton + Hampton Architects</b>
103 Terrace Street, Roxbury, MA 02120 (617) 708-1071

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### 3.0 DISPENSING BEST PRACTICES

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ATTACHMENT D, SECTION 3: DISPENSING AND SALE

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## 12.4 Letters of Support

On the following pages, please find Letters of Support from the following entities:

- **Mount Sinai Health System:** Executed by Mount Sinai Health System President and CEO Dr. Kenneth L. Davis, M.D., Icahn School of Medicine at Mount Sinai President for Academic Affairs Dr. Dennis S. Charney, M.D., Mount Sinai Hospital President and COO Dr. David L. Reich, M.D., and Icahn School of Medicine at Mount Sinai Chair of the Department of Population Health Science & Policy Dr. Annetine C. Gelijns, Ph.D.
- **University of Rochester Medical Center:** Executed by University of Rochester Medical Center and UR Medicine CEO, Dean of the School of Medicine and Dentistry and Senior Vice President for Health Services Dr. Mark Taubman, M.D.
- **Eastman Business Park:** Executed by Eastman Business Park Director Michael R. Alt
- **Arizona Technology Enterprises (AzTE):** Executed by AzTE Vice President of Venture Development Charlie Lewis



May 21, 2015

Howard Zucker, M.D., J.D.  
Commissioner of Health  
New York State Department of Health  
Corning Tower  
Empire State Plaza  
Albany, NY 12237

Dear Dr. Zucker:

The Mount Sinai Health System supports Columbia Care in its application to receive a license to cultivate and dispense medical marijuana in New York State. We look forward to working with them in implementing this program in New York State.

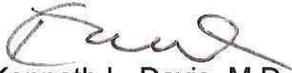
The Mount Sinai Hospital will work towards establishing a consulting agreement with Columbia Care to provide: (a) expert guidance in the creation of policies and procedures that govern safe and effective operations; and (b) quality assessment and improvement tools and auditing. The goal of the consulting engagement would be to advise Columbia Care on compliance with applicable regulations as well as implementation of quality and security programs to support dispensary operations.

We have been engaged in ongoing dialogue and planning with Columbia Care to conduct medical marijuana research. We have several areas of shared interest, including: anorexia and cachexia associated with advanced cancer; painful HIV-associated peripheral neuropathy; and epilepsy treatment. We expect that we will pursue other research interests in the future. As an initial hypothesis-generating project, we have commenced a retrospective analysis of Columbia Care registry data from patients in Arizona and Washington DC that receive medical marijuana for cancer anorexia or HIV-associated neuropathy.

We have created a framework for a prospective national data registry for medical marijuana patients. This effort is being led by Dr. Emilia Bagiella, Director of the Center for Biostatistics and by Dr. Annetine Gelijns, Chair of Population Health Science and Policy. The integrity of the registry will be protected by a structure that includes an independent data safety monitoring board, a steering committee, and an advisory group of external experts. The steering committee will oversee a data coordinating center and a clinical coordinating center. Columbia Care has committed to funding the start-up costs for this effort.

By virtue of these preliminary efforts, Mount Sinai believes that Columbia Care has a commitment to advancing the science and safe practice of medical marijuana therapy. We believe that they are committed to creating mechanisms to support access for economically disadvantaged patients and cutting edge research in the field. We therefore strongly support Columbia Care's application for a medical marijuana cultivation/dispensary license in NY State.

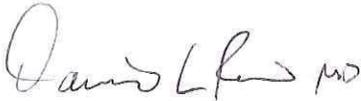
Sincerely yours,



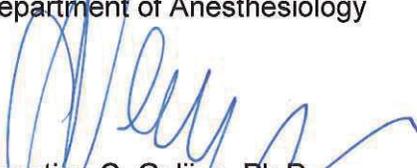
Kenneth L. Davis, M.D.  
President and Chief Executive Officer  
Mount Sinai Health System



Dennis S. Charney, M.D.  
Anne and Joel Ehrenkranz Dean  
Icahn School of Medicine at Mount Sinai  
President for Academic Affairs  
Mount Sinai Health System  
Professor, Departments of Psychiatry, Neuroscience,  
and Pharmacology & Systems Therapeutics



David L. Reich, M.D.  
President and Chief Operating Officer  
The Mount Sinai Hospital  
Horace W. Goldsmith Professor  
Department of Anesthesiology



Annetine C. Gelijns, Ph.D.  
Chair, Department of Population Health Science & Policy  
Edmond A. Guggenheim Professor of Health Policy  
Co-Director, InCHOIR  
Department of Population Health Science & Policy  
Icahn School of Medicine at Mount Sinai

Mark B. Taubman, MD  
CEO, University of Rochester Medical Center and UR Medicine  
Dean, School of Medicine and Dentistry  
Senior Vice President for Health Sciences



MEDICINE of THE HIGHEST ORDER

May 19, 2015

Dr. Howard Zucker  
Commissioner  
New York State Department of Health  
Corning Tower  
Empire State Plaza  
Albany, New York 12237

Dear Commissioner Zucker:

The University of Rochester Medical Center supports Columbia Care's application to receive one of the five licenses to cultivate and dispense medical marijuana in New York State. We express our interest in this application stemming from Columbia Care's express commitment to fund appropriate medical research and their commitment to ensuring access for all patients regardless of resources.

With the passage of the Compassionate Care Act, we believe New York is well-positioned to be at the forefront of medical marijuana research and patient care. In order to achieve that goal, we believe it is critical that clinical research and policy analysis be a primary focus of this program.

We are most interested in partnering with Columbia Care in the medical marijuana licensing process because of their demonstrated focus on medical research and commitment to financing research. We believe it is vital that research is conducted in order to better understand the efficacy of various dosages and strains along with issues of safety. Columbia Care has demonstrated their commitment to these initiatives through the collection of self-reported efficacy, adverse events, demographic and actuarial data from thousands of patients in multiple markets. Our researchers and physicians at UR Medicine believe a research partnership with Columbia Care could further inform efficacy and ensure the safest environment for patients accessing this method of treatment. Research will ensure New York maintains intellectual, scientific and policy leadership well into the future.

We further believe that Columbia Care is committed to supporting New York's mission of enhancing quality of life for patients throughout the state. To support this mission, Columbia Care has committed to establishing and funding a charitable foundation to finance ongoing research and to ensure access to this treatment option for eligible patients, regardless of their ability to pay.

Columbia Care has brought together unprecedented resources to support New York's mission of enhancing quality of life for patients throughout the state. We share a collective focus on research and patient care and the prioritization of compliance and safety. Thank you for your consideration of their candidacy and licensure in this important program.

Sincerely,

Mark Taubman, M.D.

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May 27, 2015

Dr. Howard Zucker  
Commissioner  
New York State Department of Health  
Corning Tower Empire, State Plaza  
Albany, New York 12237

Dear Commissioner Zucker:

With the passage of the Compassionate Care Act, we believe New York is well-positioned to be at the forefront of medical marijuana patient care, enabling responsible development of this treatment paradigm and serving as the global industry leader.

As such, Eastman Business Park (EBP) strongly supports Columbia Care's application to receive one of the five licenses to cultivate and dispense medical marijuana in New York State. Our support for this application stems from Columbia Care's unique and proven manufacturing expertise, its unmatched experience operating compliant medical marijuana facilities in other highly regulated markets, its express commitment to locate its cultivation and processing facility at EBP to provide a permanent economic driver for the greater Rochester community, the validation it has received from other State regulatory authorities throughout the United States, its commitment to clinical research with several leading New York teaching hospitals and their desire to ensure access to pharmaceutical grade products for all qualifying patients regardless of their financial resources.

We believe the relationship with Columbia Care goes beyond tenant-landlord, and approaches more of a partnership, especially as it relates to cultivation of plants, manufacturing ingestible products to strict quality tolerances and the extraction and refinement of cannabinoid oils into approved medical products. Eastman Business Park is a manufacturing technology campus that offers many synergies associated with Columbia Care's medical marijuana operations. Aside from world-class site security and infrastructure, there are high technology operations within EBP that can be utilized to conduct process development and manufacturing R&D associated with identification and separation of cannabinoid oils. These capabilities are complimentary to Columbia Care's commitment to sponsor proprietary research to better understand the efficacy of various dosages and strains along with issues of safety. Columbia Care has demonstrated its commitment to these initiatives through the collection of self-reported efficacy, adverse events, demographic and actuarial data from thousands of patients in multiple markets and by maintaining uninterrupted supply lines for medicine as a licensee in other, highly-regulated markets resulting in the highest quality products that will be available under the Compassionate Care Act.

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Michael R. Alt – Director Eastman Business Park – 585-477-1556  
1669 Lake Avenue Rochester, New York 14652



EASTMAN  
Business Park

We further believe that Columbia Care is passionate in supporting New York's mission of enhancing quality of life for patients throughout the state. This commitment goes beyond the commitment to create a best-in-class manufacturing operation to produce the highest quality medical marijuana available. To support this undertaking, Columbia Care is investing substantial capital to repurpose a 90 year old building at EBP into a modern, vibrant, state-of-the-art manufacturing facility that is 50% vacant. This industrial application is very collaborative with the EBP Master Plan for site revitalization. Furthermore, Columbia Care will commit to hiring 10% of its operations workforce from the Monroe County "working poor" population in support of the local anti-poverty initiative.

Having a well-capitalized, highly skilled, proven counterparty such as Columbia Care will offer the State and the Business Park a unique, long-term value proposition. Columbia Care has brought together unprecedented resources to support New York's mission of enhancing quality of life for patients throughout the state. We share a collective focus on research and manufacturing, assuring that compliance and safety are priorities. Thank you for your consideration of our support for their candidacy and licensure in this important program.

Sincerely,

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Michael R. Alt – Director Eastman Business Park – 585-477-1556  
1669 Lake Avenue – Rochester, New York 14652



May 26, 2015

Dr. Howard Zucker  
Commissioner  
New York State Department of Health  
Corning Tower Empire State Plaza  
Albany, New York 12237

Dear Commissioner Zucker,

On behalf of Arizona Technology Enterprises ("AzTE"), the technology transfer arm for Arizona State University ("ASU"), I am pleased to write this letter to provide our exclusive support to Columbia Care, LLC ("Columbia Care") and recommend their selection as one of the five applicants chosen to become a Registered Organization ("RO") as a New York Medical Marijuana Dispensary in accordance with New York's Compassionate Care Act (S7923/A6357-E). As our corporate neighbor in Tempe, Arizona and through collaborative research initiatives, we are familiar with Columbia Care's operations and personnel. They are considered by many stakeholders, including members of our organization, as the most highly respected and most professional operator in Arizona's medical marijuana program. Furthermore, they are the only organization we are aware of that has committed itself to the research oriented medical mission of the State's program, making them a uniquely valuable and informed partner for researchers, healthcare providers and policy makers.

Of note, AzTE is currently in exclusive discussions with Columbia Care regarding the development and commercialization of two novel, proprietary technologies with potential applications in the medical marijuana industry:

- 1) Eye movement technology correlated to detecting THC impairment which was developed by Barrow Neurological Institute ("BNI") researchers Dr. Steven Macknik and Dr. Susana Martinez-Conde and further enhanced at Arizona State University. Drs. Macknik and Martinez-Conde are now employed by and conducting their research at SUNY Downstate Medical Center. The purpose of this patent-protected product is to provide an accurate curbside measurement system that can be utilized by patients and law enforcement alike to prevent irresponsible utilization of this product and avoid potentially damaging impairment related outcomes. Columbia Care and AzTE are developing the partnership structure to collaborate, develop this technology and find a better solution to the community risks associated with impairment.
- 2) Controlled dosing technology developed at Arizona State University for the intended purpose of delivering consistent, non-variable therapeutic patient doses consistent with medical professional standards. Dosing is the most fundamental requirement for establishing medical product efficacy and patient safety. The industry has been permitted to grow ahead of this basic premise – circumventing standard best-practices in medicine. This tool will not only

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**Arizona Technology Enterprises**  
1475 N. Scottsdale Road, Suite 200, Scottsdale, AZ 85257-3538  
725 Arizona Ave, Suite 404, Santa Monica, CA 90401-1723  
AZ: (480) 884-1996 CA: (424) 229-9473  
www.azte.com

ATTACHMENT D, SECTION 3: DISPENSING AND SALE

accelerate the discovery process by improving the quality of and access to raw data, but it will enhance the safety profile for users and allow regulators to develop rules with greater precision and confidence in outcomes. In light of NY's statutory framework that limits delivery modalities, including vaporization, this medical delivery device is particularly relevant to patients in New York who would otherwise be forced to use woefully inadequate vaporization devices developed for the recreational tobacco and marijuana marketplace.

Columbia Care has demonstrated a commitment to providing new and innovative technologies exclusively for the medical marijuana industry in furtherance of its mission to be the leading provider of services, products, and research for medical marijuana patients. These tools have the potential to vastly improve the medical efficacy and reduce the impact of irresponsible licensed and unlicensed users. ASU is a leading US research university that brings innovative discoveries to the marketplace with a positive societal impact. By bringing proprietary innovation and know-how to New York, we believe the collaboration between ASU and Columbia Care will address two of the most fundamental issues facing law enforcement and the medical marijuana industry today and, most importantly, more effectively protect and benefit the citizens of New York.

Best regards,



Charlie Lewis  
Vice President of Venture Development

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# Attachment D

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**Section 4: Devices**  
***10 NYCRR § 1004.5(b)(4)(i)***

# ATTACHMENT D

## SECTION 4: DEVICES

### *10 NYCRR § 1004.5(b)(4)(i)*

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SECTION 4: DEVICES

*10 NYCRR § 1004.5(b)(4)(i)*

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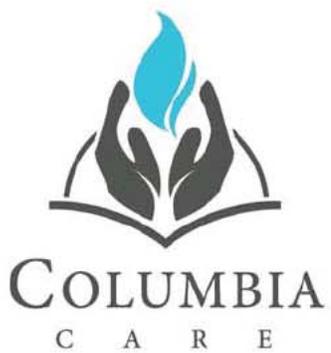








ATTACHMENT D, SECTION 4: DEVICES



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# Attachment D

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**Section 5: Security and Control**  
***10 NYCRR § 1004.5(b)(4)(ii)***

# ATTACHMENT D

## SECTION 5: SECURITY AND CONTROL

### *10 NYCRR § 1004.5(b)(4)(ii)*

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SECTION 5: SECURITY AND CONTROL  
*10 NYCRR § 1004.5(b)(4)(ii)*

Redacted pursuant to N.Y. Public Officers Law, Art. 6

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May 27, 2015

Dr. Howard Zucker  
Commissioner  
New York State Department of Health  
Corning Tower Empire, State Plaza  
Albany, New York 12237

Dear Commissioner Zucker:

With the passage of the Compassionate Care Act, we believe New York is well-positioned to be at the forefront of medical marijuana patient care, enabling responsible development of this treatment paradigm and serving as the global industry leader.

As such, Eastman Business Park (EBP) strongly supports Columbia Care's application to receive one of the five licenses to cultivate and dispense medical marijuana in New York State. Our support for this application stems from Columbia Care's unique and proven manufacturing expertise, its unmatched experience operating compliant medical marijuana facilities in other highly regulated markets, its express commitment to locate its cultivation and processing facility at EBP to provide a permanent economic driver for the greater Rochester community, the validation it has received from other State regulatory authorities throughout the United States, its commitment to clinical research with several leading New York teaching hospitals and their desire to ensure access to pharmaceutical grade products for all qualifying patients regardless of their financial resources.

We believe the relationship with Columbia Care goes beyond tenant-landlord, and approaches more of a partnership, especially as it relates to cultivation of plants, manufacturing ingestible products to strict quality tolerances and the extraction and refinement of cannabinoid oils into approved medical products. Eastman Business Park is a manufacturing technology campus that offers many synergies associated with Columbia Care's medical marijuana operations. Aside from world-class site security and infrastructure, there are high technology operations within EBP that can be utilized to conduct process development and manufacturing R&D associated with identification and separation of cannabinoid oils. These capabilities are complimentary to Columbia Care's commitment to sponsor proprietary research to better understand the efficacy of various dosages and strains along with issues of safety. Columbia Care has demonstrated its commitment to these initiatives through the collection of self-reported efficacy, adverse events, demographic and actuarial data from thousands of patients in multiple markets and by maintaining uninterrupted supply lines for medicine as a licensee in other, highly-regulated markets resulting in the highest quality products that will be available under the Compassionate Care Act.

Michael R. Alt – Director Eastman Business Park – 585-477-1556  
1669 Lake Avenue – Rochester, New York 14652



EASTMAN  
Business Park

We further believe that Columbia Care is passionate in supporting New York's mission of enhancing quality of life for patients throughout the state. This commitment goes beyond the commitment to create a best-in-class manufacturing operation to produce the highest quality medical marijuana available. To support this undertaking, Columbia Care is investing substantial capital to repurpose a 90 year old building at EBP into a modern, vibrant, state-of-the-art manufacturing facility that is 50% vacant. This industrial application is very collaborative with the EBP Master Plan for site revitalization. Furthermore, Columbia Care will commit to hiring 10% of its operations workforce from the Monroe County "working poor" population in support of the local anti-poverty initiative.

Having a well-capitalized, highly skilled, proven counterparty such as Columbia Care will offer the State and the Business Park a unique, long-term value proposition. Columbia Care has brought together unprecedented resources to support New York's mission of enhancing quality of life for patients throughout the state. We share a collective focus on research and manufacturing, assuring that compliance and safety are priorities. Thank you for your consideration of our support for their candidacy and licensure in this important program.

Sincerely,

Michael R. Alt – Director Eastman Business Park – 585-477-1556  
1669 Lake Avenue – Rochester, New York 14652

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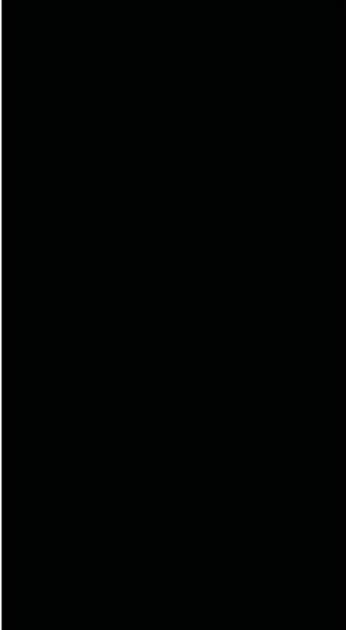
## 8.0 SECURITY FLOOR PLANS

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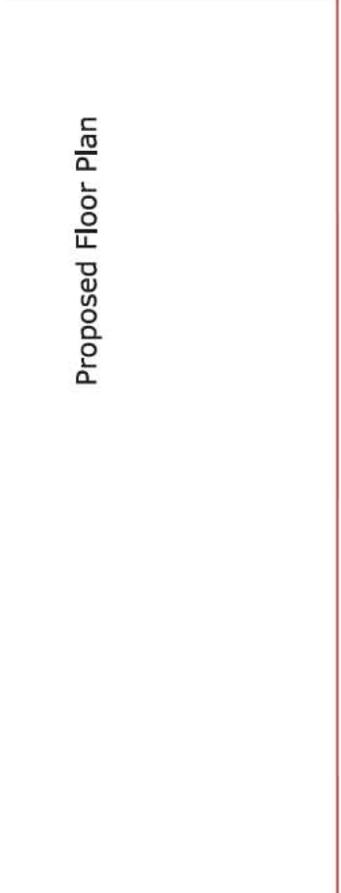
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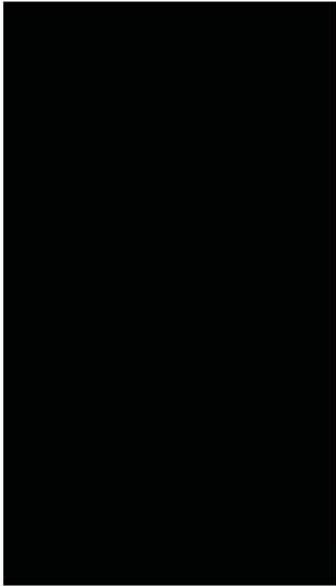


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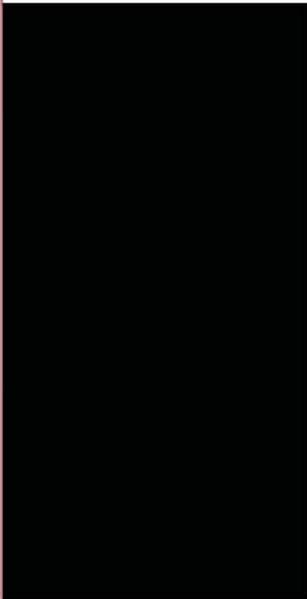
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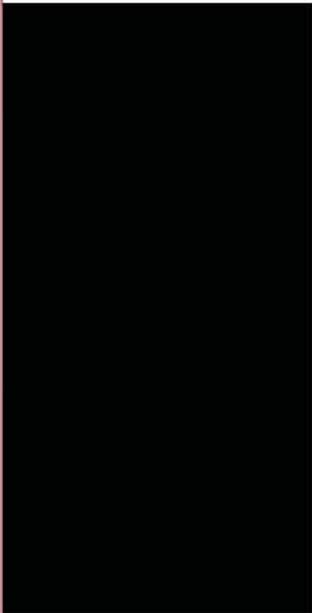
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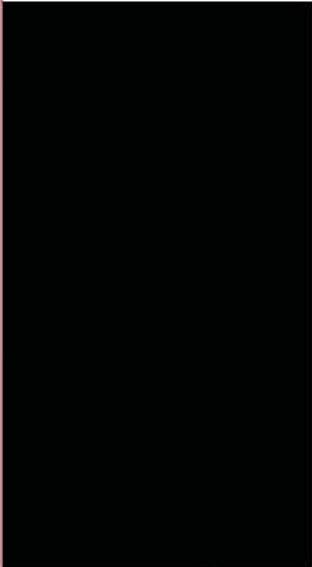
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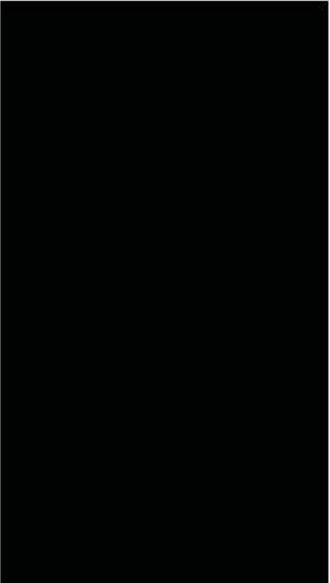
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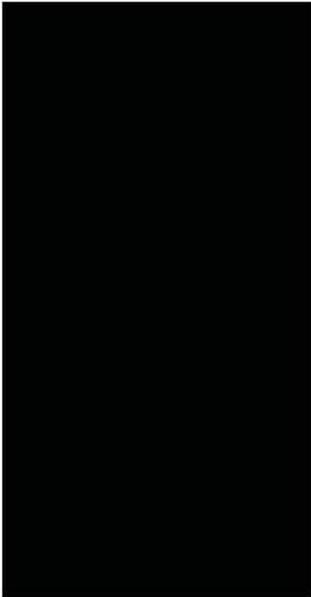
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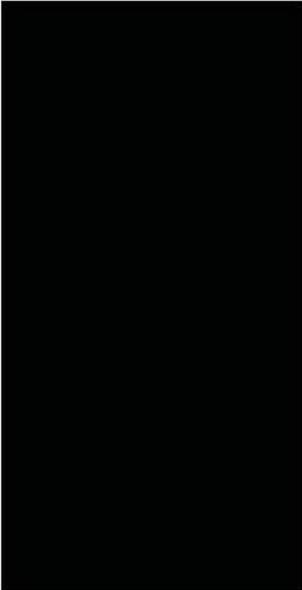
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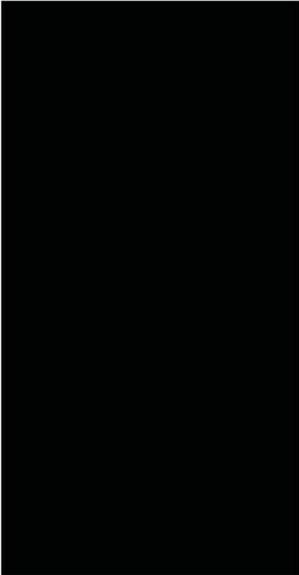
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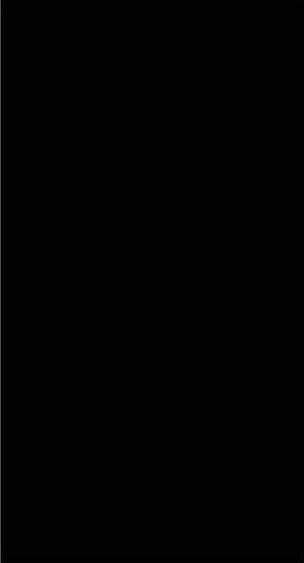
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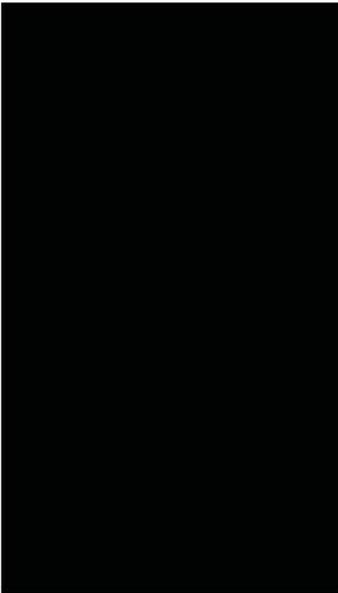
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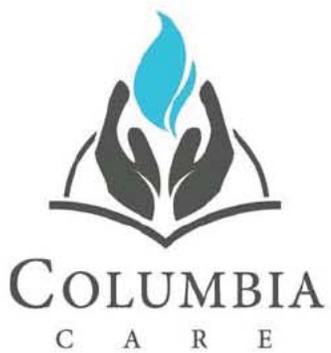


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# Attachment D

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**Section 6: Standard Operating Procedure**  
***10 NYCRR § 1004.5(b)(4)(iii)***

# ATTACHMENT D

## SECTION 6: STANDARD OPERATING PROCEDURES

### *10 NYCRR § 1004.5(b)(4)(iii)*

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ATTACHMENT D  
SECTION 6: STANDARD OPERATING  
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*10 NYCRR § 1004.5(b)(4)(iii)*

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**1.0 STANDARD OPERATING PROCEDURES OVERVIEW**

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# Attachment D

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**Section 7: Quality Assurance Plans**  
***10 NYCRR § 1004.5(b)(4)(iv)***

# ATTACHMENT D

## SECTION 7: QUALITY ASSURANCE PLANS

### *10 NYCRR § 1004.5(b)(4)(iv)*

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ATTACHMENT D  
SECTION 7: QUALITY ASSURANCE  
PLANS  
*10 NYCRR § 1004.5(b)(4)(iv)*

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**1.0 QUALITY ASSURANCE OVERVIEW**

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# Attachment D

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**Section 8: Returns, Complaints, Adverse Events and Recalls**  
***10 NYCRR § 1004.5(b)(4)(v)***

# ATTACHMENT D

## SECTION 8: RETURNS, COMPLAINTS, ADVERSE EVENTS AND RECALLS

### *10 NYCRR § 1004.5(b)(4)(v)*

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ATTACHMENT D  
SECTION 8: RETURNS, COMPLAINTS,  
ADVERSE EVENTS AND RECALLS  
*10 NYCRR § 1004.5(b)(4)(v)*

Redacted pursuant to N.Y. Public Officers Law, Art. 6

ATTACHMENT D, SECTION 8: RETURNS, COMPLAINTS, ADVERSE EVENTS AND RECALLS



ATTACHMENT D, SECTION 8: RETURNS, COMPLAINTS, ADVERSE EVENTS AND RECALLS

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ATTACHMENT D, SECTION 8: RETURNS, COMPLAINTS, ADVERSE EVENTS AND RECALLS







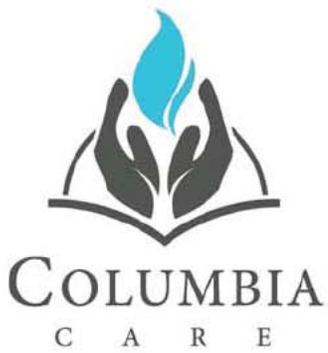


ATTACHMENT D, SECTION 8: RETURNS, COMPLAINTS, ADVERSE EVENTS AND RECALLS









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# Attachment D

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**Section 9: Product Quality Assurance**  
*10 NYCRR § 1004.5(b)(4)(vi)*

# ATTACHMENT D

## SECTION 9: PRODUCT QUALITY ASSURANCE

### *10 NYCRR § 1004.5(b)(4)(vi)*

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ATTACHMENT D  
SECTION 9: PRODUCT QUALITY  
ASSURANCE

*10 NYCRR § 1004.5(b)(4)(vi)*

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ATTACHMENT D, SECTION 9: PRODUCT QUALITY ASSURANCE

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# Attachment D

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**Section 10: Recordkeeping**  
*10 NYCRR § 1004.5(b)(4)(vii)*

# ATTACHMENT D

## SECTION 10: RECORDKEEPING

### *10 NYCRR § 1004.5(b)(4)(vii)*

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SECTION 10: RECORDKEEPING  
*10 NYCRR § 1004.5(b)(4)(vii)*

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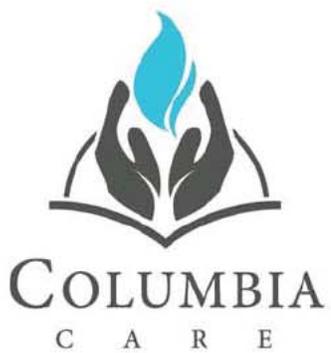
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# Attachment E

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**Organizational and Operational Documents**  
*10 NYCRR § 1004.5(b)(5)*

ATTACHMENT E  
ORGANIZATIONAL AND OPERATIONAL  
DOCUMENTS  
*10 NYCRR § 1004.5(b)(5)*

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# ATTACHMENT E ORGANIZATIONAL AND OPERATIONAL DOCUMENTS *10 NYCRR § 1004.5(b)(5)*

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## **ORGANIZATIONAL AND OPERATIONAL DOCUMENTS OVERVIEW**

---

On the following pages, please find copies of Columbia Care NY LLC's organizational and operational documents, including:

- A Corporate Organizational Chart graphically displaying the corporate structure of Columbia Care NY LLC and its parent company Columbia Care LLC
- Columbia Care NY LLC's Ownership Interest Table identifying all those natural persons holding an interest in Columbia Care NY LLC's by virtue of their ownership interest in parent company Columbia Care LLC
- Columbia Care NY LLC's Articles of Organization
- Columbia Care NY LLC's Operating Agreement

## **CORPORATE ORGANIZATIONAL CHART**

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Law, Art. 6

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ATTACHMENT E: ORGANIZATIONAL AND OPERATIONAL DOCUMENTS

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## **ARTICLES OF ORGANIZATION**

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On the following pages (pg. 5-6), please find a copy of Columbia Care NY LLC's Articles of Organization.

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## **OPERATING AGREEMENT**

---

Please find Columbia Care NY LLC's Operating Agreement beginning on page 7 of this tab.

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**STATE OF NEW YORK**  
**DEPARTMENT OF STATE**

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on April 03, 2015.

A handwritten signature in cursive script that reads "Anthony Giardina".

Anthony Giardina  
Executive Deputy Secretary of State

ATTACHMENT E: ORGANIZATIONAL AND OPERATIONAL DOCUMENTS

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**ARTICLES OF ORGANIZATION  
OF  
Columbia Care NY LLC**

Under Section 203 of the Limited Liability Company Law

**FIRST:** The name of the limited liability company is:

**Columbia Care NY LLC**

**SECOND:** The county, within this state, in which the office of the limited liability company is to be located is NEW YORK.

**THIRD:** The Secretary of State is designated as agent of the limited liability company upon whom process against it may be served. The address within or without this state to which the Secretary of State shall mail a copy of any process against the limited liability company served upon him or her is:

UNITED CORPORATE SERVICES, INC.  
10 BANK STREET, SUITE 560  
WHITE PLAINS, NY 10606

I certify that I have read the above statements, I am authorized to sign these Articles of Organization, that the above statements are true and correct to the best of my knowledge and belief and that my signature typed below constitutes my signature.

Robert Mayerson, Director (signature)

\_\_\_\_\_  
Robert Mayerson , ORGANIZER  
24 West 25th Street 6th Floor  
New York, NY 10010

**Filed by:**  
Robert Mayerson  
24 West 25th Street 6th Floor  
New York, NY 10010

**FILED WITH THE NYS DEPARTMENT OF STATE ON: 04/03/2015**  
**FILE NUMBER: 150403010198; DOS ID: 4737132**

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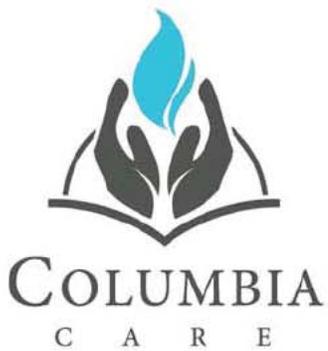
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# Attachment F

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**Labor Peace Agreement**  
***PHL § 3365(1)(a)(iii) and 10 NYCRR § 1004.5(b)(7)***

# ATTACHMENT F

## LABOR PEACE AGREEMENT

### *PHL §3365(1)(a)(iii) and 10 NYCRR § 1004.5(b)(7)*

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#### LABOR PEACE AGREEMENT OVERVIEW

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Columbia Care NY LLC (“Columbia Care”) has negotiated and executed an exclusive Labor Peace Agreement with 1199SEIU United Healthcare Workers East (“1199SEIU”) as related to New York’s Medical Marijuana Program.

1199SEIU is a union of healthcare workers which includes workers in the homecare, hospital and nursing home industries, as well as pharmacies, freestanding clinics and other healthcare settings. 1199SEIU has approximately 400,000 members and is the largest local union in the entire world. It is a national affiliate of the Services Employees International Union, the largest labor union in North America.



With administrative regions in New York City/Long Island, Capitol/Hudson Valley, and Upstate New York, 1199SEIU is the ideal partner for Columbia Care’s manufacturing and dispensing facilities in New York, particularly given our common interests in employee protection and exemplary patient care. Pursuant to 1199SEIU’s Constitution, its primary missions include:

- To advance the economic interest of its members and to protect and enhance the security of its members’ families through negotiating and enforcing collective bargaining agreements
- To give patients the highest degree of care and clinical expertise
- To build partnerships with its employers to achieve high-quality, patient-friendly care
- To expand access to affordable quality care

#### LABOR PEACE AGREEMENT

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On the following pages, please find Columbia Care’s executed Labor Peace Agreement with 1199SEIU, a bona fide labor organization attempting to represent our employees in New York. The Labor Peace Agreement is preceded by a letter of support from 1199SEIU’s President George Gresham detailing Columbia Care’s exclusive relationship with the union.

# 1199SEIU

United Healthcare Workers East

**PRESIDENT**  
George Gresham

**SECRETARY TREASURER**  
Maria Castaneda

**EXECUTIVE VICE-PRESIDENTS**

Norma Amsterdam  
Yvonne Armstrong  
Lisa Brown  
Angela Doyle  
George Kennedy  
Steve Kramer  
Joyce Neil  
John Reid  
Bruce Richard  
Mike Rifkin  
Monica Russo  
Rona Shapiro  
Neva Shillingford  
Milly Silva  
Veronica Turner  
Laurie Vallone  
Estela Vazquez

**VICE-PRESIDENTS AT LARGE**

Mark Bergen  
Gerard Cadet  
Rickey Elliott  
Dale Ewart  
Tim Foley  
Pearl Granat  
Vanessa Johnson  
Pat Lippold  
Barbara Rosenthal  
Helen Schaub  
Allan Sherman  
Minerva Solla  
Katherine Taylor  
Celia Wcislo

**VICE-PRESIDENTS**

Jacqueline Alleyne  
Shaywaal Amin  
Ronnie Babb  
Carolyn Brooks  
Sally Cabral  
Donald Crosswell  
Robert Davis Gibson  
Jude Derisme  
Armeta Dixon  
Enid Eckstein  
Camille Edwards  
Jerry Fishbein  
Vladimir Fortunny  
Jennifer Foster-Epps  
Roy Garcia  
Frances Gentle  
Ericka Gomez  
Derek Grate, Sr.  
Rebecca Gutman  
Ruth Heller  
Kwai Kin (David) Ho  
Todd Hobler  
Antonio Howell  
Herbert Jean-Baptiste  
Brian Joseph  
Keith Joseph  
Maria Kercado  
Tyrek Lee  
Rosa Lomuscio  
Winslow Luna  
Coraminita Mahr  
Dalton Mayfield  
Rhina Molina  
Robert Moore \*  
Aida Morales  
Isaac Nortey  
Vasper Phillips  
Bruce Popper  
Lawrence M. Porter  
Rhadames Rivera  
Victor Rivera  
Rene R. Ruiz  
Claovice St. Hilaire  
James Scordato  
John Seales  
Berta Silva  
Patricia Smith  
Greg Speller  
Clare Thompson  
Oscar Torres Fernandez  
Kathy Tucker  
Antoinette Turner  
Ana Vazquez  
Julio Vives  
Lisa Wallace  
Margaret West-Allen  
Daine Williams  
Cynthia Wolff  
Gladys Wrenick

**GENERAL COUNSEL**  
Daniel J. Ratner

**CHIEF FINANCIAL OFFICER &  
DIRECTOR OF ADMINISTRATION**  
Michael Cooperman

\* Acting

May 29, 2015

Dr. Howard Zucker  
Commissioner  
New York State Department of Health  
Corning Tower Empire State Plaza  
Albany, New York 12237

Dear Commissioner Zucker,

I am writing to inform you of the enthusiastic support of 1199SEIU, the world's largest union local, for the application of Columbia Care, LLC to become a Registered Organization ("RO") and New York Medical Marijuana Dispensary in accordance with New York's Compassionate Care Act. We are highlighting our exclusive support for Columbia Care's application because of the company's commitment to the highest standards of scientific research, the unique professionalism and experience of the organization's leadership and, most of all, the compassion and care it has shown for its patients and communities.

We are a union of healthcare workers. With nearly 400,000 members throughout New York State, Massachusetts, New Jersey, Florida, Maryland and the District of Columbia, we are on the front line of healthcare, providing services to the sick, the infirm and the elderly. One of our key missions is to improve and expand quality patient care. For this reason, we are supportive of the Compassionate Care Act and believe that Columbia Care is the applicant best equipped to realize the goals of this legislation.

For example, Columbia Care has repeatedly demonstrated its commitment to scientific research and its willingness to finance that research. Columbia Care has established a unique registry of data gathered from over 75,000 patient interactions in its existing dispensaries in states outside of New York -- in other highly regulated medical markets such as Washington, D.C. and Arizona.

**NEW YORK CITY  
PRINCIPAL  
HEADQUARTERS**  
310 West 43rd St.  
New York, NY 10036  
(212) 582-1890  
www.1199seiu.org

**ALBANY**  
155 Washington Ave.  
Albany, NY 12210  
Tel. (518) 396-2300  
Fax (518) 438-1140

**BALTIMORE, MARYLAND**  
611 North Eutaw Street  
Baltimore, MD 21201  
Tel. (410) 332-1199  
Fax (410) 332-1895

**MASSACHUSETTS**  
150 Mt. Vernon Street, 3rd Fl.  
Dorchester, MA 02125  
Tel. (617) 284-1199  
Fax (617) 474-7150

**BUFFALO**  
2421 Main Street, Suite 100  
Buffalo, NY 14214  
Tel. (716) 982-0540  
Fax (716) 876-0930

**FLORIDA**  
14645 NW 77th Avenue, Ste. #201  
Miami Lakes, FL 33014  
Tel. (305) 623-3000  
Fax (305) 826-1604

**GOVERNEUR**  
95 E Main Street  
Gouverneur, NY, 13642  
Tel. (315) 287-9013  
Fax (315) 287-7226

**HICKSVILLE**  
100 Duffy Ave., Suite 3 West  
Hicksville, NY 11801  
Tel. (516) 542-1115  
Fax (516) 542-0919

**NEW JERSEY**  
555 Route 1 South, 3rd Fl.  
Iselin, NJ 08830  
Tel. (732) 287-8113  
Fax (732) 287-8117

**ROCHESTER**  
259 Monroe Ave., Suite 220  
Rochester, NY 14607  
Tel. (585) 244-0830  
Fax (585) 244-0956

**SYRACUSE**  
250 South Clinton, Suite 200  
Syracuse, NY 13202  
Tel. (315) 424-1743  
Fax (315) 479-6716

**WHITE PLAINS**  
99 Church St.  
White Plains, NY 10601  
Tel. (914) 993-6700  
Fax (914) 993-6714

ATTACHMENT F: LABOR PEACE AGREEMENT

The company is partnering with some of the top medical research institutions in New York State, including Mount Sinai Hospital and The University of Rochester Medical Center to analyze this data and conduct research critically needed to improve the efficacy and guarantee the safety of medical marijuana treatments.

Columbia Care has also committed to establishing and funding a charitable foundation to finance ongoing research in New York and guarantee access to treatment for patients who cannot afford to pay.

In addition, the Columbia Care leadership team has the professional talent and experience needed to bring New York patients uniformly pharmaceutical-grade products and reliably high-quality service. With operating experience from renown businesses and organizations, Columbia Care's management team brings with it a combination of operating experience, rigorous compliance discipline and financial sophistication. As a result, the company has been selected for licensing by regulatory authorities in five<sup>1</sup> of the most highly-regulated medical markets after exhaustive vetting and diligence processes. The overall experience of Columbia Care is constantly leveraged by its medical marijuana operations in those multiple highly regulated markets. It is worth noting that Columbia Care has impeccable operations compliance and audit records.

Just as impressive to us is Columbia Care's commitment to serving individual patients' medical needs as well as serving the communities in which those patients live. Columbia Care helps establish and monitor individual treatment goals for patients. The company has created a respectful, welcoming and compassionate environment with professional dispensary staff, a staff that attends on-the-ground and classroom training, including participation in a rotating internal internship program and state-appropriate certification. At the same time, Columbia Care attempts to bring a process of renewal to communities, not only by creating well-paying jobs, but by working with law enforcement, charities and other non-profits to address community needs. It donates up to 15 percent of its profits to local organizations serving the public good. All of this translates into a long-term partner for 1199SEIU with a sustainable business that will contribute to New York, the quality of life of its patients and the state's economy.

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<sup>1</sup> Including Washington, D.C., Arizona, Massachusetts, Illinois and Nevada.

We have no doubt that Columbia Care is the most qualified applicant to fulfill the goals of this critical legislation and help enhance the quality of life of a large number of New Yorkers. This is why 1199SEIU has made its commitment of exclusivity and is placing the full weight of its resources behind Columbia Care's application.

Thank you for your time and willingness to consider our exclusive, strong and unequivocal endorsement of Columbia Care's application.

Sincerely,



George Gresham  
President

## LABOR MANAGEMENT COOPERATION AGREEMENT

WHEREAS, Columbia Care – New York, L.L.C. ("Employer") and 1199SEIU United Healthcare Workers East ("Union" or "1199SEIU") have held discussions concerning the establishment of a cooperative relationship that benefits the employees, the Employer and the community they serve;

WHEREAS, the parties desire to establish a relationship of mutual respect to assist the Employer in its licensing and regulatory activities; and ultimately to enhance the delivery its care by maintaining a cooperative spirit between labor and management;

WHEREAS, the parties have held discussions concerning the method by which unrepresented employees of the Employer shall decide whether to select the Union for purposes of collective bargaining;

WHEREAS, the parties wish to insure that the proper rights of employees and management are honored and protected;

WHEREAS, the parties wish to avoid disruptions to the Employer's operations;

NOW, THEREFORE, in consideration of the foregoing, the sufficiency of which is hereby acknowledged, the Employer and the Union agree to the following code of conduct and procedures for employees to make a decision about union representation.

A. **Regulatory Review:** 1199SEIU agrees that it shall use its resources in cooperation with the Employer to support the Employer in obtaining all necessary licenses; and in support of its operations so that it shall remain in compliance with all laws, rules and regulations.

B. **Code of Conduct** – The Employer shall notify the Union upon commencing hiring, and when a representative compliment of employees are hired the following shall apply.

1. The Employer and the Union agree that the Employees shall be entitled to make a decision regarding union representation free from coercion and intimidation.

2. No employee will be threatened or suffer any adverse action because he or she chooses to support or oppose the Union.

3. Employer Speech: The Employer agrees on behalf of itself, its supervisors, attorneys and agents that it will remain neutral on the question of representation of its employees by 1199SEIU and shall not in any way communicate with employees in the unit covered by this Agreement concerning 1199SEIU, the Union's organizing efforts, the employees' choice whether to join a union, the card count or NLRB election, or any other matter related to the card count, election or its employees' terms and conditions of employment other than specifically set forth herein. The Employer further agrees that it will apprise all of its supervisors and agents about the existence and terms of this Agreement and instruct them that they are required to abide by its terms. Notwithstanding the foregoing, the Employer may inform employees as to the date, time and location of the card count or NLRB election.

4. Union campaign: Any campaigning by the Union shall be carried out in a manner that will not disrupt operations. The Union agrees that all Union campaigning shall be factual, without any personal attacks and without any disparagement of the motive or mission of the Employer or its agents.

5. No group or one-on-one meetings: The Employer will not hold individual or group meetings of employees a subject of which is union representation.

6. Use of Consultants, Other Third Parties and Employee Groups: The Employer and the Union shall not use consultants or other representatives or surrogates to engage in activities inconsistent with this Agreement. The Employer shall not sponsor or encourage any group of employees who advocate a vote against union representation.

C. Union Access

Upon execution of this Agreement, the Employer shall grant representatives of the Union reasonable access to Employees at the Employer's facilities through the following means:

1. The Union shall be allowed to post notices on mutually agreed, pre-selected bulletin boards
2. Upon request, Union representatives shall be given access to the employees during non-working hours and to break area(s).
3. The Union shall not interfere with the operations of the Employer.

D. Joint Statement

At the Union's option, the Employer shall post a mutually agreed upon joint statement to employees, notifying employees that the Union seeks to represent them, that the parties have entered into this Agreement and apprising employees of their rights.

E. Process for Union Recognition

1. At the Union's option, the employees shall decide the question whether 1199SEIU shall be their collective bargaining representative, either by a majority showing in a card count or by majority vote in an election conducted by the National Labor Relations Board ("NLRB").
2. The Union shall serve the Employer with a Notice of its intent to Organize ("Notice of intent") in an appropriate unit. The Employer agrees that within 5 days of its receipt of the Union's Notice of Intent to Organize, it will provide the Union with a list of the names, job

titles, shifts, home telephone numbers and home addresses and e-mail addresses of all employees in the unit identified in the Notice of Intent.

3. Card Count:

a. If 1199SEIU invokes a card count procedure for recognition, it shall set forth the request in writing and specify the unit for which it seeks representation. Any dispute concerning unit composition, or the eligibility, including supervisory status, shall be referred to and resolved by the designated Arbitrator as set forth below in Section F.4. The Arbitrator's rulings shall be final and binding. The Employer shall immediately produce a corrected eligibility list in conformance with the Arbitrator's rulings.

b. A card count shall be conducted by Arbitrator on a date to be determined by the Union but in no event later than fifteen (15) days from the date the Union requests such count. At the card count, the Union shall furnish to the Arbitrator the standard authorization cards, executed by eligible employees, and the Employer shall furnish to the Arbitrator W-4 forms containing the signatures of employees on the eligibility list described above in Section E.3.a. The Arbitrator shall check the cards against the eligibility list and the signer's signature on the W-4 form. If the Arbitrator certifies that the Union has been selected by a majority of eligible employees, the Employer agrees to immediately recognize the Union as the exclusive bargaining representative.

4. NLRB Notice of Voluntary Recognition following card count recognition:

NLRB Petition

a. The Employer agrees that if any other person or entity petitions the NLRB for any election in a unit in which the Employer has granted recognition to the Union, the Employer will join in any request by the Union that the NLRB dismiss the petition on the grounds of

recognition bar or, if the Employer and the Union have agreed to a collective bargaining agreement covering Employees at the time the petition is filed, on grounds of contract bar. If the petition is not dismissed, the Employer shall agree, at the request of the Union, to a Full Consent Election Agreement under Section 102.62(c) of the NLRB's Rules and Regulations and consent to the same unit description and voter eligibility determination as in the card count.

b. At all times, including during the posting period and pre-election period, the Employer shall abide by Code of Conduct and Access provisions of the Agreement.

c. In cases where the Arbitrator finds that either the Union or the Employer has violated the rules of conduct set forth herein to the extent that the violation affected the outcome of the election, the Arbitrator retains his/her authority to issue an award that remedies the violation(s) and the party violating the rules of conduct shall join in a stipulation setting aside the results of the election and providing for a re-run election by the NLRB, provided that the objecting party has filed timely objections with the NLRB. However, if the Arbitrator does not find that the alleged violation(s) of the rules of conduct affected the outcome of the election, the objecting party shall withdraw its objections filed with the NLRB.

d. The parties agree that they will accept the certification of the results of the election by the Regional Director of the NLRB and shall not challenge the result of the election either before the National Labor Relations Board or in any Court.

#### **F. Enforcement and Arbitration**

1. The parties shall mutually designate an arbitrator to oversee the implementation of this Agreement. If they fail to agree upon an arbitrator than the American Arbitration Association process shall be used for arbitrator designation. Any disputes concerning compliance with this Agreement shall be referred to the Arbitrator.

2. The parties agree that upon the signing of this Agreement, they shall each designate a special representative for the purpose of enforcement of this Agreement. Any breach of the Agreement shall first be addressed by these special representatives within five (5) days after the breach occurred. If the special representatives are unable to resolve the dispute, the issue shall be submitted to the Arbitrator.

3. With the exception of unit composition and eligibility issues, described below in paragraph F.4, all disputes shall be heard within twenty-four (24) hours of a party's submission of the dispute to the Arbitrator. Any hearings may be conducted telephonically. The parties agree to be bound by the decisions of the Arbitrator who shall have the authority and broad discretion to award an appropriate remedy. All decisions of the Arbitrator under this Agreement shall be deemed final and binding by the parties to the Agreement, and shall be enforceable in any court of competent jurisdiction.

4. At the time the Employer provides the list of employees described above in Section E. 2, it shall provide the Union with its position regarding the inclusion and exclusion of specific job classifications in the unit identified in the Notice of Intent. The special representatives shall immediately try to resolve any and all disagreements with respect to the inclusion or exclusion of any job classification in the unit or voter eligibility. If the parties are unable to resolve unit composition or voter eligibility issues between themselves within 7 days after the Employer provides the Union with its position, the dispute shall be presented to the Arbitrator in person or by telephone, within 5 days. The Arbitrator shall decide the issue no later than 3 business days from the date the dispute was presented to the Arbitrator. The Arbitrator shall decide all unit and voter eligibility issues in accordance with the rules and practices of the NLRB.

5. Neither party shall resort to the NLRB, court or other forum for review of the issues covered by the Arbitrator's award. The fees and expenses for the conduct of the card count or any other proceedings before the Arbitrator shall be shared equally and paid for jointly by the parties (exclusive of each party's attorneys' fees).

6. The Employer will not file any charges with the NLRB or any other administrative agency nor will it commence any other action in law or equity in connection with any alleged violation of this Agreement. Arbitration shall be the exclusive remedy for enforcement of this Agreement.

7 The Employer shall not withdraw recognition from the Union unless the Union is decertified by the National Labor Relations Board following an NLRB election.

**G. Other Unions**

Any union that agrees to abide by all the terms contained in this Agreement shall be afforded an opportunity to sign a separate Agreement containing the same terms and, thereby, be eligible to the rights and procedures set forth herein.

H. Upon recognition, the parties shall engage in good faith collective bargaining for an agreement which reflects prevailing industry terms. In return for such agreement, and interest arbitration in the event of any dispute an initial terms and conditions, 1199SEIU waives its right to strike.

**I. Duration**

This Agreement shall be effective for a period of <sup>24</sup>~~120~~ months.  
AB

EMPLOYER – COLUMBIA CARE – NEW YORK

1199SEIU UNITED HEALTHCARE WORKERS EAST

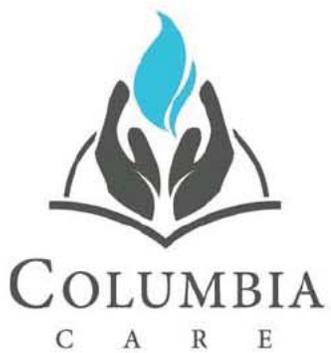
By: *[Signature]*

Date: 05/01/15

By: *George Gresham*

Date: 5/06/15

ATTACHMENT F: LABOR PEACE AGREEMENT



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# Attachment G

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**Business Transactions**  
**10 NYCRR § 1004.5(b)(10)**

# ATTACHMENT G

## BUSINESS TRANSACTIONS

### *10 NYCRR § 1004.5(b)(10)*

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#### **BUSINESS TRANSACTIONS OVERVIEW**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

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#### **BUSINESS TRANSACTIONS**

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On the following pages, please find Columbia Care's Business Transactions, consisting of a financial statement setting forth all elements and details of our business transactions connected with our application for registration as a Registered Organization.

ATTACHMENT G: BUSINESS TRANSACTIONS  
Redacted pursuant to N.Y. Public Officers Law, Art. 6



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# Attachment H

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**Security Plan**  
***Article 33 of the PHL and 10 NYCRR Part 1004***

# ATTACHMENT H: SECURITY PLAN

## *Article 33 of the PHL and 10 NYCRR Part 1004*

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# ATTACHMENT H: SECURITY PLAN

## *Article 33 of the PHL and 10 NYCRR Part 1004*

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### 1.0 SECURITY PLAN OVERVIEW

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May 27, 2015

Dr. Howard Zucker  
Commissioner  
New York State Department of Health  
Corning Tower Empire, State Plaza  
Albany, New York 12237

Dear Commissioner Zucker:

With the passage of the Compassionate Care Act, we believe New York is well-positioned to be at the forefront of medical marijuana patient care, enabling responsible development of this treatment paradigm and serving as the global industry leader.

As such, Eastman Business Park (EBP) strongly supports Columbia Care's application to receive one of the five licenses to cultivate and dispense medical marijuana in New York State. Our support for this application stems from Columbia Care's unique and proven manufacturing expertise, its unmatched experience operating compliant medical marijuana facilities in other highly regulated markets, its express commitment to locate its cultivation and processing facility at EBP to provide a permanent economic driver for the greater Rochester community, the validation it has received from other State regulatory authorities throughout the United States, its commitment to clinical research with several leading New York teaching hospitals and their desire to ensure access to pharmaceutical grade products for all qualifying patients regardless of their financial resources.

We believe the relationship with Columbia Care goes beyond tenant-landlord, and approaches more of a partnership, especially as it relates to cultivation of plants, manufacturing ingestible products to strict quality tolerances and the extraction and refinement of cannabinoid oils into approved medical products. Eastman Business Park is a manufacturing technology campus that offers many synergies associated with Columbia Care's medical marijuana operations. Aside from world-class site security and infrastructure, there are high technology operations within EBP that can be utilized to conduct process development and manufacturing R&D associated with identification and separation of cannabinoid oils. These capabilities are complimentary to Columbia Care's commitment to sponsor proprietary research to better understand the efficacy of various dosages and strains along with issues of safety. Columbia Care has demonstrated its commitment to these initiatives through the collection of self-reported efficacy, adverse events, demographic and actuarial data from thousands of patients in multiple markets and by maintaining uninterrupted supply lines for medicine as a licensee in other, highly-regulated markets resulting in the highest quality products that will be available under the Compassionate Care Act.

Michael R. Alt – Director Eastman Business Park – 585-477-1556  
1669 Lake Avenue – Rochester, New York 14652



EASTMAN  
Business Park

We further believe that Columbia Care is passionate in supporting New York's mission of enhancing quality of life for patients throughout the state. This commitment goes beyond the commitment to create a best-in-class manufacturing operation to produce the highest quality medical marijuana available. To support this undertaking, Columbia Care is investing substantial capital to repurpose a 90 year old building at EBP into a modern, vibrant, state-of-the-art manufacturing facility that is 50% vacant. This industrial application is very collaborative with the EBP Master Plan for site revitalization. Furthermore, Columbia Care will commit to hiring 10% of its operations workforce from the Monroe County "working poor" population in support of the local anti-poverty initiative.

Having a well-capitalized, highly skilled, proven counterparty such as Columbia Care will offer the State and the Business Park a unique, long-term value proposition. Columbia Care has brought together unprecedented resources to support New York's mission of enhancing quality of life for patients throughout the state. We share a collective focus on research and manufacturing, assuring that compliance and safety are priorities. Thank you for your consideration of our support for their candidacy and licensure in this important program.

Sincerely,

Michael R. Alt – Director Eastman Business Park – 585-477-1556  
1669 Lake Avenue – Rochester, New York 14652

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## 8.0 SECURITY FLOOR PLANS

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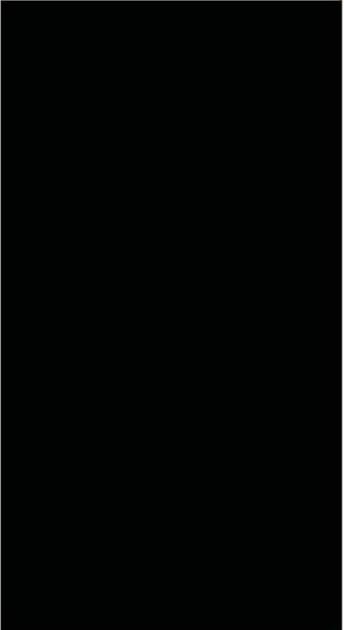
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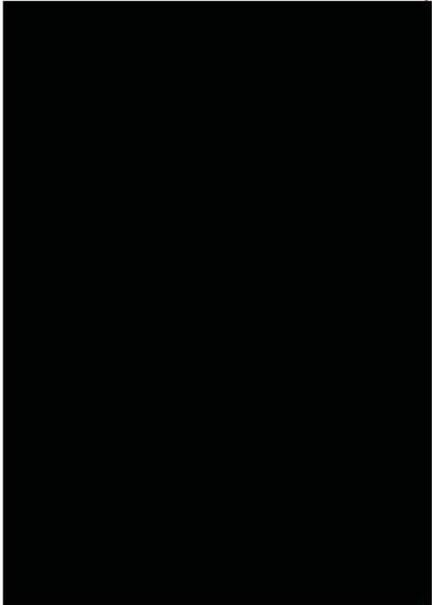
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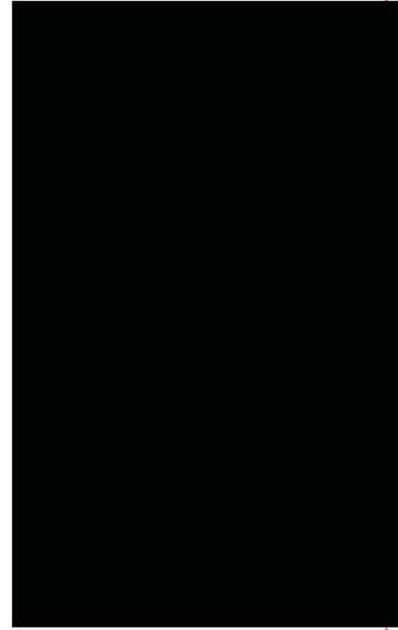
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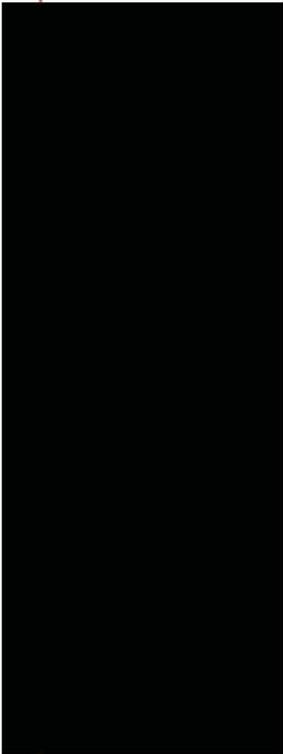
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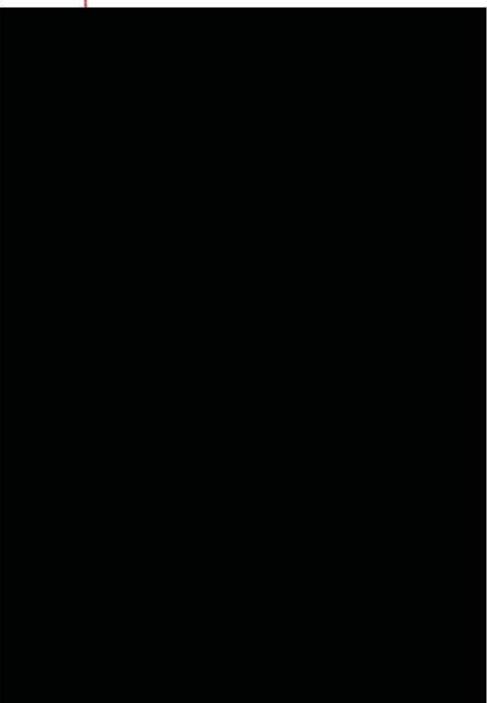
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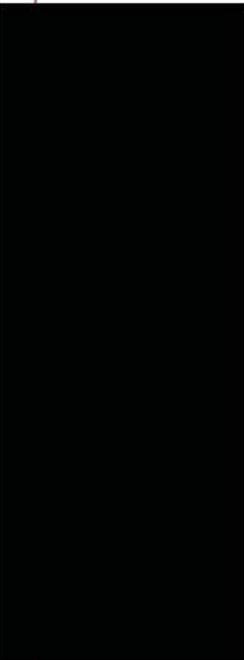


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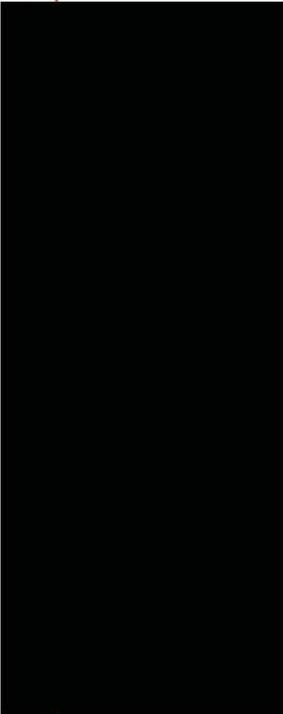


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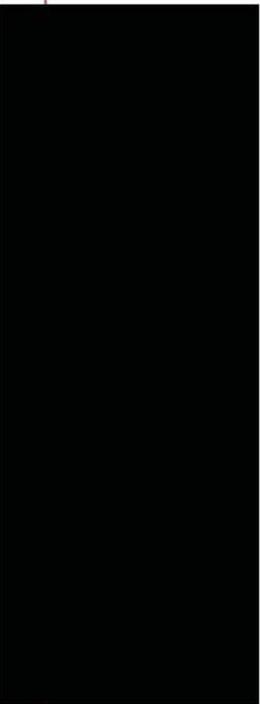


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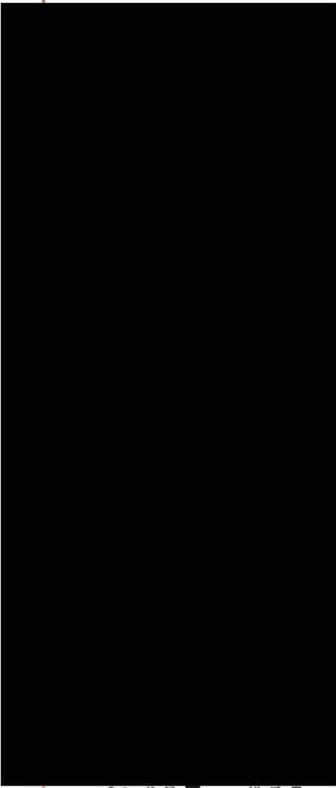
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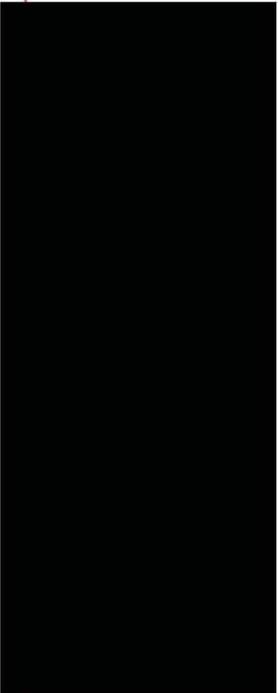
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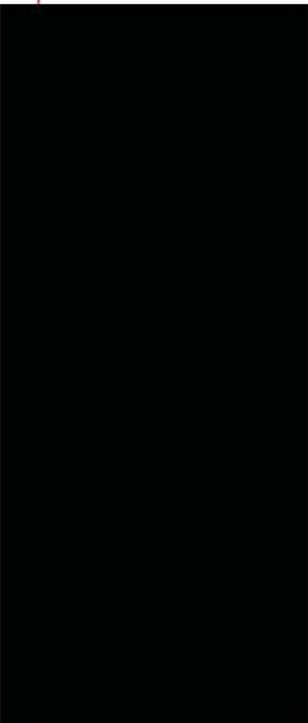
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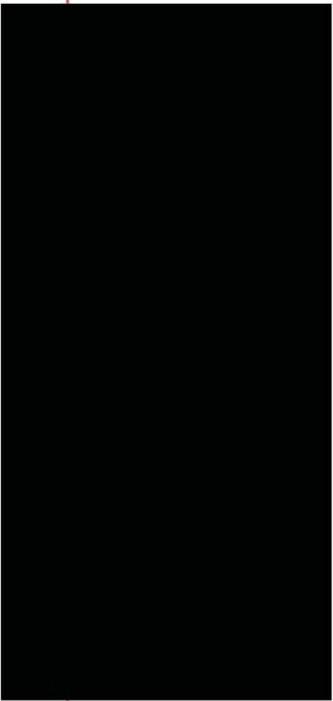
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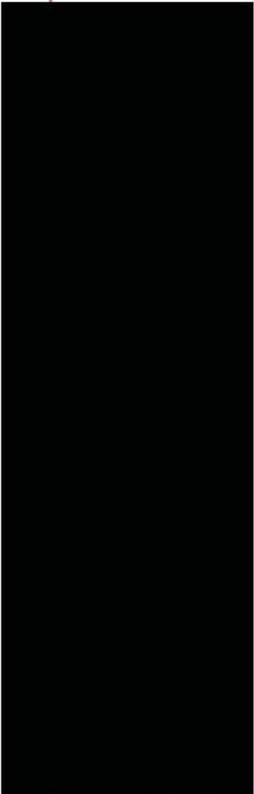
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# Attachment I

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**Certified Financial Statement**  
***10 NYCRR § 1004.5(b)(16)***

ATTACHMENT I  
CERTIFIED FINANCIAL STATEMENT  
*10 NYCRR § 1004.5(b)(16)*

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# Attachment J

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**Staffing Plan**  
**10 NYCRR § 1004.5(b)(18)**

# ATTACHMENT J

## STAFFING PLAN

### *10 NYCRR § 1004.5(b)(18)*

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# ATTACHMENT J STAFFING PLAN *10 NYCRR § 1004.5(b)(18)*

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## **1.0 ORGANIZATIONAL CHART**

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Columbia Care’s organizational hierarchy is streamlined to promote open lines of communication, ensure clear delineations of responsibility, facilitate day-to-day operations and promote efficiency and professionalism. On the following page is the organizational chart for Columbia Care NY LLC (“Columbia Care”).



MEDICAL MARIJUANA PROGRAM

Redacted pursuant to N.Y. Public Officers Law, Art. 6

ATTACHMENT J: STAFFING PLAN



MEDICAL MARIJUANA PROGRAM

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**MEDICAL MARIJUANA PROGRAM**  
APPLICATION FOR REGISTRATION AS A REGISTERED ORGANIZATION

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ATTACHMENT J: STAFFING PLAN



MEDICAL MARIJUANA PROGRAM

Redacted pursuant to N.Y. Public Officers Law, Art. 6

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MEDICAL MARIJUANA PROGRAM

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ATTACHMENT J: STAFFING PLAN



**MEDICAL MARIJUANA PROGRAM**  
APPLICATION FOR REGISTRATION AS A REGISTERED ORGANIZATION

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Redacted pursuant to N.Y. Public Officers Law, Art. 6



Redacted pursuant to N.Y. Public Officers Law, Art. 6



Redacted pursuant to N.Y. Public Officers Law, Art. 6



MEDICAL MARIJUANA PROGRAM

Redacted pursuant to N.Y. Public Officers Law, Art. 6

ATTACHMENT J: STAFFING PLAN

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## 10.0 COLUMBIA CARE TEAM MEMBERS

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### 10.1 Board of Directors and Executive Officers

*Michael Abbott,* [REDACTED]

Michael Abbott serves as the [REDACTED] of [REDACTED], a holding company that manages a portfolio of medical marijuana Cultivation and Dispensary Facilities in the most highly regulated, medical markets in the United States (including jurisdictions such as Washington, D.C., Arizona, Massachusetts, Nevada and Illinois). With over 200,000 square feet of greenhouse and indoor Cultivation Facilities expected to produce several hundred pounds of medical marijuana and Medical Marijuana Products per month, [REDACTED] is a reliable and tested provider of pharmaceutical grade MMPs to dispensaries in every jurisdiction where it operates.

By year-end, the company expects to have 10 licensed Dispensing Facilities up and running including locations in major metropolitan areas like Boston, Phoenix, Washington D.C. and Chicago. Mr. Abbott is also the [REDACTED] of [REDACTED], a Washington, D.C. based company which received the first medical marijuana Dispensary license (one of three) and one of the first medical marijuana Cultivation licenses (one of five) awarded in the District. Under its trade name of [REDACTED] and [REDACTED], [REDACTED] was the only group awarded both types of licenses in a highly competitive process with over one hundred applicants. Mr. Abbott helped raise over \$2.2 million in capital to finance the construction and build-out of infrastructure for each location and team of personnel.

As [REDACTED], Mr. Abbott is a member of the [REDACTED], working with management and personnel to develop and grow the business. He has provided leadership since the formation of the company and instrumental in developing strategies that resulted in improved operations, development and use of proprietary technology and enhanced security techniques.

Mr. Abbott is also a board member of SWC Tempe and SWC Prescott, both of which are not-for-profit Arizona medical marijuana companies. Maintaining impeccable compliance and audit records for both Dispensary and Cultivation operations, SWC Tempe and SWC Prescott are market leaders and maintain top tier market shares. Additionally, Mr. Abbott is the [REDACTED], a non-profit medical marijuana company that was awarded 3 medical marijuana licenses in Massachusetts. [REDACTED] was the only applicant to be awarded the maximum number of licenses permitted under the law in Massachusetts, following an extraordinarily competitive application process that drew over 180 applicants from across the country and resulted in 15 licenses being issued in total. Mr. Abbott also serves as [REDACTED], an Illinois company that was awarded a license to dispense medical marijuana in Chicago Illinois following a very competitive licensing process. Finally, Mr. Abbott sits on the Board of Integral Associates, LLC dba Great Basin Care, a Nevada company that was awarded 2 Cultivation and Production licenses and 3 Dispensary licenses, the most of any applicant in that highly competitive process.

Prior to his involvement in the medical marijuana industry, Mr. Abbott served on the Board of Directors and was a [REDACTED] since [REDACTED]. At [REDACTED], he worked closely with the various heads of Raptor's industry groups on the management, oversight and development of the firm's different portfolio companies, co-investments and co-mingled funds.

Mr. Abbott professional career has been predominantly in finance, operations, technology, all within industries that carry significant compliance and regulation. His career started at [REDACTED] in [REDACTED] first in the [REDACTED] in [REDACTED] and then in [REDACTED] as a [REDACTED] responsible for both Capital Markets and Corporate Derivatives. From [REDACTED], he worked at [REDACTED] in [REDACTED], initially in the convertible bond department, where he helped develop the first on-line convertible bond trading system for retail investors. Mr. Abbott was appointed [REDACTED] for [REDACTED] in [REDACTED]. In [REDACTED] he [REDACTED], a macro FX hedge fund for which he served as the [REDACTED] and member of the investment committee. Additionally, Mr. Abbott sits on the Trustee Board and Audit Committee of the Registered Investment Company of [REDACTED], a New York-based multi-billion dollar public securities real estate firm. He is also a [REDACTED] of [REDACTED], a private equity firm based in Santa Barbara, CA, that acquires wineries and distributes their wines.

Prior to his career in finance, Mr. Abbott was a [REDACTED] from [REDACTED]. He was the British Police long range rifle champion in 1983, and represented the United Kingdom as a member of the under-25 British Rifle Team in 1982. He was part of the world record breaking

senior British Rifle Team that toured the West Indies in 1986. Mr. Abbott also gained his law degree from King's College in London in 1990.

As a philanthropist, Mr. Abbott co-founded the annual Mount Sinai charity dinner to support various initiatives in the hospital's Departments. Over the past ten years, the dinner raised over \$10m. Mr. Abbott is also involved with Room to Read, which focusses on literacy and gender equality in education, and Branson Centre of Entrepreneurship in South Africa.

### ***Nicholas Vita, CEO***

Nicholas Vita is the Vice Chairman and Chief Executive Officer of Columbia Care, LLC, a holding company that manages one of the nation's largest portfolios of fully-integrated (plant to patient) medical marijuana Cultivation and Dispensary Facilities focused solely in the most highly regulated, medical markets (including jurisdictions such as Washington, D.C., Arizona, Massachusetts, Nevada and Illinois). With over 200,000 square feet of greenhouse and indoor Cultivation Facilities expected to produce several hundred pounds of pharmaceutical-grade medical marijuana and Medical Marijuana Products per month, Columbia Care LLC is one of the most experienced and professional organizations in the industry. By year-end, the company also expects to have 10 licensed Dispensaries up and running including locations in major metropolitan areas like Boston, Phoenix, Washington D.C. and Chicago.

Mr. Vita is also the [REDACTED] and [REDACTED] of [REDACTED], a for-profit Washington, D.C. based company which received the first medical marijuana Dispensary license (one of three) and among the first medical marijuana Cultivation licenses (one of five) ever awarded in the nation's capital and was the first Dispensary licensee to begin operating.

[REDACTED] was the only group awarded both Cultivation and Dispensary licenses in a highly competitive process with a substantial pool of applicants. Mr. Vita helped raise over \$2.2 million in capital to finance the construction and build-out of infrastructure for each location and team of personnel. He personally oversaw every aspect of the infrastructure development from planning to opening. In the more than two years the company has been operating, under Mr. Vita's leadership, [REDACTED] has experienced a month-over-month increase in revenue ranging from 15 to 20% and has managed operating costs resulting in positive cash flow. He serves as the primary liaison to numerous local community groups, including a law enforcement and police, and oversaw the implementation of the District's first charity care program in addition to several philanthropic giving initiatives.

Mr. Vita is also the [REDACTED] and member of the board for [REDACTED] and [REDACTED], both Arizona medical marijuana not-for-profit companies. [REDACTED] and [REDACTED] were awarded licenses by the State of Arizona after a competitive selection process. Following licensure, Mr. Vita managed the design, permitting, and build-out, completing these processes in three months. He also structured partnerships with local operators and built a team to operate two Dispensaries and two Cultivation Facilities. He now oversees a national team of almost 100 employees that treats about 7,000 patients and grows over 150 pounds of pharmaceutical-grade Medical Marijuana Products (including concentrates, tinctures and extracts) per month. Mr. Vita led the development and implementation of all policies and procedures.

Sixty days after opening, both businesses became operationally cash flow positive. Under his leadership the business' revenue base has increased at a 5 to 10% month-over-growth rate during the past two years. In addition, he helped implement a charity care program and several philanthropic giving initiatives in the Tempe and Prescott communities and served as a liaison with local law enforcement. Additionally, Mr. Vita serves as the [REDACTED] and a member of the board for [REDACTED] a non-profit medical marijuana company that was awarded 3 licenses in Massachusetts. Patriot Care Corp. was the only applicant to be awarded the maximum number of licenses permitted under the law in Massachusetts, following an extraordinarily competitive application process that drew over 180 applicants from across the country and resulted in 15 licenses being issued. Mr. Vita also serves as [REDACTED] and [REDACTED], an Illinois company that was awarded a license to dispense medical marijuana in Chicago, Illinois following a very competitive licensing process there.

Prior to joining Columbia Care, Mr. Vita spent over 20 years investing capital, structuring public and private investments, providing strategic advisory services to Fortune 500 companies and negotiating joint ventures and partnerships ranging in size and scope. He still serves a [REDACTED] to [REDACTED], a New York-based healthcare focused financial services firm (" [REDACTED] "). [REDACTED] specializes in cross-capital structure, credit and stressed/distress investing within the healthcare sector. In his capacity as [REDACTED], he also serves as a [REDACTED] for [REDACTED] as a member of the Board of Managers of [REDACTED], a military infrastructure investment fund responsible for structuring public private partnerships with the U.S. Department of Defense.

Prior to [REDACTED], Mr. Vita was a [REDACTED], member of the investment committee, and [REDACTED] for the [REDACTED], a multi-billion dollar global credit hedge fund. Previously, he worked for over [REDACTED] years in the Investment Banking Division at [REDACTED], first as an [REDACTED] in Mergers, focusing on healthcare, then as an [REDACTED] and [REDACTED] in the Healthcare Department. He began his career in investment banking at [REDACTED] a United Kingdom based Merchant Bank as an [REDACTED] in Mergers & Acquisitions.

Mr. Vita currently sits on a number of corporate, not-for-profit and academic Boards and received his A.B. from Columbia College, Columbia University where he was a member of the Men's Varsity Heavyweight Crew Team and [REDACTED] of [REDACTED].

### ***Robert Mayerson, COO/President***

Robert Mayerson is the President and Chief Operating Officer of Columbia Care, LLC, a holding company that manages a portfolio of medical marijuana Cultivation and Dispensary Facilities in the most highly regulated markets in the United States (including jurisdictions such as Washington, D.C., Arizona, Massachusetts, Nevada and Illinois). With over 200,000 square feet of greenhouse and indoor cultivation facilities expected to produce several hundred pounds per month, Columbia Care LLC is a reliable and tested provider of pharmaceutical grade medical marijuana to Dispensaries in every jurisdiction where it operates. By year-end, the company also

expects to have 10 licensed Dispensaries up and running including locations in major metropolitan areas like Boston, Phoenix, Washington D.C. and Chicago.

Mr. Mayerson is also a board member of [REDACTED] and [REDACTED], both of which are not-for-profit Arizona medical marijuana companies. Maintaining impeccable compliance and audit records for both Dispensary and Cultivation operations, [REDACTED] and [REDACTED] are market leaders and maintain top tier market shares.

Mr. Mayerson also serves as the [REDACTED], a non-profit medical marijuana company that was awarded 3 licenses in Massachusetts. [REDACTED] was the only applicant to be awarded the maximum number of licenses permitted under the law in Massachusetts, following an extraordinarily competitive application process that drew hundreds of applicants from across the country and resulted in 15 licenses being issued in total. Mr. Mayerson also serves as [REDACTED] and [REDACTED], an Illinois company that was awarded a license to dispense medical marijuana in Chicago, Illinois following a very competitive licensing process there. Mr. Mayerson oversees every aspect of the business development process including both Cultivation and Dispensary Facilities and running day-to-day operations of the company and all of its affiliates. He is a seasoned growth-oriented executive with over 33 years of domestic and international experience. He has demonstrated experience in operations, strategic planning, treasury, controller, real-estate and investor relations functions.

Prior to joining Patriot Care, Mr. Mayerson served as the President, Chief Operating Officer, and Chief Financial Officer of Eastern Mountain Sports ("EMS"), a leading retailer of outdoor equipment and apparel. EMS had approximately \$200 million in revenue and an operating budget of equivalent size. Prior to his work with EMS, Mr. Mayerson served as Senior Vice President and Treasurer of Staples, an international retailer of office supplies based in Massachusetts, and played a key role in developing the company's rapid growth domestically and overseas, from less than \$1 billion in revenue to over \$20 billion. Mr. Mayerson spent the first 11 years of his career in various roles with PepsiCo Inc.

Mr. Mayerson has served on several non-profit Boards of Directors in Massachusetts. He served for 9 years as a Trustee for the Harvard Conservation Trust in Harvard, MA, with his last 3 years there spent as President of the Trust. Mr. Mayerson also served as a Trustee and an Officer of Fruitlands Museum located in Harvard. Mr. Mayerson has served on the University of Massachusetts Business Advisory Council and, while at Staples, served on the Board of the Staples Foundation, the private, charitable arm of Staples. He holds an MBA in Finance from University of Massachusetts.

## 10.2 Board of Advisors

### *Scott LaRue, Advisor*

Scott P. LaRue was named [REDACTED] and [REDACTED] of [REDACTED], the continuing care community of the [REDACTED] of [REDACTED], in [REDACTED].

As the leader of one of the largest Catholic continuing care systems in the nation, LaRue oversees a not-for-profit healthcare network that includes five skilled nursing facilities, assisted living, home care, a state-of-the-art home- and community-based care program founded on the nationally recognized [REDACTED]. He is currently guiding [REDACTED] through a long-term strategic transformation process focused on expanding its home- and community-based offerings and aligning its ministry with changing consumer demands and the evolving healthcare needs of the communities it serves while maintaining a steadfast commitment to high quality residential nursing care.

LaRue joined [REDACTED] in [REDACTED] and previously served as [REDACTED] and [REDACTED].

Before joining [REDACTED], LaRue held a variety of management and senior executive positions during his more than [REDACTED] years at [REDACTED], the largest provider of eldercare services in [REDACTED]. Among other roles, La Rue led [REDACTED] healthcare consulting and foodservice management company, [REDACTED], and served as [REDACTED].

LaRue earned Bachelor of Science and Master of Business Administration degrees from Syracuse University and is a Registered Dietician. He is active with a variety of professional organizations, and serves on a number of Boards of other organizations that work toward similar objectives as the mission of [REDACTED].

#### ***Carol Browner, Advisor***

Carol M. Browner is an experienced regulator and business leader who brings to the team nearly 30 years of legal and legislative experience at the state and federal levels. Browner most recently served as Assistant to President Barack Obama and Director of the White House Office of Energy and Climate Change Policy, where she oversaw the coordination of environmental, energy, climate, transport, and related policy across the federal government. Previously, Browner served as Administrator of the Environmental Protection Agency during the Administration of former President Bill Clinton, where she adopted the most stringent air pollution standards in the nation's history, set a fine-particle clean air standard for the first time, and spearheaded the reauthorization of the Safe Drinking Water Act, as well as the Food Quality Protection Act. She also served as Secretary of environmental regulation in Florida.

Browner was a founding board member of the Center for American Progress and was a [REDACTED] of the [REDACTED], a consulting firm in Washington, D.C. Browner holds a Law Degree from the University of Florida in Gainesville.

#### ***Dr. Bradford Berk, Advisor***

Bradford C. Berk, MD, PhD is the [REDACTED] as well as the [REDACTED]

at the . Dr. Berk was recruited to in as of the . Prior to his recruitment to he served of , and the . He , which rapidly became one of the nation's top ten most highly funded research programs. Dr. Berk then served as from until In Dr. Berk was chosen after a national search to be of and at the

In of Dr. Berk . He returned to his duties after a with a new perspective on patient care, health provider – patient interactions and teamwork. From to he focused on cultural transformation at promoting development of a patient- and family-centered environment, developing capabilities to address the challenges of health care reform, and facilitating the translation of fundamental research discoveries into clinical applications.

In Dr. Berk as and became the of the . The mission of the RNI is to bring the highest quality multidisciplinary care and most innovative approaches to restore function in individuals who have suffered damage to their brain, spinal cord, and peripheral nerves.

He is a member of the National Heart Lung and Blood Institute (NHLBI) Advisory Council that functions as the advisory group to the Director of NHLBI. He serves on the Empire State Stem Cell Board Funding Committee. Dr. Berk is an elected member of the Association of American Physicians, and American Society of Clinical Investigation. He has served as Chairman of the National Institutes of Health Vascular Biology study section, the American Heart Association Scientific Research Council and numerous international scientific review committees. He is past-president of the North American Vascular Biology Organization. He previously served on the NHLBI Stem Cell Data Safety and Monitoring Board. He is on the editorial boards of *Circulation*, *Circulation Research*, *ATVB* and the *Journal of Clinical Investigation*. Dr. Berk has published more than 300 articles, chapters, and books. These publications derive from his 28 years of funding by the NIH to study the mechanisms by which changes in blood vessel function contribute to hypertension, heart attacks and stroke.

#### ***Dennis Rivera, Advisor***

Dennis Rivera of , provides strategic consulting to U.S. and International companies and nonprofit organizations on healthcare policy, quality care initiatives, and labor/management partnerships. He serves as to the , the in the U.S. representing more than 2.2 million members. He is of the , a national joint labor-management coalition whose members care for more than 60 million patients annually. Organizing labor since college, Rivera spent more than years with as , and Healthcare.

Rivera serves as a Member of the National Advisory Committee of the US Department of Health and Human Services Health Resource Service Administration National Center for Interprofessional Practice and Education. He is [REDACTED] to the [REDACTED] and Member of the [REDACTED] of its [REDACTED] and [REDACTED]. Rivera attended the Colegio Universitario de Cayey of University of Puerto Rico and received Honorary Doctorate Degrees from CUNY School of Law in Queens, New York, and from the Carlos Albizu University in Miami.

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## 11.0 RESUMES

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Please find the resumes/CVs for each of Columbia Care’s current Board of Directors, Executive Officers and Board of Advisors, including:

- **Michael Abbott, Chairman**
- **Nicholas Vita, CEO**
- **Robert Mayerson, COO/President**
- **Scott LaRue, Advisor**
- **Carol Browner, Advisor**
- **Dr. Bradford Berk, Advisor**
- **Dennis Rivera, Advisor**

[Redacted]  
Home: [Redacted]  
Mobile: [Redacted]  
Email: [Redacted]

E d u c a t i o n

1987-1990 • Kings College London, Bachelor of Laws, 2:1

W o r k E x p e r i e n c e

Redacted pursuant to N.Y. Public Officers Law, Art. 6

B o a r d s

[Redacted]  
[Redacted]

O t h e r

UK/Swiss Nationality, U.S. Green Card

**NICHOLAS VITA**



Work - [redacted] / Mobile - [redacted]

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

**EDUCATION**

**COLUMBIA COLLEGE, COLUMBIA UNIVERSITY**

**New York, NY**

A.B. in Political Science awarded 1995. Earned Dean's List for academic achievement. President, Saint Anthony Hall (2 years). Men's Varsity Heavyweight Crew Team (1st boat, 1993 Columbia University "Crew of the Year"), Winner, Eastern Sprints National Rowing Championship (Novice). Managed fund raising efforts for various charities.

**PERSONAL**

Supporter of various philanthropic and charitable organizations focused on veteran affairs, community food pantries and first responder support organizations. Involved in shelter animal support initiatives; adopted [REDACTED]

STAFFING PLAN

**ROBERT K. MAYERSON**

[REDACTED]

(cell)

[REDACTED]

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**SUMMARY**

Seasoned growth-oriented executive with over 33 years of domestic and international experience. Demonstrated expertise in Operations, Strategic Planning, Treasury, Controller, Real Estate and Investor Relations functions. Achieved consistently superior results in all assignments. A high-impact leader, creative problem-solver and communicator with very effective interpersonal skills.

**PROFESSIONAL EXPERIENCE**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

**EDUCATION**

MBA - Finance, University of Massachusetts, Amherst, MA 1982  
B.A. Hampshire College, Amherst, MA 1979

**EXECUTIVE PROFILE**

Results driven executive with over 25 years of leadership, entrepreneurial and clinical experience focused on achieving exceptional results in highly regulated and highly competitive environments that demand continuous improvement. Extensive operations experience in managing multiple programs and divisions while building strong teams and partnerships. Excels in assuming leadership role in organizations through enhancing operational efficiency and successfully implementing complex organizational transformations.

**Summary of Qualifications**

- **Process Improvement:** Certified Goal QPC trainer, experienced in managing teams to improve processes through the use of quantitative analysis.
- **Project Management:** Strong results oriented experience in managing short and long term, complex projects.
- **Construction Management:** Extensive experience in managing construction projects of Adult Day Centers, PACE centers, Assisted Living Facilities and remodeling of Skilled Nursing Facilities.
- **Team Building:** Strong human resource skills with experience in developing and managing high performing teams.
- **Cost Reduction:** Maximizing entrepreneurial skills to align operations with the changing reimbursement and overall environment.
- **Successful partnerships:** Experienced in building successful relations with various constituent groups (New York State Department Health, 1199 SEIU, all levels of staff, Religious Orders, etc.).
- **Budgeting/Forecasting:** Successfully planned and managed annual budgets over \$400 million.
- **Turnaround Situations:** Proven track record of successful turnaround operations in nursing home and managed care settings.
- **Operational & Strategic Planning:** Developed business plans, obtained financing for projects, commenced operations and generated successful outcomes.

ATTACHMENT J: STAFFING PLAN

**PROFESSIONAL HISTORY**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Redacted pursuant to N.Y. Public Officers Law, Art. 6

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**ADDITIONAL EXPERIENCE**

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From [REDACTED] Held various positions with progressively expanding responsibilities.  
Redacted pursuant to N.Y. Public Officers Law, Art. 6

ATTACHMENT J: STAFFING PLAN

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**EDUCATION**

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**Master of Business Administration**  
Syracuse University, Syracuse, NY

**Bachelor of Science (General Dietetics)**  
Syracuse University, Syracuse, NY

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**CERTIFICATIONS AND PROFESSIONAL AFFILIATIONS**

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Member  
New York Association of  
Homes and Services for the Aging (NYAHSA)

Member  
Continuing Care Leadership Coalition (CCLC)  
New York, NY

Member  
New York State Dietetic Association  
New York Certified Dietitian Nutritionist  
(License No: 003671)

Member  
American Dietetic Association  
(Registration No: 847869)

# Carol M. Browner

## Professional Experience

### Government

Assistant to President Obama and Director of the White House Office of Energy and Climate Change Policy (2009 – 2011)

Member, President – Elect Obama Transition Team, 2008 - 2009

Administrator, US Environmental Protection Agency (1993 – 2001)

Secretary, Florida Department of Environmental Regulation (1991 – 1993)

Legislative Director, Senator Al Gore (TN) (1990 – 1991)

Legislative Assistant, Senator Lawton Chiles (FL) (1987 – 1990)



## Organization Affiliations

Bunge Limited, Board of Directors (2013 – present)



Opower, Advisory Board (2013 – present)

The Spectrum Solutions Company, Founding Principal – Board Member (2012 – present)

League of Conservation Voters, Board of Directors (2007 – 2009; 2011 – present)



Bloomberg Government, Advisory Board (2012 – 2013)

Export Import Bank of the United States, Advisory Committee (2012 – 2013)

## Education

University of Florida, B.A.

University of Florida College of Law, J.D.

Florida Bar Association, current member in good standing

**Bradford C. Berk, M.D., Ph.D**

**Personal**

Redacted pursuant to N.Y. Public Officers  
Law, Art. 6

Home Address:

Office Address:

Office Phone:

Office Fax:

E-mail Address:

Date of Birth:

Place of Birth:

Children:

**Education**

<b>Year</b>	<b>Degree</b>	<b>Institution and Location</b>
1975	B.A.	Amherst College, Amherst, MA
1981	M.D.	University of Rochester School of Medicine and Dentistry, Rochester, NY
1981	Ph.D.	University of Rochester School of Medicine and Dentistry, Rochester, NY

**Postdoctoral Training**

<b>Year</b>	<b>Position</b>	<b>Institution and Location</b>
		Redacted pursuant to N.Y. Public Officers Law, Art. 6

**Licensure and Certification**

<b>Year</b>	<b>License/Certification</b>	<b>Number</b>
1983	Massachusetts License Registration	50818
1984	DEA	BB1605154
1985	Diplomate-American Board of Internal Medicine	102252
1987	Diplomate-American Board of Internal Medicine, Cardiovascular Disease	102252
1988	Georgia Medical License Registration	30723
1994	State of Washington Medical License Registration	31486
1998	New York State Medical License Registration	211987

**Academic Appointments**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

**Hospital Appointments**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

**Institutional, Departmental, and Divisional Administrative Responsibilities, Committee Memberships, and Other Activities**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

**Awards and Honors**

- 1973 National Science Foundation Undergraduate Research Program (Molecular Biology), California Institute of Technology, Pasadena, CA
- 1974 Woods Hole Oceanographic Institution Fellowship (Microbiology), Woods Hole Oceanographic Institute, Woods Hole, MA
- 1975 Phi Beta Kappa  
John Albee Jr. Class of 1881 Memorial Fund Award for History, John Woodruff Simpson Postgraduate Scholarship in Medicine
- 1975-1981 Medical Scientist Training Program (Pharmacology), University of Rochester, Rochester, NY

### **Awards and Honors Continued**

- 1981 Alpha Omega Alpha  
Robert Kates Memorial Prize in Research  
Doran J. Stephens Prize in Medicine
- 1985 Young Investigator's Award, American College of Cardiology
- 1986 Katz Prize Finalist, American Heart Association
- 1992 American Society for Hypertension, Marion Young Scholar Award
- 1995 Pfizer Visiting Professor of Cardiovascular Disease, Wayne State University  
School of Medicine
- 1999 Borun Visiting Professor in Cardiology, UCLA Medical Center, Los Angeles, CA
- 1999 Annual Pulsifer Lecture, Rochester Academy of Medicine, Guest Speaker
- 2002 Theo Tsagaris Memorial Lecture, University of Utah, Salt Lake City, Utah
- 2002 Indiana Vascular Society/ICVBM Conference, University of Indiana,  
Indianapolis, Indiana
- 2002 Pfizer Visiting Professor, University of Iowa, Iowa City, Iowa
- 2003 Russell Ross Memorial Lectureship in Vascular Biology, Council for  
Arteriosclerosis, Thrombosis and Vascular Biology
- 2012 NAVBO, 2012 Earl P. Benditt Awardee

### **Active Research Grants**

- 1999-2013 NIH R01 HL 63462, "*Angiotensin II Signal Transduction*"
- 1994-2014 NIH R01 HL 49192, "*Oxidative Stress and Vascular Smooth Muscle Growth*"
- 1998-2014 NIH R01 HL 62826, "*Genetics of Vascular Remodeling*"
- 1999-2014 NIH R01 HL 64839, "*Fluid Shear Stress Signal Transduction in Endothelium*"
- 2011-2014 NIH R01 HL 106158, "*Flow Responsive Mediators of Inflammation and Survival*"

### **Completed Research**

- 2005-2010 P01 HL77789, NIH-NHLBI, "Vascular Inflammation and Atherosclerosis"
- 2000-2005 T32 HL07828, NIH-NHLBI, "Cardiovascular Research Training Program"
- 2002-2004 Collaborative Linkage Grant No. 979209, Advisory Panel on Life Science and  
Technology, North Atlantic Treaty Organization (NATO), "Involvement of  
Plasminogen Activators in Vessel Remodeling"

### **Major Committee Assignments**

- 1990-1992 Research Peer Review Committee, American Heart Association, Georgia Affiliate
  - 1990 Ad hoc grant Review Committee National Heart, Lung and Blood Institute
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**Major Committee Assignments (continued)**

1994-1998	American Heart Association, Washington Affiliate Peer Review Committee
1995-1996	National Institutes of Health Experimental Cardiovascular Sciences Study Section ad hoc Member
1996-1998	The Stanley J. Sarnoff Endowment for Cardiovascular Science, Inc. Scientific Advisory Board
1996	American College of Cardiology, Annual Scientific Sessions Committee
1996-1998	American College of Cardiology, Young Investigator Award Committee
1997-2001	National Heart, Lung and Blood Institute Experimental Cardiovascular Sciences Study Section Charter Member
1997-1998	Committee on Clinical Research, University of Washington
1998-2001	American Heart Association, Marcus Award Selection Committee
1998	Program Committee, Vascular Biology 1998
1998-2002	American Heart Association, Basic Science Executive Committee Member-at-Large
1999-2001	American Heart Association, Council on Basic Cardiovascular Sciences
1999-2001	American Heart Organization, Genesee Valley Region Board of Directors
1999	American Heart Association, Katz Prize Review Committee
2001-2003	Member, American Heart Association Research Program & Evaluation Committee (RPEC)
2002-2003	Distinguished Fellows Task Force for the Scientific Councils, American Heart Association
2002-2004	Member, Association of Professors of Medicine (APM) Research Committee
2003-2005	Member, American Heart Association National Research Committee
2003-2006	Member, The American Society for Hypertension Committee on Publications and Communications
2003	Beth Israel Deaconess Visiting Committee on Vascular Biology Research, Boston
2004-	European Vascular Genomics Network Scientific Advisory Board

### **Major Committee Assignments (continued)**

2007-present	Member, Empire State Stem Cell Board – Funding Committee
2007-present	Member, National Heart, Lung and Blood Institute, Stem Cell Clinical Trial Network and Gene and Cell-Based Therapies Data and Safety Monitoring Board
2012-Present	NYS Ready/Respond Commissions: Health Care & Vulnerable Populations Subcommittee
2014-2017	National Heart, Lung, and Blood Advisory Council. (NHLBAC), National Institutes of Health

### **Editorial Boards**

1991-2004	Hypertension
1991-1995	Journal of Vascular Research
1998	Journal of Vascular Research
1993	American Journal of Physiology, Heart and Circulation
1993-	Circulation Research
1996-1999	Associate Editor, Circulation Research
1996-	Circulation
1998-	General Pharmacology, The Vascular System
1998-	Cardiology Today
1999-	International Journal of Cardiology
1999-2002	American Journal of Hypertension
2000-	Arteriosclerosis, Thrombosis, and Vascular Biology
2000-2005	Associate Editor, Journal of Molecular and Cellular Cardiology
2002-2005	Section Editor, Current Hypertension Reports
2005-2007	Consulting Editor, Circulation
2006-2009	Associate Editor, American Society of Hypertension (ASH) Journal
2006-	Journal of Clinical Investigation
2006-2009	Associate Editor, American Heart Association Learning Library
2005-2010	Section Head, Physiogenomics. Faculty of 1000 Biology
2006-2008	Consulting Editor, Circulation Research
2008-	International Advisory Board, Circulation Journal (The Japanese Circulation Society)

### **Advisory/Consultant Positions**

Raland Therapeutics, Inc., Board Member  
Merck, Scientific Advisory Board

### **Patents**

**Thioredoxin Interacting Protein (TXNIP or VDUP1) as a Regulator of Vascular Function**

United States Serial NO.: 11/814,442 | Filed Date: 01/20/2006 | Title: Thioredoxin Interacting Protein (TXNIP) as a Regulator of Vascular Function | Inventor: Bradford C Berk

**Method and Compositions for Treatment or Prevention of Inflammatory Conditions**

United States Serial No.: 12/678,352 | Filed Date: 09/16/2008 | Title: Method and Compositions for Treatment or Prevention of Inflammatory Conditions | Inventor: Bradford C Berk

**Memberships and Offices in Professional Societies**

- 1983 Massachusetts Medical Society
- 1985 American Federation for Clinical Research
- 1988 American Society for Cell Biology

**Memberships and Offices in Professional Societies**

- 1989 American Society for Biochemistry and Molecular Biology

- 1998 Member, Association of University Cardiologists
- 1999 American Society of Hypertension, ASH Specialist in Clinical Hypertension
- 1999- Member, Association of American Physicians
- 1999- Member, American College of Physicians-American Society of Internal Medicine

**Teaching Experience**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

**Major Research Interests**

1. Signal transduction mechanisms in vascular endothelial and smooth muscle cells
2. Cardiac and vascular smooth muscle cell Na<sup>+</sup>/H<sup>+</sup> exchange
3. Molecular biology of the renin-angiotensin system
4. Role of oxidative stress in vascular injury, restenosis and atherosclerosis
5. Genetics of vascular remodeling
6. Signal transduction mediated by fluid shear stress in endothelial cells

### **Publications**

1. Berk BC, Hinkle PM. Thyroid and brain microtubules: a comparison. *J Biol Chem.* 1980;255:3186-93.
2. Berk BC, Hinkle PM. Purification of a stimulator of microtubule assembly from bovine thyroid. *J Biol Chem.* 1981;256:11859-65.
3. Berk BC, Brock TA, Webb RC, Taubman MB, Atkinson WJ, Gimbrone MA, Jr., Alexander RW. Epidermal growth factor, a vascular smooth muscle mitogen, induces rat aortic contraction. *J Clin Invest.* 1985;75:1083-6.
4. Berk BC, Alexander RW, Brock TA, Gimbrone MA, Jr., Webb RC. Vasoconstriction: a new activity for platelet-derived growth factor. *Science.* 1986;232:87-90.
5. Berk BC, Aronow MS, Brock TA, Cragoe E, Jr., Gimbrone MA, Jr., Alexander RW. Angiotensin II-stimulated Na<sup>+</sup>/H<sup>+</sup> exchange in cultured vascular smooth muscle cells. Evidence for protein kinase C-dependent and -independent pathways. *J Biol Chem.* 1987;262:5057-64.
6. Berk BC, Brock TA, Gimbrone MA, Jr., Alexander RW. Early agonist-mediated ionic events in cultured vascular smooth muscle cells. Calcium mobilization is associated with intracellular acidification. *J Biol Chem.* 1987;262:5065-72.
7. Danthuluri NR, Berk BC, Brock TA, Cragoe EJ, Jr., Deth RC. Protein kinase C-mediated intracellular alkalization in rat and rabbit aortic smooth muscle cells. *Eur J Pharmacol.* 1987;141:503-6.
8. Griendling KK, Berk BC, Ganz P, Gimbrone MA, Jr., Alexander RW. Angiotensin II stimulation of vascular smooth muscle phosphoinositide metabolism. State of the art lecture. *Hypertension.* 1987;9:III181-5.
9. Berk BC, Canessa M, Vallega G, Alexander RW. Agonist-mediated changes in intracellular pH: role in vascular smooth muscle cell function. *J Cardiovasc Pharmacol.* 1988;12 Suppl 5:S104-14.
10. Berk BC, Vallega G, Griendling KK, Gordon JB, Cragoe EJ, Jr., Canessa M, Alexander RW. Effects of glucocorticoids on Na<sup>+</sup>/H<sup>+</sup> exchange and growth in cultured vascular smooth muscle cells. *J Cell Physiol.* 1988;137:391-401.

11. Griendling KK, Berk BC, Alexander RW. Evidence that Na<sup>+</sup>/H<sup>+</sup> exchange regulates angiotensin II-stimulated diacylglycerol accumulation in vascular smooth muscle cells. *J Biol Chem*. 1988;263:10620-4.
12. Griendling KK, Berk BC, Socorro L, Tsuda T, Delafontaine P, Alexander RW. Secondary signalling mechanisms in angiotensin II-stimulated vascular smooth muscle cells. *Clin Exp Pharmacol Physiol*. 1988;15:105-12.
13. Nabel EG, Berk BC, Brock TA, Smith TW. Na<sup>+</sup>-Ca<sup>2+</sup> exchange in cultured vascular smooth muscle cells. *Circ Res*. 1988;62:486-93.
14. Vallega GA, Canessa ML, Berk BC, Brock TA, Alexander RW. Vascular smooth muscle Na<sup>+</sup>-H<sup>+</sup> exchanger kinetics and its activation by angiotensin II. *Am J Physiol*. 1988;254:C751-8.
15. Berk BC, Alexander RW. Vasoactive effects of growth factors. *Biochem Pharmacol*. 1989;38:219-25.
16. Berk BC, Vallega G, Muslin AJ, Gordon HM, Canessa M, Alexander RW. Spontaneously hypertensive rat vascular smooth muscle cells in culture exhibit increased growth and Na<sup>+</sup>/H<sup>+</sup> exchange. *J Clin Invest*. 1989;83:822-9.
17. Berk BC, Vekshtein V, Gordon HM, Tsuda T. Angiotensin II-stimulated protein synthesis in cultured vascular smooth muscle cells. *Hypertension*. 1989;13:305-14.
18. Griendling KK, Tsuda T, Berk BC, Alexander RW. Angiotensin II stimulation of vascular smooth muscle cells. Secondary signalling mechanisms. *Am J Hypertens*. 1989;2:659-65.
19. Griendling KK, Tsuda T, Berk BC, Alexander RW. Angiotensin II stimulation of vascular smooth muscle. *J Cardiovasc Pharmacol*. 1989;14 Suppl 6:S27-33.
20. Liu MW, Roubin GS, King SB, 3rd. Restenosis after coronary angioplasty. Potential biologic determinants and role of intimal hyperplasia. *Circulation*. 1989;79:1374-87.
21. Taubman MB, Berk BC, Izumo S, Tsuda T, Alexander RW, Nadal-Ginard B. Angiotensin II induces c-fos mRNA in aortic smooth muscle. Role of Ca<sup>2+</sup> mobilization and protein kinase C activation. *J Biol Chem*. 1989;264:526-30.
22. Berk BC, Elder E, Mitsuka M. Hypertrophy and hyperplasia cause differing effects on vascular smooth muscle cell Na<sup>+</sup>/H<sup>+</sup> exchange and intracellular pH. *J Biol Chem*. 1990;265:19632-7.
23. Berk BC, Taubman MB, Cragoe EJ, Jr., Fenton JW, 2nd, Griendling KK. Thrombin signal transduction mechanisms in rat vascular smooth muscle cells. Calcium and protein kinase C-dependent and -independent pathways. *J Biol Chem*. 1990;265:17334-40.
24. Berk BC, Weintraub WS, Alexander RW. Elevation of C-reactive protein in "active" coronary artery disease. *Am J Cardiol*. 1990;65:168-72.
25. Rao GN, Sardet C, Pouyssegur J, Berk BC. Differential regulation of Na<sup>+</sup>/H<sup>+</sup> antiporter gene expression in vascular smooth muscle cells by hypertrophic and hyperplastic stimuli. *J Biol Chem*. 1990;265:19393-6.

26. Berk BC. The microcirculation in coronary ischemia. Are native anticoagulant mechanisms a path to new therapies? *Circulation*. 1991;84:439-41.
27. Berk BC, Gordon JB, Alexander RW. Pharmacologic roles of heparin and glucocorticoids to prevent restenosis after coronary angioplasty. *J Am Coll Cardiol*. 1991;17:111B-117B.
28. Berk BC, Taubman MB, Griendling KK, Cragoe EJ, Jr., Fenton JW, Brock TA. Thrombin-stimulated events in cultured vascular smooth-muscle cells. *Biochem J*. 1991;274:799-805.
29. Liu MW, Berk BC. Restenosis following coronary balloon angioplasty: Role of smooth muscle cell proliferation. *Trends in Cardiovascular Medicine*. 1991;1:107-111.
30. Mitsuka M, Berk BC. Long-term regulation of Na<sup>+</sup> -H<sup>+</sup> exchange in vascular smooth muscle cells: role of protein kinase C. *Am J Physiol*. 1991;260:C562-9.
31. Rao GN, Corson MA, Berk BC. Uric acid stimulates vascular smooth muscle cell proliferation by increasing platelet-derived growth factor A-chain expression. *J Biol Chem*. 1991;266:8604-8.
32. Rao GN, de Roux N, Sardet C, Pouyssegur J, Berk BC. Na<sup>+</sup>/H<sup>+</sup> antiporter gene expression during monocytic differentiation of HL60 cells. *J Biol Chem*. 1991;266:13485-8.
33. Berk BC, Corson MA. Autocrine and paracrine growth mechanisms in vascular smooth muscle. *Current Opinions in Cardiology*. 1992;7:739-744.
34. Corson MA, Alexander RW, Berk BC. 5-HT<sub>2</sub> receptor mRNA is overexpressed in cultured rat aortic smooth muscle cells relative to normal aorta. *Am J Physiol*. 1992;262:C309-15.
35. Duff JL, Berk BC, Corson MA. Angiotensin II stimulates the pp44 and pp42 mitogen-activated protein kinases in cultured rat aortic smooth muscle cells. *Biochem Biophys Res Commun*. 1992;188:257-64.
36. Geiger RV, Berk BC, Alexander RW, Nerem RM. Flow-induced calcium transients in single endothelial cells: spatial and temporal analysis. *Am J Physiol*. 1992;262:C1411-7.
37. Krug LM, Berk BC. Na<sup>+</sup>, K<sup>+</sup> -adenosine triphosphatase regulation in hypertrophied vascular smooth muscle cells. *Hypertension*. 1992;20:144-50.
38. Rao GN, Berk BC. Active oxygen species stimulate vascular smooth muscle cell growth and proto-oncogene expression. *Circ Res*. 1992;70:593-9.
39. Rao GN, Sardet C, Pouyssegur J, Berk BC. Na<sup>+</sup>/H<sup>+</sup> antiporter gene expression increases during retinoic acid-induced granulocytic differentiation of HL60 cells. *J Cell Physiol*. 1992;151:361-6.
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44. Berk BC. Endothelial dysfunction in atherosclerosis. *Choices in Cardiol*. 1993;21:1259-1263.
45. Berk BC, Rao GN. Angiotensin II-induced vascular smooth muscle cell hypertrophy: PDGF A-chain mediates the increase in cell size. *J Cell Physiol*. 1993;154:368-80.
46. Bernstein KE, Berk BC. The biology of angiotensin II receptors. *Am J Kidney Dis*. 1993;22:745-54.
47. Corson MA, Berk BC. Growth factors and the vessel wall. *Heart Dis Stroke*. 1993;2:166-70.
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49. Mitsuka M, Nagae M, Berk BC. Na<sup>+</sup>-H<sup>+</sup> exchange inhibitors decrease neointimal formation after rat carotid injury. Effects on smooth muscle cell migration and proliferation. *Circ Res*. 1993;73:269-75.
50. Mitsumata M, Fishel RS, Nerem RM, Alexander RW, Berk BC. Fluid shear stress stimulates platelet-derived growth factor expression in endothelial cells. *Am J Physiol*. 1993;265:H3-8.
51. Rao GN, Lassegue B, Griendling KK, Alexander RW, Berk BC. Hydrogen peroxide-induced c-fos expression is mediated by arachidonic acid release: role of protein kinase C. *Nucleic Acids Res*. 1993;21:1259-63.
52. Rao GN, Sardet C, Pouyssegur J, Berk BC. Phosphorylation of Na<sup>+</sup>-H<sup>+</sup> antiporter is not stimulated by phorbol ester and acidification in granulocytic HL-60 cells. *Am J Physiol*. 1993;264:C1278-84.
53. Schneider JE, Berk BC, Gravanis MB, Santoian EC, Cipolla GD, Tarazona N, Lassegue B, King SB, 3rd. Probucol decreases neointimal formation in a swine model of coronary artery balloon injury. A possible role for antioxidants in restenosis. *Circulation*. 1993;88:628-37.
54. Lucchesi PA, DeRoux N, Berk BC. Na<sup>+</sup>-H<sup>+</sup> exchanger expression in vascular smooth muscle of spontaneously hypertensive and Wistar-Kyoto rats. *Hypertension*. 1994;24:734-8.
55. Marrero MB, Paxton WG, Duff JL, Berk BC, Bernstein KE. Angiotensin II stimulates tyrosine phosphorylation of phospholipase C-gamma 1 in vascular smooth muscle cells. *J Biol Chem*. 1994;269:10935-9.

56. Paxton WG, Marrero MB, Klein JD, Delafontaine P, Berk BC, Bernstein KE. The angiotensin II AT1 receptor is tyrosine and serine phosphorylated and can serve as a substrate for the src family of tyrosine kinases. *Biochem Biophys Res Commun.* 1994;200:260-7.
57. Baas AS, Berk BC. Differential activation of mitogen-activated protein kinases by H<sub>2</sub>O<sub>2</sub> and O<sub>2</sub><sup>-</sup> in vascular smooth muscle cells. *Circ Res.* 1995;77:29-36.
58. Berk BC, Corson MA, Peterson TE, Tseng H. Protein kinases as mediators of fluid shear stress stimulated signal transduction in endothelial cells: a hypothesis for calcium-dependent and calcium-independent events activated by flow. *J Biomech.* 1995;28:1439-50.
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64. Fishel RS, Eisenberg S, Shai SY, Redden RA, Bernstein KE, Berk BC. Glucocorticoids induce angiotensin-converting enzyme expression in vascular smooth muscle. *Hypertension.* 1995;25:343-9.
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67. Helmlinger G, Berk BC, Nerem RM. Flow-induced calcium responses in endothelial cells are synergistically modulated by serum. *J Cellular Engineering.* 1995;1:13-20.
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73. Tseng H, Peterson TE, Berk BC. Fluid shear stress stimulates mitogen-activated protein kinase in endothelial cells. *Circ Res.* 1995;77:869-78.
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75. Corson MA, James NL, Latta SE, Nerem RM, Berk BC, Harrison DG. Phosphorylation of endothelial nitric oxide synthase in response to fluid shear stress. *Circ Res.* 1996;79:984-91.
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77. Ishida T, Peterson TE, Kovach NL, Berk BC. MAP kinase activation by flow in endothelial cells. Role of beta 1 integrins and tyrosine kinases. *Circ Res.* 1996;79:310-6.
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80. Takahashi M, Berk BC. Mitogen-activated protein kinase (ERK1/2) activation by shear stress and adhesion in endothelial cells. Essential role for a herbimycin-sensitive kinase. *J Clin Invest.* 1996;98:2623-31.
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82. Wiesner TF, Berk BC, Nerem RM. A mathematical model of cytosolic calcium dynamics in human umbilical vein endothelial cells. *Am J Physiol.* 1996;270:C1556-69.
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91. Nunes GL, Robinson K, Kalynych A, King 3rd SB, Sgoutas DS, Berk BC. Vitamins C and E inhibit O<sub>2</sub><sup>-</sup> production in the pig coronary artery. *Circulation.* 1997;96:3593-601.
92. Phan VN, Kusuhara M, Lucchesi PA, Berk BC. A 90-kD Na<sup>+</sup>-H<sup>+</sup> exchanger kinase has increased activity in spontaneously hypertensive rat vascular smooth muscle cells. *Hypertension.* 1997;29:1265-72.
93. Schmitz U, Berk BC. Angiotensin II signal transduction. Stimulation of multiple mitogen-activated protein kinase pathways. *Trends Endocrinol Metab.* 1997;8:261-266.
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96. Takahashi M, Ishida T, Traub O, Corson MA, Berk BC. Mechanotransduction in endothelial cells: temporal signaling events in response to shear stress. *J Vasc Res.* 1997;34:212-9.
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104. Poppa V, Miyashiro JK, Corson MA, Berk BC. Endothelial NO synthase is increased in regenerating endothelium after denuding injury of the rat aorta. *Arterioscler Thromb Vasc Biol*. 1998;18:1312-21.
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110. Berk BC. Redox signals that regulate the vascular response to injury. *Thromb Haemost*. 1999;82:810-7.
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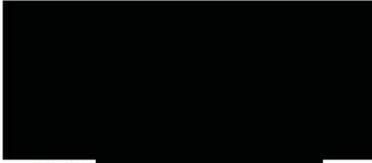
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## Dennis Rivera

Office and Home:



Cell:



Telephone

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**Personal Background**

Born in [REDACTED]. Attended the Colegio Universitario de Cayey of the U [REDACTED] eived Honorary Doctorate Degrees from CUNY School of Law in Queens NY and from the Carlos Albizu University in Miami, Fl.

[REDACTED]



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# Attachment K

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**Internet Connectivity**



# ATTACHMENT K INTERNET CONNECTIVITY

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## INTERNET CONNECTIVITY

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On the following pages, please find proof of internet connectivity (with a list of available service providers for the area) for all of Columbia Care NY LLC's Manufacturing and Dispensing Facilities, including:

- **Rochester Manufacturing Facility:** 1669 Lake Avenue  
Eastman Kodak Park  
Building #12, 4<sup>th</sup> Floor  
Rochester, NY 14615
- **Manhattan Dispensing Facility:** 212 East 14<sup>th</sup> Street  
New York, NY 10003
- **Riverhead Dispensing Facility:** 1107 Old Country Road  
Riverhead, NY 11901
- **Plattsburgh Dispensing Facility:** 345 Cornelia Street  
Plattsburgh, NY 12901
- **Rochester Dispensing Facility:** 200 West Ridge Road  
Rochester, NY 14615

1669 lake ave., eastman business park, building 12, 4th floor, rochester ny 14615

**FIND**

**Note:** This search returned an approximate center location. For precise results, please enter a full street address and search again.  
Search results returned for: **Eastman Kodak Company, 1669 Lake Avenue, Rochester, NY 14652, USA**

## Search Results: Broadband Providers for this Area

Below is the list of broadband providers operating in all or part of the census block for the address above. If you entered a zip code or city name, the list below only displays the broadband providers offering service in the Census Block that is in the center of that zip code or city. See About and the FAQ to learn more about the data gathering process.

Help improve this data by confirming the availability and speed information. This dataset is updated approximately every six months and your input is important to us. Click **Expand All** to see details about each provider and to give us feedback.

Show All • Show Wired • Show Wireless

Expand All

### Advertised Speeds Above 3 Mbps

Data as of: 06/30/14

TW Telecom Inc.	1 Gbps+	»
Time Warner Cable Inc.	50 - 100 Mbps	»
Verizon Communications Inc.	10 - 25 Mbps	»
Frontier Communications Corporation	10 - 25 Mbps	»
AT&T Inc.	10 - 25 Mbps	»
T-Mobile	10 - 25 Mbps	»
ViaSat, Inc.	10 - 25 Mbps	»
Sprint Nextel Corporation	6 - 10 Mbps	»

### Advertised Speeds Above 768 kbps and Below 3 Mbps

Data as of: 06/30/14

Spacenet Inc.	768 kbps - 1.5 Mbps
---------------	---------------------

Most Common Speed: 10 Mbps

Data Source • Download • API Call

Broadband services delivered via satellite are available to U.S. customers throughout all 50 States. Please click here for more information on individual Satellite Broadband service providers

Is your broadband provider listed? If not, please enter the provider below

 **SEND**

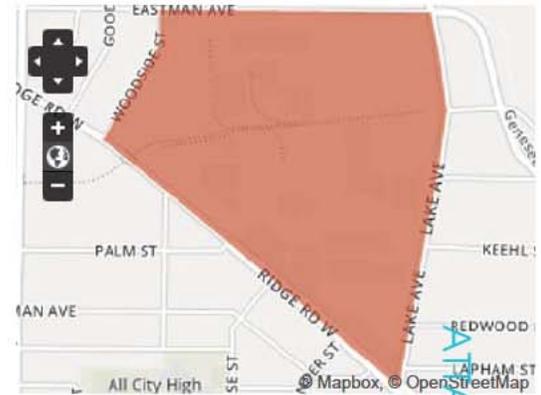
The list above only displays the broadband providers offering service in the Census Block that is in the center of your search results. The results do not display a summary of the search area, only the center of the search. For example, if you search for a city name only, then the search would return the approximate center of that city and only the information in the Census Block at the center of the city would be displayed.

### Search Examples

148 Lafayette Street, New York, NY 10013

2017 Mission Street, San Francisco, CA 94110

Print this page • About area • Compare Areas



### Share »

Share this page with my community

Short URL »

Tweet

Like 0

### Map »

Map my community

### Rank »

Rank my community

### Summarize »

View statistics about my community

### Provider »

View statistics about providers

### Broadband Classroom »

Learn more about broadband

### Engage »

Build a better map for my community

### Blog »

**National Broadband Map has Helped Chart Broadband Evolution**  
posted by Anne Neville on March 23, 2015

results: 6.38 seconds

[Homepage](#) ▪ [Analyze](#) ▪ [Map](#) ▪ [Developer](#) ▪ [About](#) ▪ [Native Nations](#)

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[Tweet](#) Like 0



The **National Broadband Map** is a tool to search, analyze and map broadband availability across the United States. Created and maintained by the **NTIA**, in collaboration with the **FCC**, and in partnership with 50 states, five territories and the District of Columbia.



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212 e. 14th st, new york, ny 10003

**FIND**

## Search Results: Broadband Providers for this Area

Below is the list of broadband providers operating in all or part of the census block for the address above. If you entered a zip code or city name, the list below only displays the broadband providers offering service in the Census Block that is in the center of that zip code or city. See About and the FAQ to learn more about the data gathering process.

Help improve this data by confirming the availability and speed information. This dataset is updated approximately every six months and your input is important to us. Click **Expand All** to see details about each provider and to give us feedback.

Show All • Show Wired • Show Wireless

Expand All

### Advertised Speeds Above 3 Mbps

Data as of: 06/30/14

Verizon Communications Inc.	100 Mbps - 1 Gbps	»
Business Only Broadband, LLC	100 Mbps - 1 Gbps	»
ABRY Partners	100 Mbps - 1 Gbps	»
Time Warner Cable Inc.	50 - 100 Mbps	»
Barrier Communications	50 - 100 Mbps	»
Platinum Equity, LLC	25 - 50 Mbps	»
AT&T Inc.	10 - 25 Mbps	»
T-Mobile	10 - 25 Mbps	»
ViaSat, Inc.	10 - 25 Mbps	»
	10 - 25 Mbps	»
Sprint Nextel Corporation	10 - 25 Mbps	»

### Advertised Speeds Above 768 kbps and Below 3 Mbps

Data as of: 06/30/14

Spacenet Inc.	768 kbps - 1.5 Mbps
---------------	---------------------

Most Common Speed: 10 Mbps

Data Source • Download • API Call

Broadband services delivered via satellite are available to U.S. customers throughout all 50 States. Please click here for more information on individual Satellite Broadband service providers

Is your broadband provider listed? If not, please enter the provider below

 **SEND**

The list above only displays the broadband providers offering service in the Census Block that is in the center of your search results. The results do not display a summary of the search area, only the center of the search. For example, if you search for a city name only, then the search would return the approximate center of that city and only the information in the Census Block at the center of the city would be displayed.

### Search Examples

148 Lafayette Street, New York, NY 10013

2017 Mission Street, San Francisco, CA 94110

Print this page • About area • Compare Areas



### Share »

Share this page with my community

Short URL »

Tweet

Like 0

### Map »

Map my community

### Rank »

Rank my community

### Summarize »

View statistics about my community

### Provider »

View statistics about providers

### Broadband Classroom »

Learn more about broadband

### Engage »

Build a better map for my community

### Blog »

National Broadband Map has Helped Chart Broadband Evolution  
posted by Anne Neville on March 23, 2015

ATTACHMENT K: INTERNET CONNECTIVITY

results: 7.99 seconds

[Homepage](#) ▪ [Analyze](#) ▪ [Map](#) ▪ [Developer](#) ▪ [About](#) ▪ [Native Nations](#)

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The **National Broadband Map** is a tool to search, analyze and map broadband availability across the United States. Created and maintained by the **NTIA**, in collaboration with the **FCC**, and in partnership with 50 states, five territories and the District of Columbia.



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1107 old country rd, riverhead, ny 11901

**FIND**

## Search Results: Broadband Providers for this Area

Below is the list of broadband providers operating in all or part of the census block for the address above. If you entered a zip code or city name, the list below only displays the broadband providers offering service in the Census Block that is in the center of that zip code or city. See About and the FAQ to learn more about the data gathering process.

Help improve this data by confirming the availability and speed information. This dataset is updated approximately every six months and your input is important to us. Click **Expand All** to see details about each provider and to give us feedback.

Show All • Show Wired • Show Wireless

Expand All

### Advertised Speeds Above 3 Mbps

Data as of: 06/30/14

CSC Holdings		1 Gbps+ »
Level 3 Communications, LLC		1 Gbps+ »
Verizon Communications Inc.		10 - 25 Mbps »
AT&T Inc.		10 - 25 Mbps »
T-Mobile		10 - 25 Mbps »
ViaSat, Inc.		10 - 25 Mbps »
Sprint Nextel Corporation		6 - 10 Mbps »

### Advertised Speeds Above 768 kbps and Below 3 Mbps

Data as of: 06/30/14

Spacenet Inc.		768 kbps - 1.5 Mbps
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Most Common Speed: 10 Mbps

Data Source • Download • API Call

Broadband services delivered via satellite are available to U.S. customers throughout all 50 States. Please click here for more information on individual Satellite Broadband service providers

Is your broadband provider listed? If not, please enter the provider below

 **SEND**

The list above only displays the broadband providers offering service in the Census Block that is in the center of your search results. The results do not display a summary of the search area, only the center of the search. For example, if you search for a city name only, then the search would return the approximate center of that city and only the information in the Census Block at the center of the city would be displayed.

### Search Examples

- 148 Lafayette Street, New York, NY 10013
- 2017 Mission Street, San Francisco, CA 94110
- 1370 Willow Road, Menlo Park, CA 94025
- 21 Overhill Street, Lumberport, WV 26386

Print this page • About area • Compare Areas



### Share »

Share this page with my community

Short URL »

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### Map »

Map my community

### Rank »

Rank my community

### Summarize »

View statistics about my community

### Provider »

View statistics about providers

### Broadband Classroom »

Learn more about broadband

### Engage »

Build a better map for my community

### Blog »

**National Broadband Map has Helped Chart Broadband Evolution**  
posted by Anne Neville on March 23, 2015

ATTACHMENT K: INTERNET CONNECTIVITY

results: 1.39 seconds

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345 cornelia street plattsburgh, ny 12901

**FIND**

## Search Results: Broadband Providers for this Area

Below is the list of broadband providers operating in all or part of the census block for the address above. If you entered a zip code or city name, the list below only displays the broadband providers offering service in the Census Block that is in the center of that zip code or city. See About and the FAQ to learn more about the data gathering process.

Help improve this data by confirming the availability and speed information. This dataset is updated approximately every six months and your input is important to us. Click **Expand All** to see details about each provider and to give us feedback.

Show All • Show Wired • Show Wireless

Expand All

### Advertised Speeds Above 3 Mbps

Data as of: 06/30/14

The Champlain Telephone Company	1 Gbps+	»
Westelcom Network, Inc.	1 Gbps+	»
Charter Communications	100 Mbps - 1 Gbps	»
Verizon Communications Inc.	10 - 25 Mbps	»
AT&T Inc.	10 - 25 Mbps	»
ViaSat, Inc.	10 - 25 Mbps	»

### Advertised Speeds Above 768 kbps and Below 3 Mbps

Data as of: 06/30/14

Mountain Wireless LLC	1.5 - 3 Mbps
Spacenet Inc.	768 kbps - 1.5 Mbps
Sprint Nextel Corporation	768 kbps - 1.5 Mbps

Most Common Speed: 10 Mbps

Data Source • Download • API Call

Broadband services delivered via satellite are available to U.S. customers throughout all 50 States. Please click here for more information on individual Satellite Broadband service providers

Is your broadband provider listed? If not, please enter the provider below

The list above only displays the broadband providers offering service in the Census Block that is in the center of your search results. The results do not display a summary of the search area, only the center of the search. For example, if you search for a city name only, then the search would return the approximate center of that city and only the information in the Census Block at the center of the city would be displayed.

### Search Examples

- 148 Lafayette Street, New York, NY 10013
- 2017 Mission Street, San Francisco, CA 94110
- 1370 Willow Road, Menlo Park, CA 94025
- 21 Overhill Street, Lumberport, WV 26386

Print this page • About area • Compare Areas



### Share »

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Print

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### Map »

Map my community

### Rank »

Rank my community

### Summarize »

View statistics about my community

### Provider »

View statistics about providers

### Broadband Classroom »

Learn more about broadband

### Engage »

Build a better map for my community

### Blog »

National Broadband Map has Helped Chart Broadband Evolution  
posted by Anne Neville on March 23, 2015

ATTACHMENT K: INTERNET CONNECTIVITY

results: 6.33 seconds

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200 west ridge road rochester, ny 14615

**FIND**

**Note:** This search returned an approximate center location. For precise results, please enter a full street address and search again.  
Search results returned for: **200 West Ridge Road, Rochester, NY 14615, USA**

## Search Results: Broadband Providers for this Area

Below is the list of broadband providers operating in all or part of the census block for the address above. If you entered a zip code or city name, the list below only displays the broadband providers offering service in the Census Block that is in the center of that zip code or city. See About and the FAQ to learn more about the data gathering process.

Help improve this data by confirming the availability and speed information. This dataset is updated approximately every six months and your input is important to us. Click **Expand All** to see details about each provider and to give us feedback.

Show All • Show Wired • Show Wireless

Expand All

### Advertised Speeds Above 3 Mbps

Data as of: 06/30/14

TW Telecom Inc.	1 Gbps+	»
Time Warner Cable Inc.	50 - 100 Mbps	»
Verizon Communications Inc.	10 - 25 Mbps	»
Frontier Communications Corporation	10 - 25 Mbps	»
AT&T Inc.	10 - 25 Mbps	»
T-Mobile	10 - 25 Mbps	»
ViaSat, Inc.	10 - 25 Mbps	»
Sprint Nextel Corporation	6 - 10 Mbps	»

### Advertised Speeds Above 768 kbps and Below 3 Mbps

Data as of: 06/30/14

Spacenet Inc.	768 kbps - 1.5 Mbps
---------------	---------------------

Most Common Speed: 10 Mbps

Data Source • Download • API Call

Broadband services delivered via satellite are available to U.S. customers throughout all 50 States. Please click here for more information on individual Satellite Broadband service providers

Is your broadband provider listed? If not, please enter the provider below

 **SEND**

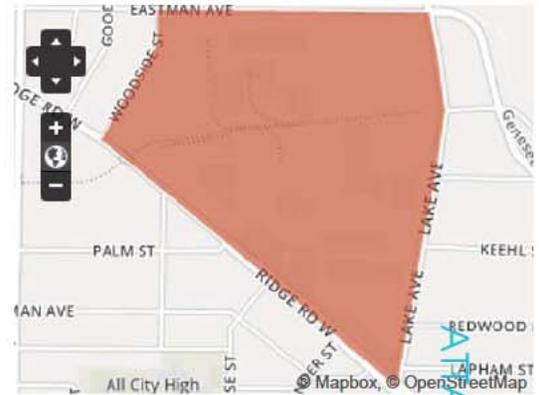
The list above only displays the broadband providers offering service in the Census Block that is in the center of your search results. The results do not display a summary of the search area, only the center of the search. For example, if you search for a city name only, then the search would return the approximate center of that city and only the information in the Census Block at the center of the city would be displayed.

### Search Examples

148 Lafayette Street, New York, NY 10013

2017 Mission Street, San Francisco, CA 94110

Print this page • About area • Compare Areas



### Share »

Share this page with my community

Print

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### Map »

Map my community

### Rank »

Rank my community

### Summarize »

View statistics about my community

### Provider »

View statistics about providers

### Broadband Classroom »

Learn more about broadband

### Engage »

Build a better map for my community

### Blog »

**National Broadband Map has Helped Chart Broadband Evolution**

posted by Anne Neville on March 23, 2015

ATTACHMENT K: INTERNET CONNECTIVITY

results: 6.88 seconds

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# Attachment L

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**Timeline**



# ATTACHMENT L TIMELINE

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## TIMELINE OVERVIEW

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Affiliates of Columbia Care NY LLC (“Columbia Care”) have been safely and securely cultivating medical marijuana and producing Medical Marijuana Products (“MMP”) without incident in several of the country’s most highly-regulated state-run programs similar to New York’s Medical Marijuana Program. Currently, Columbia Care’s affiliates manage and/or operate a total of eight Manufacturing Facilities across the country, including:

- Two in Arizona (our Chino Valley and Wickenburg indoor and greenhouse facilities are fully operational)
- One in Massachusetts (our Lowell indoor facility is currently in the build-out phase)
- Two in Nevada (our North Las Vegas and unincorporated Clark County indoor and greenhouse facilities are currently in the build-out phase)
- Three in Washington, D.C. (one indoor facility is fully operational, and two indoor facilities are in the build-out phase)

Our refined and real-world cultivation and product processing practices have gone through several iterations over the years—the culmination of operating experience and specialized input from agricultural, manufacturing and scientific experts. Columbia Care will implement the same best practices employed at these nationwide locations in our New York facilities.

Columbia Care is financially and operationally prepared to immediately implement our start-up plan once registered as a Registered Organization, as we have successfully done many times in other medical marijuana jurisdictions. We have the experience, the technical know-how and the resources to meet and exceed the New York State Department of Health’s (the “Department”) expectations, particularly with regards to timely commencement of operations.

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## TIMELINE

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Please find Columbia Care’s timeline demonstrating the estimated timeframe from growing medical marijuana to production of a final approved MMP on the following pages.

***NOTE: The following timeline is based on normal cultivation and processing conditions once our Manufacturing Facility is fully operational. In order to accommodate the Department’s mandate to provide approved finished products to patients by January 2016, Columbia Care will initially use an abbreviated vegetative stage of approximately two weeks (Step 3) with an eight week bloom stage (Step 5) to ensure MMPs are ready for patients within 15 weeks of the propagation (Step 1) of the first medical marijuana batch/lot cultivated at our facility.***



**STEP 1**

**PROPAGATION**

Seed germination OR cloning

2-4 WEEKS



**STEP 2**

**TRANSFER**

Transfer plants from propagation area to vegetative growth area within vegetative room

1 DAY



**STEP 3**

**VEGETATIVE STATE**

Vegetative growth

4-6 WEEKS



**STEP 4**

**TRANSFER**

Transfer plants from vegetative growth room to bloom room

1 DAY



**STEP 5**

**BLOOM STAGE**

Reproductive growth (flower production)

8-12 WEEKS



**STEP 6**

**HARVEST & TRANSFER**

Cut down plants and initial removal of waste;  
Transfer usable material to drying and curing room

1 DAY



**STEP 7**

**TRIM**

Trim and segregate unusable plant material from usable material

1 DAY



**STEP 8**

**TRANSFER**

Transfer usable trim material to drying and curing area

IMMEDIATE



**STEP 9**

**DRYING & CURING**

Dry harvested usable material; Once dried, place material in containers for curing process

1-2 WEEKS



**STEP 10**

**PACKAGE**

Bulk package usable material for storage pending test results

1 DAY

**STEP 11**

**STORE**

Store in environmentally controlled Vault Room until ready for extraction process

1 DAY - 1 WEEK

**STEP 12**

**TRANSFER**

Transfer to processing area for extraction process

IMMEDIATE

STEP 1-6:  
**15-23 WEEKS**

STEP 7-12:  
**1.5-3.5 WEEKS**

TOTAL TIME:  
**17-26 WEEKS**

**STEP 13****EXTRACTION**

Add solvent (CO<sub>2</sub> or alcohol only) to pre-tested raw material to extract cannabinoids and terpenes

1 DAY

**STEP 14****PURGE**

Purge (i.e. rid product of excess solvent) resulting mixture in an environmentally controlled room

3-5 DAYS

**STEP 15****TEST**

Select sample to be tested, send out for independent laboratory testing; Remainder to be stored in bulk packaging in environmentally controlled Vault Room pending test results.

*Material which fails testing will be disposed of according to company protocol*

1 DAY - 1 WEEK

**STEP 16****MANUFACTURE MEDICAL MARIJUANA PRODUCTS**

If product passes testing, infuse tested material into final product form

1-3 DAYS

**STEP 17****PACKAGE/LABEL**

Package final product and affix with final compliant labels

1 DAY

**STEP 18****TEST**

Select sample to be tested, send out for independent laboratory testing; Remainder to be stored in bulk packaging in environmentally controlled Vault Room pending test results

*Material which fails testing will be disposed of according to company protocol*

1 DAY

**STEP 19****STORE**

Store in environmentally controlled Vault Room for eventual transportation to dispensing facilities



STEP 1-6:  
**15-23 WEEKS**

STEP 7-12:  
**1.5-3.5 WEEKS**

STEP 13-19:  
**8-11 DAYS**

TOTAL TIME:  
**18-28 WEEKS**



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# Attachment M

---

**Statement of Compliance**



# ATTACHMENT M

## STATEMENT OF COMPLIANCE

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### STATEMENT OF COMPLIANCE

---

Please find the Affidavit in Support of Columbia Care NY LLC's Application for Registration as a Registered Organization on the following pages. This notarized statement executed by Columbia Care NY LLC's COO/President Robert Mayerson shows that the applicant is able to comply with all applicable state and local laws and regulations relating to the activities in which Columbia Care NY LLC intends to engage under the registration.

ATTACHMENT M: STATEMENT OF COMPLIANCE



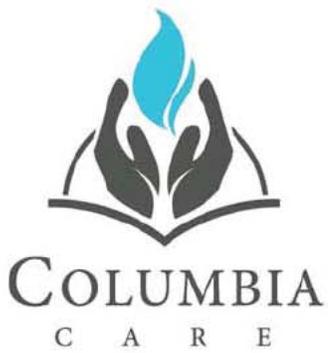
By:   
Name: Robert Mayerson  
Title: COO/President

Sworn to before me this 1<sup>st</sup> day of June, 2015

  
Notary Public  
*Pamela L. Kammer*

 **PAMELA L. KAMMER**  
Notary Public  
Commonwealth of Massachusetts  
My Commission Expires  
March 25, 2016

ATTACHMENT M: STATEMENT OF COMPLIANCE



---

# Appendix A

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**Form DOH-5145**

***PHL § 3365(1)(a)(iv) and 10 NYCRR § 1004.5(b)(6)***



# APPENDIX A

## FORM DOH-5145

### *PHL § 3365(1)(a)(iv) and 10 NYCRR § 1004.5(b)(6)*

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**MEDICAL MARIJUANA PROGRAM**  
APPLICATION FOR REGISTRATION AS A REGISTERED ORGANIZATION

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Dr. Bradford Berk	Page 383
Dennis Rivera	Page 390



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Michael Abbott
3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
Mr. Abbott is a principal stakeholder through his ownership interest in Columbia Care LLC ("Parent"), the parent company of Columbia Care NY LLC ("Applicant"). He is also on the board of directors of Applicant and serves as Executive Chairman of both Applicant and Parent. With regards to the proposed registered organization, Mr. Abbott will have managerial control, voting rights and an active role in providing oversight for day to day operations and developing corporate strategy. As a principal stakeholder, Mr. Abbott will serve as a board member, officer, manager, partner, and director of Applicant.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [x] Yes [ ] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.
Mr. Abbott owns approximately [redacted] % of Columbia Care LLC, the parent company of Columbia Care NY, LLC. Columbia Care LLC is the owner/control entity of several subsidiaries that have been selected by state regulatory authorities through highly competitive processes as a licensee to administer their respective medical marijuana programs. There has never been a finding of violation of law or regulation by a governmental agency against any of the businesses or persons or entities. The names of these business are:
- [redacted] - Massachusetts not-for-profit [redacted] and [redacted]
[redacted] - Arizona not-for-profit: Member of the Board of Directors.
[redacted] - Illinois: [redacted]
[redacted] - Washington, DC: Member of the Board of Directors

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

15. Formal Education Dates Attended Degree

Institution Address From To Degree Received Date Received

[Redacted Education Table]

King's College, London University London, United Kingdom 1987 1990 LLB Bachelor of Laws 1990

[Redacted Education Table]

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Contains 3 rows of license data.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



**Appendix A:**  
**Affidavit for Board Members, Officers, Managers, Owners, Partners,**  
**Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Form with fields: Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, 18. Offices Held or Ownership Interest in Other Businesses, Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries?

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:



**Appendix A:**  
**Affidavit for Board Members, Officers, Managers, Owners, Partners,**  
**Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature:

[Handwritten signature]

Date:

5/25/2015

Notary Name:

NILDA M. SANTIAGO

Notary Registration Number:

#01SA6120435

Notary (Notary Must Affix Stamp or Seal)

Date:

5/25/2015

NILDA M. SANTIAGO
NOTARY PUBLIC - STATE OF NEW YORK
NO. 01SA6120435
Qualified in Bronx County
Commission Expires December 20, 2016

APPENDIX A: FORM DOH-5145

**Addendum to Appendix A for Michael Abbott**  
**18. Offices Held or Ownership Interest in Other Businesses**

All entities identified below are subsidiaries/affiliates of Columbia Care, LLC, parent company of applicant Columbia Care NY LLC



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Nicholas Vita 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
Mr. Vita is a principal stakeholder through his ownership interest in Columbia Care LLC ("Parent"), the parent company of Columbia Care NY LLC ("Applicant"). He is also on the board of directors of Applicant and serves as a director, officer and the Chief Executive Officer of both Applicant and Parent. With regards to the proposed registered organization, Mr. Vita will have managerial control, voting rights and an active role in providing oversight for day to day operations and developing corporate strategy. As a principal stakeholder, Mr. Vita will serve as a board member, officer, manager, partner, and director of Applicant.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [x] Yes [ ] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.
Mr. Vita owns approximately [redacted] % of Columbia Care LLC, the parent company of Columbia Care NY, LLC. Columbia Care LLC is the owner/control entity of several subsidiaries that have been selected by state regulatory authorities through highly competitive processes as a licensee to administer their respective medical marijuana programs. There has never been a finding of violation of law or regulation by a governmental agency against any of the businesses or persons or entities. The names of these business are;
- [redacted] - Massachusetts not-for-profit: [redacted] and Member of the Board of Directors.
- [redacted] - Arizona not-for-profit: [redacted] and Member of the Board of Directors.
- [redacted] Illinois: [redacted] and a Member of the Board of Directors.
- [redacted] Washington, DC: [redacted] and [redacted]

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [x] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]
10. Email: [redacted]
11. Residence Address: [redacted]
12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]
15. Formal Education
Institution Address Dates Attended Degree Received Date Received
Columbia College, Columbia University 116th & Broadway, NY, NY 10027 1992 1995 BA 1995

APPENDIX A: FORM DOH-5145



**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Medical Marijuana, Facility Manager (Dispensary)	MMP00046 (Capital City Care)	DC, Dept. of Health, 899 N. Capitol St. NE, Washington, DC, (202) 727-9856, patricia.dantonio@dc.gov	4/22/15	4/22/16
Medical Marijuana, Facility Manager (Cultivation)	MMP00045 (Capital City Cultivation)	DC, Dept. of Health, 899 N. Capitol St. NE, Washington, DC, (202) 727-9856, patricia.dantonio@dc.gov	4/02/15	4/02/16
Registered Officer, Dispensary Agent	0059388DAOZ 849065004 DM (SWC Tempe)	Arizona Department of Health Services (Medical Marijuana Program)**	6/29/14	6/29/2015
Registered Officer, Dispensary Agent	0059388DAOZ 849065005 DM (203 Organix)	Arizona Department of Health Services (Medical Marijuana Program)**	6/29/14	7/5/2015
		**150 N. 18th Ave., Phoenix, AZ, 85007, (602) 364-0857, M2dispensaries@azdhs.gov		

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:**  
**Affidavit for Board Members, Officers, Managers, Owners, Partners,**  
**Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, and Position/Responsibilities.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:**  
**Affidavit for Board Members, Officers, Managers, Owners, Partners,**  
**Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As noted in my responses to Questions #17 and #18 above, I have significant board of directors, officer and managerial experience at a number of companies with a particular focus in healthcare. In addition to my past experience, I currently serve as the Vice Chairman and CEO of Columbia Care, LLC, a company I co-founded and built from concept to being (arguably) the largest fully-integrated, medically-focused marijuana product manufacturer and pharmacy services provider in the United States. I work with an executive team of two other members and, together we manage day to day operations, develop company strategy for each jurisdiction and allocate corporate resources. For more information on my relevant experiences, please refer to my responses to Questions #17 and #18 of this form.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 4/1/15
Notary Name: Gianna Palazzo Notary Registration Number:
GIANNA PALAZZO
Notary Public, State of New York
No. 01PA6257834
Qualified in Queens County
Commission Expires April 16, 2016
Notary (Notary Must Affix Stamp or Seal) [Handwritten Signature] 6/1/2015

APPENDIX A: FORM DOH-5145

**Addendum to Appendix A for Nicholas Vita**  
**18. Offices Held or Ownership Interest in Other Businesses**

All entities identified below are subsidiaries/affiliates of Columbia Care, LLC, parent company of applicant Columbia Care NY LLC

Redacted pursuant to N.Y. Public Officers Law, Art. 6

All entities identified below are other entities being listed in response to Question #18

<u>From</u>	<u>To</u>	<u>Name and Address of Business</u>	<u>Business Type</u>	<u>Office Held/ Nature of Interest</u>	<u>Open/ Closed/ Proposed</u>
2007	2009	Diabetes America, Inc, N/A	Healthcare	Board Member	Open
2008	2009	Wellness Wireless, Inc, N/A	Healthcare	Board Member	Closed
[Redacted]					

*Markus 4/15/15*

GIANNA PALAZZO  
Notary Public, State of New York  
No. 01PA6257034

*Gianna Palazzo*

Qualified in Queens County  
Commission Expires 12/31/16, NY  
FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Robert Mayerson 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
Mr. Mayerson is a principal stakeholder through his ownership interest in Columbia Care LLC ("Parent"), the parent company of Columbia Care NY LLC ("Applicant"). He is also on the board of directors of Applicant and serves as President and the Chief Operating Officer of both Applicant and Parent. With regards to the proposed registered organization, Mr. Mayerson will have managerial control, voting rights and an active role in providing oversight for day to day operations and developing corporate strategy. As a principal stakeholder, Mr. Mayerson will serve as a board member, officer, manager, partner, and director of Applicant.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [x] Yes [ ] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.
Mr. Mayerson owns approximately [redacted] % of Columbia Care LLC, the parent company of Columbia Care NY, LLC. Columbia Care LLC is the owner/control entity of several subsidiaries that have been selected by state regulatory authorities through highly competitive processes as a licensee to administer their respective medical marijuana programs. There has never been a finding of violation of law or regulation by a governmental agency against any of the businesses or persons or entities. The names of these business are:
- [redacted] - Massachusetts not-for-profit: [redacted] and [redacted]
- [redacted] Arizona not-for-profit: Member of the Board of Directors.
- [redacted] Illinois [redacted] and a Member of the Board of Directors.
- [redacted] -Washington, DC: Member of the Board of Directors

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding? [ ] Yes [x] No

8. Phone: [redacted] 9. Fax: [redacted]

10. Email: [redacted]

11. Residence Address: [redacted]

12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Rows include Hampshire College and University of Massachusetts.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1: Registered Officer, Dispensary Agent, 0092607DAGY 986429002 (203 Organix), Arizona Department of Health Services (Medical Marijuana Program)\*\*, 6/7/14, 6/18/15.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

18. Offices Held or Ownership Interest in Other Businesses

List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.

Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? [X] Yes [ ] No

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Form with fields: From, To, Business Type, Name and Address of Business, Office Held/Nature of Interest, Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As noted in my responses to Questions #17 and #18 above, I have significant board of directors, officer and managerial experience in several successful companies in the past, including [redacted] and [redacted] which qualify me to facilitate the operations of the applicant. In addition to my past experiences, I currently serve as President and Chief Operating Officer of Columbia Care LLC, which is the parent company of applicant Columbia Care NY LLC. In that role I oversee the operations of the company's medical marijuana businesses in the other states in which the company operates. For more detailed information on my relevant experiences, please refer to my responses to Questions #17 and #18 of this form.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 5/19/15

Notary Name: Catherine A. Dekow Notary Registration Number: COMMISSION expires 10/29/15

Notary (Notary Must Affix Stamp or Seal) Date: 5/19/15



APPENDIX A: FORM DOH-5145

**Addendum to Appendix A for Robert Mayerson**

**18. Offices Held or Ownership Interest in Other Businesses**

All entities identified below are subsidiaries/affiliates of Columbia Care, LLC, parent company of applicant Columbia Care NY LLC

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

Form with fields for Business Name (COLUMBIA CARE NY LLC), Name, Title (Principal Stakeholder), role description, and background check questions.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax [redacted]

10. Email: [redacted]

11. Residence Address: [redacted]

12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Row 1: DANIELA COLLEGE, JOHANNESBURG S. AFRICA, [redacted], [redacted], MATRICULATION, [redacted]

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1 contains handwritten entry for Financial Consultant Authority.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



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**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

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APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities. Includes a section for 'Reason For Departure' and a section for '18. Offices Held or Ownership Interest in Other Businesses' with a question about owning or operating a business in New York, in the USA, or in other countries.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with three identical sections for business information, including fields for From, To, Business Type, Office Held/Nature of Interest, and Licensing/Regulatory Agency details.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I HAVE PREVIOUSLY SERVED AS A DIRECTOR/OFFICER AND HAVE MANAGERIAL EXPERIENCE. HOWEVER, AS ONLY A PRINCIPAL STAKEHOLDER THROUGH MY OWNERSHIP STAKE IN COLUMBIA CARE LLC, PARENT COMPANY OF APPLICANT COLUMBIA CARE NY LLC, I WILL NOT BE PARTICIPATING IN THE OPERATION OF THE PROPOSED REGISTERED ORGANIZATION. FOR MORE INFORMATION ON MY EXPERIENCES, PLEASE REFER TO QUESTIONS 17 AND 18 OF THIS FORM

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Redacted] Date: 11TH MAY 2015
Notary Name: Nilda M. Santiago Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal) Date: 5/11/2015
NILDA M. SANTIAGO
NOTARY PUBLIC - STATE OF NEW YORK
NO. 01SA6120435
Qualified in Bronx County
Commission Expires December 20, 20 16

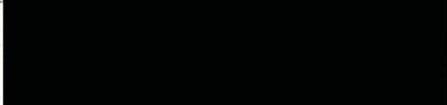
APPENDIX A: FORM DOH-5145

THE BEARER MUST COMPLETE THE PARTICULARS BELOW:  
LE TITULAIRE EST PRIÉ DE COMPLETER LES DETAILS  
CI-DESSOUS:

Bearer's place of permanent residence:  
Résidence principale du titulaire:

Street — Rue	
Place — Lieu	
Country — Pays	Telephone — Téléphone

In case of accident or death notify:  
En cas d'accident ou de décès, prière d'aviser:

Name — Nom	
Relationship — A titre de	
Street — Rue	
Place — Lieu	
Country — Pays	Telephone — Téléphone
	

Redacted Pursuant to N.Y. Public  
Officers Law, Art. 6

I certify this is a complete and accurate copy of the original  
document which I have seen, and the photograph bears a true  
likeness of.

Redacted Pursuant to N.Y. Public Officers Law, Art. 6





Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Sean Gabriel 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [x] Yes [ ] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.
I am a partial owner of [redacted] which operates a medical marijuana dispensary [redacted] and cultivation facility [redacted] in Washington, DC. I have also served on the company in [redacted]. Since the company began operations, there have been no findings of any legal or regulatory violations by any governmental or law enforcement agency.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Row 1: Boston College, 140 Commonwealth Drive, Chestnut Hill, MA 02467, 8/1990, 5/1994, Accounting, 5/1994.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1: Series 6, 7, 63, License Number, FINRA, 11/1993, Current.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Form with three sections for employment history. Each section includes fields for Reason For Departure, Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities. Includes a section for 'Reason For Departure' and '18. Offices Held or Ownership Interest in Other Businesses'.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three entries. Each entry includes fields for 'From' and 'To' dates, 'Business Type' (Medical Marijuana), 'Office Held/Nature of Interest' (Board Member), and 'Name, Address and Phone Number of Licensing/Regulatory Agency'. Radio buttons are provided for 'open', 'closed', and 'proposed' status.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I have previously served as a director/officer and have had managerial experience qualifying me to facilitate the operations of the applicant. However, as only a principal stakeholder through my ownership stake in Coumbia Care, LLC, parent company of the Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization. For more information on my experiences, please refer to questions 17 and 18 of this form.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature]

Date: 5/11/15

Notary Name: John Barrantes

Notary Registration Number: 7240522

Notary (Notary Must Affix Stamp or Seal) [Handwritten Signature]

Date: 5/11/2015



APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax
10. Email:
11. Residence Address:
12. City 13. State: 14. ZIP Code
15. Formal Education
Institution Address Dates Attended Degree Received Date Received
Indiana University Bloomington, IN AB
Yale New Haven MD

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License, Effective Date, Expiration Date. Row 1: MD, [Redacted], NY State, 1985, 2016.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Name of Employer:
Type of Business:



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, and a section for other businesses.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I have previously served as a director/officer and have had managerial experience qualifying me to facilitate the operations of the applicant. However, as only a principal stakeholder through my ownership in CC, LLC, parent company of applicant Columbia Care NY, LLC, I will not be participating in the operation of the proposed registered organization.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Notary section containing fields for Notary Name (Marisol Dileo), Notary Registration Number (01D16144946), and Date (5/12/15), along with a notary seal for Marisol Dileo, Notary Public, State of New York, Registration #01D16144946, Qualified in Bronx County, Commission Expires June 4, 2018.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

Form with 6 numbered sections: 1. Business Name: COLUMBIA CARE NY LLC; 2. Name; 3. Title: Principal Stakeholder; 4. Briefly describe the role of this person or entity in the proposed registered organization; 5. Will this person or entity come into contact with medical marijuana or medical marijuana products?; 6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs?

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

Form with fields for 8. Phone, 9. Fax, 10. Email, 11. Residence Address, 12. City, 13. State, 14. ZIP Code, and 15. Formal Education (Institution, Address, Dates Attended, Degree Received, Date Received). Includes handwritten entries for Dartmouth and UMaine.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-514F



**Appendix A:**  
**Affidavit for Board Members, Officers, Managers, Owners, Partners,**  
**Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, Position/Responsibilities, Reason For Departure, and a section for other businesses (18. Offices Held or Ownership Interest in Other Businesses).

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. Radio buttons are provided for 'open', 'closed', and 'proposed'.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

Investor only

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in a

Signature:



Date:

May 12 2015

Notary Name:

Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal)

Date:

APPENDIX A: FORM DOH-5145

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )

County of MARIN )

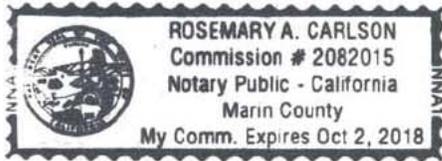
On MAY 12<sup>th</sup> 2015 before me, Rosemary A. Carlson, Notary Public  
Date Name and Title of the Officer

personally appeared \_\_\_\_\_  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature Rosemary Carlson  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Individual  Attorney in Fact
- Trustee  Guardian or Conservator
- Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Individual  Attorney in Fact
- Trustee  Guardian or Conservator
- Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone [redacted] 9. Fax [redacted]

10. Email: [redacted]

11. Residence Address: [redacted]

12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Rows include The University of Chicago, Graduate School of Business (MBA), The University of London, London School of Economic (M.Sc (Econ)), and The University of London, London School of Economics (B.Sc (Econ)).

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1: 16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Name of Employer:
Type of Business:



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including address, employment dates, supervisor details, and position responsibilities.

APPENDIX A: FORM DOH-5145



**Appendix A:  
Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p>18. Offices Held or Ownership Interest in Other Businesses</p> <p>List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		
From:	Name and Address of Business:	
To:	SEE ATTACHMENT	
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information, including fields for From/To, Business Type, Office Held/Nature of Interest, and Licensing/Regulatory Agency details.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Redacted]

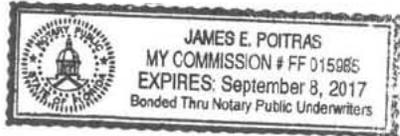
Date: May 12, 2015

Notary Name: James Poitras

Notary Registration Number: # 015985

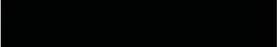
Notary (Notary Must Affix Stamp or Seal)

Date: May 12, 2015



APPENDIX A: FORM DOH-5145

# Appendix A

ADDENDUM 

18. Offices Held or Ownership Interest in Other Businesses:

Name and Address of Business and Business type:

- Redacted pursuant to N.Y. Public Officers Law, Art. 6
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-

Redacted pursuant to N.Y. Public Officers Law, Art. 6

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Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax N/A

10. Email: [redacted]

11. Residence Address: [redacted]

12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]

15. Formal Education Dates Attended Degree

Institution Address From To Degree Received Date Received

Susquehanna Selinsgrove, PA [redacted] BS [redacted]

N/A [redacted]

N/A [redacted]

N/A [redacted]

N/A [redacted]

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Contains handwritten 'N/A' entries and a redaction line.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Name of Employer: N/A
Type of Business: N/A



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities. Includes handwritten 'N/A' and large scribbles.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, 18. Offices Held or Ownership Interest in Other Businesses, Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries?, From, To, Name and Address of Business, Business Type, Office Held/Nature of Interest, Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Name and Address of Business:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'To:' field contains handwritten 'N/A'. The 'Office Held/Nature of Interest:' field has checkboxes for 'open', 'closed', and 'proposed'.

APPENDIX A: FORM DOH-5145

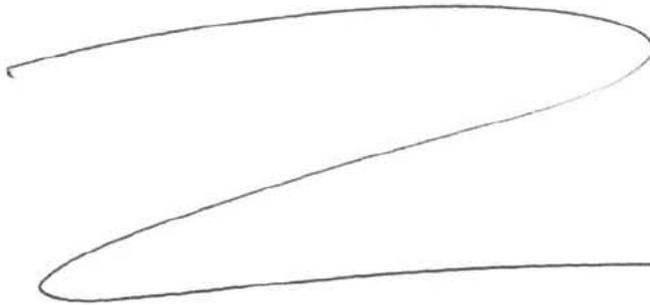


Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

N/A



APPENDIX A: FORM DOH-5145

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true and correct.

Signature



Date:

5-13-15

Notary

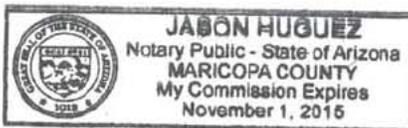
Notary Registration Number:

218889

Notary (Notary Must Affix Stamp or Seal)

Date:

May 13<sup>th</sup>, 2015





Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

I once had my driver's license suspended because I inadvertently let the insurance lapse.

8. Phone: [Redacted] 9. Fax: [Redacted]

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Row 1: University of Wisconsin - Madison, Madison, WI, [Redacted], [Redacted], BA, [Redacted].

APPENDIX A: FORM DOH-5145



**Appendix A:  
Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

APPENDIX A: FORM DOH-5145

**Redacted pursuant to N.Y. Public Officers Law, Art. 6**



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Form with multiple sections for employer information, including fields for Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, and Reason For Departure.



**Appendix A:  
Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<b>18. Offices Held or Ownership Interest in Other Businesses</b> List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.		
Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Name and Address of Business:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. Radio buttons are provided for 'open', 'closed', and 'proposed'.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

As only a principal stakeholder through my ownership stake in Columbia Care LLC, parent company of applicant Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization. For more information on my experiences, please refer to questions 17 and 18 of this form.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Redacted]

Date: 5/14/15

Notary Name: Christopher Muy

Notary Registration Number: 01MU46187684

Notary (Notary Must Affix Stamp or Seal)
CHRISTOPHER A. MUY
NOTARY PUBLIC-STATE OF NEW YORK
No. 01MU6187684
Qualified in Kings County
My Commission Expires May 27, 2016

Date: 5/14/15

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax [Redacted]

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Row 1: Colgate University, 13 Oak Street Hamilton, NY, [Redacted], [Redacted], None, [Redacted].

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1 contains 'None'.

APPENDIX A: FORM DOH-5145

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Reason For Departure:
Name of Employer:
Type of Business:



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, supervisor details, and a section titled '18. Offices Held or Ownership Interest in Other Businesses'.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted Pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

OTHER COMPANIES:  
Redacted pursuant to N.Y. Public Officers Law, Art. 6

I have numerous other passive investments in companies and venture funds which are managed by my investment advisors. I play no role in the management of the companies and own less than [REDACTED] % in all cases. If you have further questions about my investments please contact [REDACTED]



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I have previously served as a director/officer and have had managerial experience qualifying me to facilitate the operations of the applicant. However, as only a principal stakeholder through my ownership stake in Columbia Care LLC, parent company of applicant Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization. For more information on my experiences, please refer to questions 17 and 18 of this form.

APPENDIX A: FORM DOH-5145

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate.

Signature

[Redacted signature]

Date:

5/14/2015

Notary Name:

Cindy Thurston/Cindy Thurston

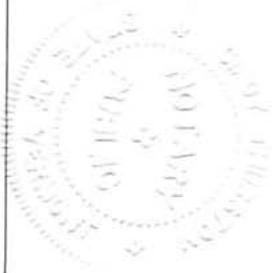
Notary Registration Number:

[Redacted]

Notary (Notary Must Affix Stamp or Seal)

Date:

5/24/15





Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No
If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]

10. Email: [redacted]

11. Residence Address: [redacted]

12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]

Table with 6 columns: Institution, Address, Dates Attended (From, To), Degree Received, Date Received. Rows include University California, Los Angeles and The Boston Conservatory.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 16: Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

APPENDIX A: FORM DOH-5145

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Form with fields: Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, and Position/Responsibilities.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information, including fields for From, To, Business Type, Office Held/Nature of Interest, and Licensing/Regulatory Agency details.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I have previously served as a director/officer and have had managerial experience qualifying me to facilitate the operations of the applicant. However, as only a principal stakeholder through my ownership stake in Columbia Care LLC, parent company of applicant Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization. For more information on my experiences, please refer to questions 17 and 18 of this form.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Notary section containing signature, name (Jenny Soo), registration number (01506302810), and date (5/13/15) for Jenny H. Soo, Notary Public, State of New York.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax:

10. Email:

11. Residence Address:

12. City: 13. State: 14. ZIP Code:

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Contains 5 empty rows for data entry.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity. N/A
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

APPENDIX A: FORM DOH-51

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, employment history, and other businesses. Includes fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, and Position/Responsibilities.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I have previously served as a director/officer and have had managerial experience qualifying me to facilitate the operations of the above applicant. However, as only a principal stakeholder through my ownership stake in Columbia Care LLC parent company of applicant Columbia Care NY LLC I will not be participating in the operation of the proposed registered organization. For more information on my experiences, please refer to question 17+18 of this form.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Redacted] Date: May 12, 2015
Notary Name: Jimmy Phan Notary Registration Number: 2107647
Notary (Notary Must Affix Stamp or Seal) Date: May 12, 2015
Please see Attachment

APPENDIX A: FORM DOH-5145

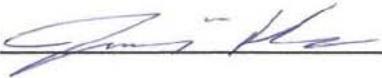
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

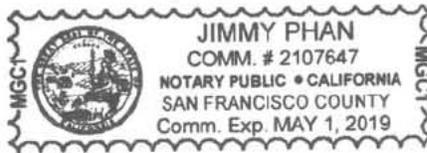
State of California  
County of San Francisco

Subscribed and sworn to (or affirmed) before me on this 12<sup>th</sup>  
day of May, 2015, by

[REDACTED]  
proved to me on the basis of satisfactory evidence to be the  
person(s) who appeared before me.

(Seal)

Signature 





Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax

10. Email:

11. Residence Address:

12. City: 13. State: 14. ZIP Code:

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Contains three rows of education data from the University of Queensland in Australia.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with multiple sections for employer information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, Type of Business, and a section for 18. Offices Held or Ownership Interest in Other Businesses.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:**  
**Affidavit for Board Members, Officers, Managers, Owners, Partners,**  
**Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and correct.

Signature



Date: 10 May 2015

Notary Name:

Handwritten signature of Nilda M. Santiago

Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal)

Date:

Handwritten date: 5-10-15

NILDA M. SANTIAGO
NOTARY PUBLIC - STATE OF NEW YORK
NO. 01SA6120435
Qualified in Bronx County
Commission Expires December 20, 2014

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



**Appendix A:  
Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?  
 Yes  No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED] 9. Fax: [REDACTED]

10. Email: [REDACTED]

11. Residence Address: [REDACTED]

12. City: [REDACTED] 13. State: [REDACTED] 14. ZIP Code: [REDACTED]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Brown University	Providence, RI	[REDACTED]	[REDACTED]	BA with Honors, History	[REDACTED]
The Courtauld Institute of Art	London, England	[REDACTED]	[REDACTED]	MA, Art History	[REDACTED]

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1: 16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

APPENDIX A: FORM DOH-514

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including Type of Business, Street Address, City/State/Zip, Employment Dates, Supervisor Information, Position/Responsibilities, Reason For Departure, and 18. Offices Held or Ownership Interest in Other Businesses.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information, including fields for From, To, Business Type, Office Held/Nature of Interest, and Licensing/Regulatory Agency details.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

N/A

However, as only a principal stakeholder through my ownership stake in Columbia Care LLC, parent company of applicant Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Redacted] Date: 05/11/2015
Notary Name: ALAN Ed. Iversky Notary Registration Number: 1947062
Notary (Notary Must Affix Stamp or Seal) Date: 05/12/2015
Notary Stamp: ALAN EDILERSKY, Commission # 1947062, Notary Public - California, San Francisco County, My Comm. Expires Aug 6, 2015

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes/No checkboxes

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

Form fields for contact information (Phone, Fax, Email, Residence Address, City, State, ZIP Code) and a table for Formal Education with handwritten entries for Bristol University.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



**Appendix A:**  
**Affidavit for Board Members, Officers, Managers, Owners, Partners,**  
**Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, Type of Business, and 18. Offices Held or Ownership Interest in Other Businesses.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Name and Address of Business:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field contains checkboxes for 'open', 'closed', and 'proposed'.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I HAVE PREVIOUSLY SERVED AS A DIRECTOR/OFFICER AND HAVE HAD MANAGERIAL EXPERIENCE QUALIFYING ME TO FACILITATE THE OPERATIONS OF THE APPLICANT. HOWEVER, AS ONLY A PRINCIPAL STAKEHOLDER THROUGH MY OWNERSHIP SHARE IN COLUMBIA CARE LLC, PARENT COMPANY OF APPLICANT COLUMBIA CARE NY LLC, I WILL NOT BE PARTICIPATING IN THE OPERATION OF THE PROPOSED REGISTERED ORGANIZATION. FOR MORE INFORMATION ON MY EXPERIENCES, PLEASE REFER TO QUESTIONS 17 AND 18 OF THIS FORM.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Date: 5-14-15
Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal)
Date: 5-14-15
NILDA M. SANTIAGO
NOTARY PUBLIC - STATE OF NEW YORK
NO. 01SA6120435
Qualified in Bronx County
Commission Expires December 20, 20 16

APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest in [Redacted] a French company having itself an ownership interest in Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax [redacted]

10. Email [redacted]

11. Residence Address: [redacted]

12. City: [redacted] 13. State [redacted] 14. ZIP Code: [redacted]

15. Formal Education Dates Attended Degree

Institution Address From To Degree Received Date Received

[redacted]

ESCP 79 avenue de la République 75011 Paris [redacted] Master in management [redacted]

[redacted]

[redacted]

[redacted]

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, Type of Business, and Name of Employer.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and 18. Offices Held or Ownership Interest in Other Businesses.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted Pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



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**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



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**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



**Appendix A:  
Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members  
Redacted pursuant to N.Y. Public Officers Law, Art. 6**

APPENDIX A: FORM DOH-5145



**Appendix A:**  
**Affidavit for Board Members, Officers, Managers, Owners, Partners,**  
**Principal Stakeholders, Directors, and Members**  
**Redacted Pursuant to N.Y. Public Officers Law, Art. 6**

APPENDIX A: FORM DOH-5145



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**Appendix A:**  
**Affidavit for Board Members, Officers, Managers, Owners, Partners,**  
**Principal Stakeholders, Directors, and Members**  
**Redacted pursuant to N.Y. Public Officers Law, Art. 6**

APPENDIX A: FORM DOH-5145



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**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



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**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



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**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
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Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



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**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
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Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



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**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
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Redacted pursuant to N.Y. Public Officers Law, Art. 6

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**Appendix A:**  
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**Redacted Pursuant to N.Y. Public Officers Law, Art. 6**

APPENDIX A: FORM DOH-5145



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Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



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**Appendix A:**

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APPENDIX A: FORM DOH-5145



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**Appendix A:**  
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**Redacted pursuant to N.Y. Public Officers Law, Art. 6**

APPENDIX A: FORM DOH-5145



**Appendix A:**  
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**Appendix A:**  
**Affidavit for Board Members, Officers, Managers, Owners, Partners,**  
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**Appendix A:**  
**Affidavit for Board Members, Officers, Managers, Owners, Partners,**  
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APPENDIX A: FORM DOH-5145



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**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
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APPENDIX A: FORM DOH-5145



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Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



**Appendix A:**  
**Affidavit for Board Members, Officers, Managers, Owners, Partners,**  
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**Redacted pursuant to N.Y. Public Officers Law, Art. 6**

APPENDIX A: FORM DOH-5145



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**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
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APPENDIX A: FORM DOH-5145



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**Appendix A:**

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APPENDIX A: FORM DOH-5145



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APPENDIX A: FORM DOH-5145



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APPENDIX A: FORM DOH-5145



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APPENDIX A: FORM DOH-5145



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APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I have previously served as a director/officer and have had managerial experience qualifying me to facilitate the operations of the applicant. However, as only a principal stakeholder through my ownership stake in Columbia Care LLC, parent company of applicant Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization. For more information, please refer to questions 17 and 18 of this form.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Redacted] Date: May 13 2015
Notary Name: CAROLINE MOUSTAKIS Notary Registration Number: No. 02MO6250285
Notary (Notary Must Affix Stamp or Seal) Date: May 13, 2015
CAROLINE H. MOUSTAKIS
Notary Public, State of New York
No. 02MO6250285
Qualified in New York County
Commission Expires October 24, 2015

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Brian O'Neil 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax:

10. Email:

11. Residence Address:

12. City: 13. State: 14. ZIP Code:

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Contains handwritten entries for UCLA and Columbia University.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity. Table with columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3 if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with multiple sections for employer information, including fields for Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, and Position/Responsibilities. Includes a section for '18. Offices Held or Ownership Interest in Other Businesses'.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information, including fields for From, To, Business Type, Office Held/Nature of Interest, and Licensing/Regulatory Agency.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I believe my education and work experience, outlined in 17 and 18 above, qualify me. I also have been a ~~board~~ board member of the local AYSO for the past 6 years.

However, as only a principal stakeholder through my ownership stake in Columbia Care, LLC, parent company of applicant Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: Date:
Notary Name: Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal) Date:

APPENDIX A: FORM DOH-5145

# CALIFORNIA JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me on this

13<sup>TH</sup> day of Mar, 2015, by  
Date Month Year

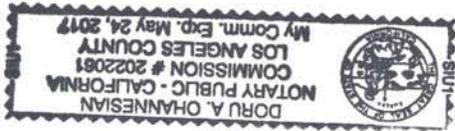
(1) BRIAN O'NEIL  
Name of Signer

proved to me on the basis of satisfactory evidence to be the person who appeared before me (.) (,)

~~(and)~~

(2) \_\_\_\_\_  
Name of Signer

proved to me on the basis of satisfactory evidence to be the person who appeared before me.



Place Notary Seal Above

Signature Doru a. Ohannessian  
Signature of Notary Public

-----  
**Further description of Any Attached Document**

Title or Type of Document: APPENDIX A / MEDICAL MARIJUANA PROGRAM

Document Date: 5-13-15 Number of Pages 7

Signer(s) Other Than Named Above: NONE

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

APPENDIX A: FORM DOH-5145

8. Phone: [REDACTED]		9. Fax: [REDACTED]			
10. Email: [REDACTED]					
11. Residence Address: [REDACTED]					
12. City: [REDACTED]		13. State: [REDACTED]	14. ZIP Code: [REDACTED]		
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
NYU	[REDACTED]	[REDACTED]	[REDACTED]	BS in Information Systems & Finance	[REDACTED]



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1: 16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

APPENDIX A: FORM DOH-5145

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



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**Appendix A:**

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APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Form with fields: Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, 18. Offices Held or Ownership Interest in Other Businesses. Includes a question about owning or operating a business in New York, the USA, or other countries with Yes/No radio buttons.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with multiple sections for business information, including fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

APPENDIX A: FORM DOH-5145

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I have previously served as a director/officer and have had managerial experience qualifying me to facilitate the operations of the applicant. However, as only a principal stakeholder through my ownership stake in Columbia Care LLC, parent company of applicant Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization. For more information on my experiences, please refer to questions 17 and 18 of this form.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Redacted]

Date: 5/13/2015

Notary Name: Chris Johnson

Notary Registration Number: 2009890

Notary (Notary Must Affix Stamp or Seal)

Date: 5/13/2015



[Handwritten Signature]



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A - FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

Form with fields for 8. Phone, 9. Fax, 10. Email, 11. Residence Address, 12. City, 13. State, 14. ZIP Code, and 15. Formal Education table.

APPENDIX A - FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with fields: Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including: Type of Business, Street Address, City/State/Zip, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, Type of Business, Street Address, City/State/Zip, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, 18. Offices Held or Ownership Interest in Other Businesses, Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries?, From/To, Business Type, Office Held/Nature of Interest, Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with three identical sections for business information, including fields for From/To, Business Type, Office Held/Nature of Interest, and Licensing/Regulatory Agency details.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I have previously served as a director/officer and I have managerial experience qualifying me to facilitate the operations of the applicant. However as only a principal stakeholder through my ownership stake in Columbia Care, LLC, present company of applicant Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization. For my information on my experience, please refer to questions 12 and 18 on this form.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Notary section containing fields for Notary Name, Notary Registration Number, Date, and a notary seal for Sheryl A. Bergeron, Notary Public - Arizona, Coconino County, My Commission Expires July 31, 2015.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax

10. Email:

11. Residence Address:

12. City: 13. State: 14. ZIP Code

15. Formal Education Dates Attended Degree

Institution Address From To Degree Received Date Received

[Redacted Education Record]

University of Colorado Boulder 995 Regent Drive 419 UCB Boulder, CO 80309-0419 B.S. in Business with an area of emphasis in Marketing

[Empty Education Record Row]

[Empty Education Record Row]

[Empty Education Record Row]

APPENDIX A: FORM DOH-5145



**Appendix A:  
Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including address, employment dates, supervisor details, and position responsibilities.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including: Type of Business, Street Address, City/State/Zip, Starting/Ending Dates of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, Type of Business, Street Address, City/State/Zip, Starting/Ending Dates of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, 18. Offices Held or Ownership Interest in Other Businesses, Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? (Yes/No), From/To, Business Type, Office Held/Nature of Interest, Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. Radio buttons are provided for 'open', 'closed', and 'proposed' business types.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

In addition to my previous managerial experience in the Wine and Spirits industry, I am also active with a number of non-profit organizations. Currently, I am the [redacted] the Finance Chair and Secretary/Treasurer for the [redacted]

However, as only a principal stakeholder through my ownership stake in Columbia Care LLC, parent company of applicant Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization.

APPENDIX A: FORM DOH-5145

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature [redacted] Date: 5/11/15
Notary Name: Tina S. Alban Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal) Date: 11 May 15
GENERAL NOTARY - State of Nebraska
TINA S. ALBAN
My Comm. Exp. June 9, 2015



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

Form with 6 numbered sections: 1. Business Name: COLUMBIA CARE NY LLC; 2. Name: [redacted]; 3. Title: Principal Stakeholder; 4. Briefly describe the role of this person or entity in the proposed registered organization; 5. Will this person or entity come into contact with medical marijuana or medical marijuana products? [ ] Yes [x] No; 6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax:

10. Email:

11. Residence Address:

12. City: 13. State: 14. ZIP Code:

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Row 1: University of Miami, 1320 South Dixie Highway, Coral Gables, FL 33124, [redacted], [redacted], B.S. in Communications, [redacted].

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1: Driver License Class E, [Redacted], Florida DMV, 04/25/12, 08/30/20.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Form with fields: Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Dates of Employment, Name of Supervisor, and Position/Responsibilities.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



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**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I have previously served as a director/officer and have had managerial experience qualifying me to facilitate the operations of the applicant. However, as only a principal stakeholder through my ownership stake in Columbia Care LLC, parent company of applicant Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization. For more information on my experiences, please refer to questions 17 and 18 of this form.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Redacted]

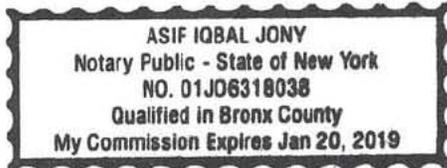
Date: 5/11/15

Notary Name: ASIF IQBAL JONY

Notary Registration Number: 01506318038

Notary (Notary Must Affix Stamp or Seal)

Date: 11 05 May, 2015



APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name:

3. Title: Principal Stakeholder

4. Briefly describe the role of this person or entity in the proposed registered organization:

The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?

Yes No

Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."

6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? Yes No

If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

n/a

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

n/a

8. Phone: 9. Fax:

10. Email

11. Residence Address:

12. City: 13. State: 14. ZIP Code:

15. Formal Education Dates Attended Degree

Institution Address From To Degree Received Date Received

[Redacted Education Record]

Texas A&M University College Station, TX B.S.-Bioengineering B.A.-German, summa cum laude

University of California, San Diego School of Medicine, La Jolla, CA M.D. M.S., Ph.D. - Neurosciences

[Empty Education Record Row]

[Empty Education Record Row]

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. The table contains 5 empty rows.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Name of Employer:
Type of Business:



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, and 18. Offices Held or Ownership Interest in Other Businesses.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:**  
**Affidavit for Board Members, Officers, Managers, Owners, Partners,**  
**Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I have previously served as a director/officer and have had managerial experience qualifying me to facilitate the operations of the applicant. However, as only a principal stakeholder through my ownership stake in Columbia Care LLC, parent company of applicant Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization. For more information on my experiences, please refer to questions 17 and 18 of this form.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Notary section with fields for Date, Notary Registration Number, and Notary (Notary Must Affix Stamp or Seal).

APPENDIX A: FORM DOH-5145

Handwritten note: See attached Document !! [Signature] May 11, 2015

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
County of San Diego )  
On May 11<sup>th</sup> 2015 before me, Jennifer Rhim, Notary public  
Date Here, insert Name and Title of the Officer  
personally appeared [Redacted]  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Signature]  
Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: Affidavit for Board Members (Appendix A) Medical Marijuana Program Document Date: \_\_\_\_\_  
Number of Pages: 7 Signer(s) Other Than Named Above: No other names

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_  
 Corporate Officer — Title(s): \_\_\_\_\_  
 Partner —  Limited  General  
 Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_

Signer's Name: \_\_\_\_\_  
 Corporate Officer — Title(s): \_\_\_\_\_  
 Partner —  Limited  General  
 Individual  Attorney in Fact  
 Trustee  Guardian or Conservator  
 Other: \_\_\_\_\_  
Signer Is Representing: \_\_\_\_\_

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in your organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A - FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]
10. Email: [redacted]
11. Residence Address: [redacted]
12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]
15. Formal Education
Institution Address Dates Attended Degree Date Received
Baruch School of Education New York City Masters in Special Education
Washington University in St. Louis St. Louis, Missouri Bachelors in Arts + sciences

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.
Name of Employer:
Type of Business:
Street Address:
City: State: Zip Code:
Starting Date of Employment: Ending Date of Employment:
Name of Supervisor for Reference: Supervisor Phone Number:
Position/Responsibilities:
Reason For Departure:
Name of Employer:
Type of Business:

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including address, employment dates, supervisor details, and reasons for departure.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including: Type of Business, Street Address, City/State/Zip, Starting/Ending Dates of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, Type of Business, Street Address, City/State/Zip, Starting/Ending Dates of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, 18. Offices Held or Ownership Interest in Other Businesses, Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries?, From/To, Business Type, Office Held/Nature of Interest, Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. Radio buttons are provided for 'open', 'closed', and 'proposed' status.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I am a passive principal stakeholder through my ownership stake in Columbia Care LLC, parent company of applicant Columbia Care NY LLC. As such, I will not be participating in the operation of the proposed registered organization.

APPENDIX A - FORM DOH-5145

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Redacted] Date: 5/9/15
Notary Name: Michael Dejen Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal) Date:
MICHAEL CARL DEGEN
Notary Public - State of New York
NO. 01DE6311809
Qualified in Richmond County
My Commission Expires Sep 22, 2018



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax:

10. Email:

11. Residence Address:

12. City: 13. State: 14. ZIP Code:

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Row 1: CORNELL UNIVERSITY, ITHACA, NY 14850, Bachelor of Arts.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1: 16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

APPENDIX A: FORM DOH-5145

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Form with multiple sections for employer information, including fields for Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, and Position/Responsibilities.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Form with fields: From, To, Business Type, Name and Address of Business, Office Held/Nature of Interest, Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable. Includes checkboxes for open, closed, proposed.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I have previously served as a director/officer and have managerial experience qualifying me to facilitate the operations of the applicant. However, as only a principal stakeholder through my ownership stake in Columbia Care LLC, parent company of applicant Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization. For more information on my experience, please refer to questions 17 and 18 of this form.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Redacted] Date: MAY 11, 2015
Notary Name: [Redacted] Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal) Date: 5.11.15
DAVID LOWINGER
Notary Public - State of New York
Reg. # 01106100621
Qualified in Rockland County
My Commission Expires Oct. 20, 2015
[Signature]

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax:

10. Email:

11. Residence Address:

12. City: 13. State: 14. ZIP Code:

15. Formal Education Dates Attended Degree

Institution Address From To Degree Received Date Received

University of Colorado Bolder Bolder Colorado BA - History

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Reason For Departure:
Name of Employer:
Type of Business:



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including address, employment dates, supervisor details, and reasons for departure.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, and 18. Offices Held or Ownership Interest in Other Businesses.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I have previously served as a director/officer and have had managerial experience qualifying me to facilitate the operations of the applicant. However, as only a principal stakeholder through my ownership stake in Columbia Care LLC, parent company of applicant Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization. For more information on my experiences, please refer to questions 17 and 18 of this form

20. The undersigned certifies, under penalty of perjury that the information contained herein or attached hereto is accurate, true, and complete in all material respects

Signature: [Redacted] Date: 5-11-15

Notary Name: Zoe Lawrence Notary Registration Number: 2045287

Notary (Notary Must Affix Stamp or Seal) Date: 5-11-15

see attached.

APPENDIX A: FORM DOH-5145

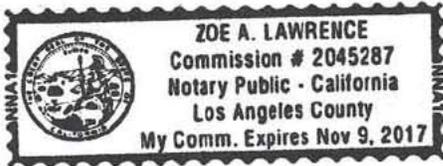
**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**  
**CIVIL CODE § 1189**

State of California

County of Los Angeles }

On May 11, 2015 before me, Zoe A. Lawrence, notary public  
Date Here Insert Name and Title of the Officer

personally appeared [Redacted]  
Name(s) of Signer(s)



Place Notary Seal Above

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature: [Handwritten Signature]  
Signature of Notary Public

**OPTIONAL**

*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**

Title or Type of Document: Affidavit Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Individual  Attorney in Fact
- Trustee  Guardian or Conservator
- Other: \_\_\_\_\_

Signer's Name: \_\_\_\_\_

- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Individual  Attorney in Fact
- Trustee  Guardian or Conservator
- Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?  
 Yes  No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED]		9. Fax: [REDACTED]			
10. Email: [REDACTED]					
11. Residence Address: [REDACTED]					
12. City: [REDACTED]		13. State: [REDACTED]		14. ZIP Code: [REDACTED]	
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
The University of Texas at Austin	Austin, Texas	[REDACTED]	[REDACTED]	BBA in Finance	[REDACTED]

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1: CFP, [Redacted], CFP Board 1425 K Street NW #800 Washington, DC 20005 800-487-1497, 02/2008, 02/2016.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with multiple sections for employer information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, and Position/Responsibilities.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with three identical sections for business information, including fields for From, To, Business Type, Office Held/Nature of Interest, and Licensing/Regulatory Agency.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

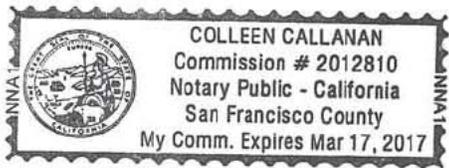
I have previously served as a director/officer and have had managerial experience qualifying me to facilitate the operations of the applicant. However, as only a principal stakeholder through my ownership stake in Columbia Care LLC, parent company of applicant Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization. For more information on my experiences, please refer to questions 17 and 18 of this form.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate,

Signature: [Redacted] Date: May 8, 2015

Notary Name: Colleen Callanan Notary Registration Number: 2012810

Notary (Notary Must Affix Stamp or Seal) Date: 5/8/2015



APPENDIX A: FORM DOH-5145

## ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of San Francisco

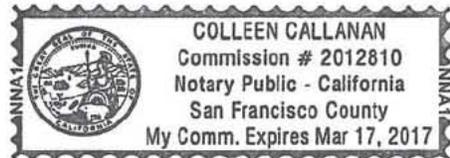
On May 8, 2015 before me, Colleen Callanan, Notary Public  
(insert name and title of the officer)

personally appeared \_\_\_\_\_  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)





Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

Form with fields for 8. Phone, 9. Fax, 10. Email, 11. Residence Address, 12. City, 13. State, 14. ZIP Code, and 15. Formal Education table.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Reason For Departure:

Name of Employer:

Type of Business:



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, and a section for other businesses.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



**Appendix A:  
Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I have both operational and management experience in business.

However, as only a principal stakeholder through my ownership stake in Columbia Care LLC, parent company of applicant Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Redacted]

Date: May 11, 2015

Notary Name: Heather [Redacted]

Notary Registration Number: N/A

Notary (Notary Must Affix Stamp or Seal)

Date: 5/11/15



APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

Form fields for contact information (Phone, Fax, Email, Residence Address, City, State, ZIP Code) and a table for Formal Education with columns for Institution, Address, Dates Attended, Degree Received, and Date Received.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. The table contains 6 empty rows for data entry.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Form with multiple sections for employer and supervisor information, including fields for Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including Type of Business, Street Address, City/State/Zip, Starting/Ending Dates of Employment, Name of Supervisor, Position/Responsibilities, Reason For Departure, and 18. Offices Held or Ownership Interest in Other Businesses.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I have previously served as a director/officer and have had managerial experience qualifying me to facilitate the operations of the applicant. However as only a principal stakeholder through my ownership stake in Columbia Care LLC parent company of the applicant Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization. For more information on my experiences, please refer to questions 17 and 18 of this form.

20. The undersigned [redacted] that the information contained herein or attached hereto is accurate,

Signature: [redacted]

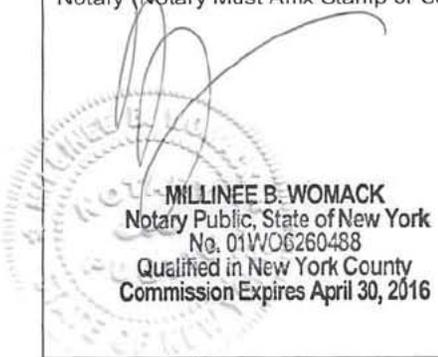
Date: MA 11 2015

Notary Name: Millinee B. Womack

Notary Registration Number: 01W06260488

Notary (Notary Must Affix Stamp or Seal)

Date: 11 May 2015



APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [x] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]

10. Email: [redacted]

11. Residence Address [redacted]

12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Row 1: Northeastern University, Boston, MA, [redacted], [redacted], MBA, [redacted].

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1 contains 'N/A'.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3 if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Reason For Departure:
Name of Employer:
Type of Business:



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities. Includes a section for 'Reason For Departure' and a section for '18. Offices Held or Ownership Interest in Other Businesses' with a checkbox for 'Yes' and 'No'.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I have previously served as a director/officer and have had managerial experience qualifying me to facilitate the operations of the applicant. However, as only a principal stakeholder through my ownership stake in Columbia Care LLC, parent company of applicant Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization. For more information on my experiences, please refer to questions 17 and 18 of this form

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Redacted]

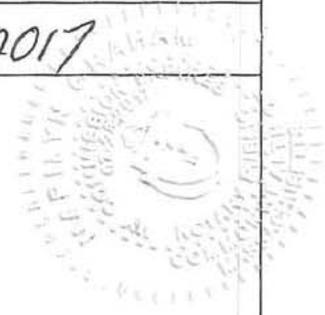
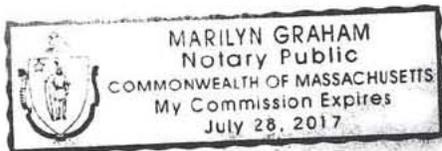
Date: 7/11/15

Notary Name: Marilyn Graham

Notary Registration Number: 25 2017

Notary (Notary Must Affix Stamp or Seal)

Date:



APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax:
10. Email:
11. Residence Address:
12. City: 13. State: 14. ZIP Code:
15. Formal Education
Institution Address Dates Attended Degree Received Date Received
Howard University Georgia Ave NW Washington DC BBA
Harvard Business School Boston MA MBA

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Form with fields: Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities. Includes a section for '18. Offices Held or Ownership Interest in Other Businesses' with a checkbox for 'Yes'.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business registration details, including fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I have previously served as a director/officer and have managerial experience qualifying me to facilitate the operations of the applicant. However, as only a principal stakeholder through my ownership stake in Columbia Care LLC, parent company of applicant Columbia Care NY LLC, I will not be participating in the proposed registered organization. For more information on my experience, please refer to questions 17 and 18 of this form.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Notary section containing signature, name (Jennifer MCKnight), registration number (01MC6241132), date (5/12/15), and a notary seal for Jennifer Anne McKnight, Notary Public - State of New York, NO. 01MC6241132, My Commission Expires 5/16/15.

APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding? [ ] Yes [x] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

Form fields for contact information (Phone, Fax, Email, Residence Address, City, State, ZIP Code) and a table for formal education (Institution, Address, Dates Attended, Degree Received, Date Received).

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1: NY Medical License, [Redacted], NY State Ed Dept Office of the Professions, PO Box 22063, Albany NY, 2007, 4/30/2016.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with multiple sections for employer information, including fields for Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities. Includes a section for 'Reason For Departure' and '18. Offices Held or Ownership Interest in Other Businesses'.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

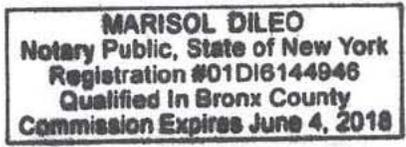
I have previously served as a director/officer and have had managerial experience qualifying me to facilitate the operations of the applicant. However, as only a principal stakeholder through my ownership in Columbia Care LLC, parent company of applicant Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization. For more information on my experiences, please refer to questions 17 & 18 of this form.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Redacted] Date: 5/12/15

Notary Name: Marisol Dileo Notary Registration Number: 01D16144946

Notary (Notary Must Affix Stamp or Seal) Date: 5/12/15



APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?  
 Yes  No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED] 9. Fax: [REDACTED]

10. Email: [REDACTED]

11. Residence Address: [REDACTED]

12. City: [REDACTED] 13. State: [REDACTED] 14. ZIP Code: [REDACTED]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
TUFTS UNIVERSITY	TUFTS 419 BOSTON AVE MEDFORD MASS	[REDACTED]	[REDACTED]	BA	[REDACTED]
CARDOZO LAW	55 5TH AVENUE NEW YORK NY 10003	[REDACTED]	[REDACTED]	JD	[REDACTED]
OXFORD UNIVERSITY	WELLINGTON SQ. OXFORD OX1 2JD UK	[REDACTED]	[REDACTED]	BCL	[REDACTED]

APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1 contains 'N/A'.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business. The form contains several diagonal lines indicating redactions.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. Radio buttons are provided for 'open', 'closed', and 'proposed' status.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I HAVE PREVIOUSLY SERVED AS A DIRECTOR/OFFICER AND HAVE HAD MANAGERIAL EXPERIENCE QUALIFYING ME TO FACILITATE THE OPERATIONS OF THE APPLICANT. HOWEVER, AS ONLY A PRINCIPAL STAKEHOLDER THROUGH MY OWNERSHIP STAKE IN COLUMBIA CARE LLC, PARENT COMPANY OF APPLICANT COLUMBIA CARE NY LLC, I WILL NOT BE PARTICIPATING IN THE OPERATION OF THE PROPOSED REGISTERED ORGANIZATION. FOR MORE INFORMATION ON MY EXPERIENCES, PLEASE REFER TO QUESTIONS 17 AND 18 OF THIS FORM.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Redacted] Date: 11 MAY 2015
Notary Name: S. Labovitch Notary Registration Number: N/A
Notary (Notary Must Affix Stamp or Seal) SEBASTIAN JACK ROBERT LABOVITCH
Notary Public of London, England
My commission expires with life
Date: 11th May 2015 at London, UK

Before me:



APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: KATHRYN Jo LINCOLN 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

Form fields for contact information (Phone, Fax, Email, Residence Address, City, State, ZIP Code) and a table for formal education with handwritten entries for Hollins University and College of William & Mary.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
NONE				

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Name of Employer:	N/A
Type of Business:	



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, Type of Business, and Name of Employer.

APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and a section for '18. Offices Held or Ownership Interest in Other Businesses' with a 'Yes' checkbox marked.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Name and Address of Business:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I HAVE PREVIOUSLY SERVED AS A DIRECTOR/OFFICER AND HAVE NO MANAGERIAL EXPERIENCE QUALIFYING ME TO FACILITATE THE OPERATIONS OF THE APPLICANT. HOWEVER, AS ONLY A PRINCIPAL STAKEHOLDER THROUGH MY OWNERSHIP STAKE IN COLUMBIA CARE, LLC, PARENT COMPANY OF APPLICANT COLUMBIA CARE NY LLC, I WILL NOT BE PARTICIPATING IN THE OPERATION OF THE PROPOSED REGISTERED ORGANIZATION. FOR MORE INFORMATION ON MY EXPERIENCES, PLEASE REFER TO QUESTIONS 17 AND 18 OF THIS FORM.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature]

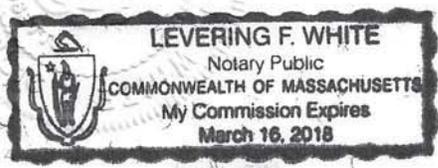
Date: May 12, 2015

Notary Name: Levering F. White

Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal)
[Handwritten Signature]

Date: May 12, 2015



APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



**Appendix A:  
Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?  
 Yes  No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED] 9. Fax: [REDACTED]

10. Email: [REDACTED]

11. Residence Address: [REDACTED]

12. City: [REDACTED] 13. State: [REDACTED] 14. ZIP Code: [REDACTED]

15. Formal Education

Institution		Address		Dates Attended		Degree	
				From	To	Degree Received	Date Received
City College of the City of New York		160 Convent Ave New York, NY 10031		[REDACTED]		B.Sc	[REDACTED]
Leiden University Faculty of Medicine		Leiden University PO Box 9500 2300 RA, Leiden, Holland		[REDACTED]		Arts (Medical license)	[REDACTED]

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1: Medical License, [Redacted], Medical Board of California, 2005 Evergreen St, # 1200, Sacramento, Ca 95815, 12/06/1963, 05/31/2016.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, and Position/Responsibilities.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with fields for From, To, Business Type, Office Held/Nature of Interest, and Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable. Includes checkboxes for open, closed, and proposed.

APPENDIX A: FORM DOH-5145



Appendix A:

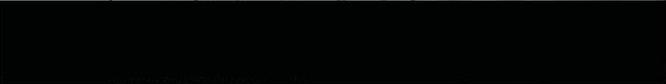
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.



20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.



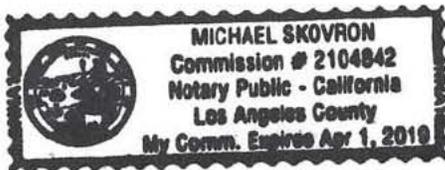
Date: 5/11/15

Notary Name: Michael Skovron

Notary Registration Number: 2104842

Notary (Notary Must Affix Stamp or Seal)

Date: 5/11/15



APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Contains handwritten entries for U.C.L.A. (Los Angeles, CA, B.A.) and UNIV. OF GA. (ATHENS, GA, M.A.).

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1 contains handwritten 'N/A'.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

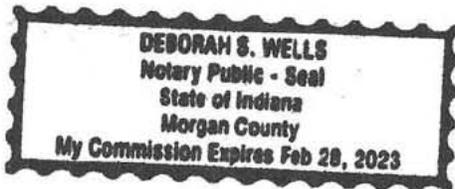
I have previously served as a director/officer and have had managerial experience qualifying me to facilitate the operations of the applicant. However, as only a principal stakeholder through my ownership stake in Columbia Care LLC, parent company of applicant Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization. For more information re my experience, please refer to questions 17 and 18 of this form.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Redacted] Date: 5/12/15

Notary Name: Deborah S Wells Notary Registration Number: 562125

Notary (Notary Must Affix Stamp or Seal) Date: 5/12/15



APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [x] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]

10. Email: [redacted]

11. Residence Address: [redacted]

12. City [redacted] 13. State [redacted] 14. ZIP Code [redacted]

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Row 1: University of Pennsylvania, Philadelphia, PA, [redacted], [redacted], BS Economics, [redacted].

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1 contains 'None'.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Name of Employer:
Type of Business:



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, and Position/Responsibilities.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



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**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

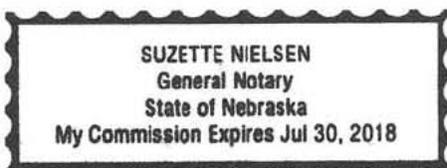
I have previously served as a director / officer and have had managerial experience qualifying me to facilitate the operations of the applicant. However, as only a principal stakeholder through my ownership stake in Columbia Care LLC, parent company of applicant Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization. For more information on my experiences, please refer to questions 17 and 18 of this form.

20. The undersigned, being duly sworn, deplores and condemns every form of perjury, that the information contained herein or attached hereto is accurate, true, and correct.

Signature: [Redacted] Date: 5.11.15

Notary: [Redacted] Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal) Date: 5/11/15



APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [X] Yes [ ] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.
Board of Directors of [Redacted] a provisionally registered non profit company w the Commonwealth of MA whose business is the cultivation, manufacture and dispensing of medical marijuana for the benefit of registered patients.
[Redacted]

APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Rows include Texas A&M University and Harvard Law School.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1 contains 'NA'.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Form with multiple sections for employer and supervisor information, including fields for Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities. Includes a section for 'Reason For Departure' and a section for '18. Offices Held or Ownership Interest in Other Businesses' with a question about owning or operating a business in New York, the USA, or other countries.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:

Form with fields: From, To, Business Type, Name and Address of Business, Office Held/Nature of Interest, and checkboxes for open, closed, proposed.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

"I have previously served as a director/officer and have had managerial experience qualifying me to facilitate the operations of the applicant. However, as only a principal stakeholder through my ownership stake in Columbia Care LLC, parent company of applicant Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization. For more information on my experiences, please refer to questions 17 and 18 of this form."

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Redacted]

Date: 5/12/15

Notary Name:

Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal)

Date:

PLEASE SEE ATTACHED CALIFORNIA
[ ] JURAT
[X] ACKNOWLEDGEMENT

APPENDIX A: FORM DOH-5145

# ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of San Diego

On May 12, 2015 before me, Ferivar Razmazma, Public Notary  
(insert name and title of the officer)

personally appeared [REDACTED]  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature 

(Seal)



APPENDIX A: FORM DOH-5145

6



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding? Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Row 1: University of Florida, 2000 SW Archer Road Gainesville, FL 32608, [Redacted], [Redacted], BS Health and Human Performance, [Redacted].

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Form with multiple sections for employer information, including fields for Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including Type of Business, Street Address, City/State/Zip, Starting/Ending Dates of Employment, Name of Supervisor, and Position/Responsibilities. Includes a section for '18. Offices Held or Ownership Interest in Other Businesses' with a question about owning or operating a business in New York, the USA, or other countries.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with three identical sections for providing contact information for licensing/regulatory agencies and business details. Each section includes fields for 'From:', 'To:', 'Business Type:', and 'Office Held/Nature of Interest:' with checkboxes for 'open', 'closed', and 'proposed'.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in a [redacted]

Signature: [redacted] Date:

Notary: [redacted] Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal) Date:
Please see attached by Notary Public [redacted]

APPENDIX A: FORM DOH-5145

**JURAT WITH AFFIANT STATEMENT**

State of New York }  
County of New York } ss.

- See Attached Document (Notary to cross out lines 1-7 below)
- See Statement Below (Lines 1-7 to be completed only by document signer[s], not Notary)

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_  
Signature of Document Signer (Affiant) No. 1 \_\_\_\_\_  
Signature of Document Signer (Affiant) No. 2 (if any) \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me  
this 19<sup>th</sup> day of May, 2015, by  
Date \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

(1) \_\_\_\_\_  
Name of Signer No. 1

(2) \_\_\_\_\_  
Name of Signer No. 2 (if any)

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Any Other Required Information  
(Residence, Expiration Date, etc.)



Place Notary Seal/Stamp Above

INFORMATION IN AREAS 3-6 REQUIRED IN ARIZONA. OPTIONAL IN OTHER STATES.

**Description of Any Attached Document**

3 Title or Type of Document: NY Department of Health - Medical Marijuana Program  
4 Document Date: 5/19/15 5 Number of Pages: last 7, last page latty.  
6 Signer(s) Other Than Named Above: \_\_\_\_\_

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

Form with fields for 8. Phone, 9. Fax, 10. Email, 11. Residence Address, 12. City, 13. State, 14. ZIP Code, and 15. Formal Education table.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Form with multiple sections for employer information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, and Reason For Departure.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

APPENDIX A: FORM DOH-5145

Form with multiple sections for business information, including: Type of Business, Street Address, City/State/Zip, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, Type of Business, Street Address, City/State/Zip, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, 18. Offices Held or Ownership Interest in Other Businesses, List any affiliations you have been associated with in the past 10 years, Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries?, From/To, Business Type, Office Held/Nature of Interest, Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I have had managerial experience qualifying me to facilitate the operations of the applicant. However, as only a principal stakeholder through my ownership stake in Columbia Care LLC, Parent company of applicant Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization. For more information on my experiences, please refer to question 17 of this form.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and correct in all respects.

Signature: [Redacted] Date: 5/12/15

Notary Name: Somalia Stewart-Goldstein Notary Registration Number: 2011035

Notary (Notary Must Affix Stamp or Seal) Date: May 12th, 2015
+ please see attached jurat

APPENDIX A: FORM DOH-5145

**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

**GOVERNMENT CODE § 8202**

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

[Redacted Signature]

Signature of Document Signer No. 1

N/A

Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
 County of LOS ANGELES

Subscribed and sworn to (or affirmed) before me  
 on this 12<sup>th</sup> day of MAY, 2015,  
 by [Redacted]  
 (1) \_\_\_\_\_  
 (and (2) N/A),  
 Name(s) of Signer(s)



proved to me on the basis of satisfactory evidence  
 to be the person(s) who appeared before me.

Signature: [Handwritten Signature]  
 Signature of Notary Public

Seal  
 Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: Affidavit for board members, officers, managers, owners, partners, directors and members Document Date: \_\_\_\_\_  
 Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: principal stakeholders

APPENDIX A: FOR H-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax

10. Email:

11. Residence Address:

12. City: 13. State: 14. ZIP Code:

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Row 1: University of Michigan, Ann Arbor, Michigan, USA, [Redacted], Bachelor of Arts, [Redacted].

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name of Employer:
Type of Business:



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including address, employment dates, supervisor details, and position responsibilities.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, Type of Business, and 18. Offices Held or Ownership Interest in Other Businesses.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information, including fields for From, To, Business Type, Office Held/Nature of Interest, and Agency Name.

APPENDIX A: FORM DOH-5145

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

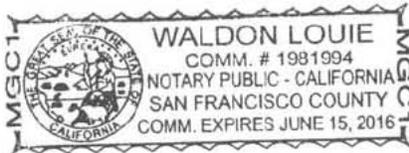
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )
County of SAN FRANCISCO )
On 5/19/2015 before me, WALDON LOUIE, NOTARY PUBLIC.
Date Here Insert Name and Title of the Officer
personally appeared [redacted]
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature [Handwritten Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document NY STATE DEPT. OF HEALTH

Title or Type of Document: AFFIDAVIT FOR BOARD MEMBER Document Date: 5/19/15 (SIGN DATE)

Number of Pages: 7 Signer(s) Other Than Named Above: N/A

Capacity(ies) Claimed by Signer(s)

Signer's Name: [redacted]
[ ] Corporate Officer - Title(s):
[ ] Partner - [ ] Limited [ ] General
[ ] Individual [ ] Attorney in Fact
[ ] Trustee [ ] Guardian or Conservator
[ ] Other:
Signer Is Representing: HERSELF

Signer's Name:
[ ] Corporate Officer - Title(s):
[ ] Partner - [ ] Limited [ ] General
[ ] Individual [ ] Attorney in Fact
[ ] Trustee [ ] Guardian or Conservator
[ ] Other:
Signer Is Representing:

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax:
10. Email:
11. Residence Address:
12. City: 13. State: 14. ZIP Code:
15. Formal Education
Institution Address Dates Attended Degree
From To Degree Received Date Received
Brooklyn Law School 250 Joralemon Street, Brooklyn, NY
Hofstra University Long Island, New York
J.D.
B.A.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity. Table with columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Name of Employer:
Type of Business:



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.

APPENDIX A: FORM DOH-5145



**Appendix A:  
Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p><b>18. Offices Held or Ownership Interest in Other Businesses</b> List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Office Held/Nature of Interest:' (with checkboxes for open, closed, proposed), and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'.

APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

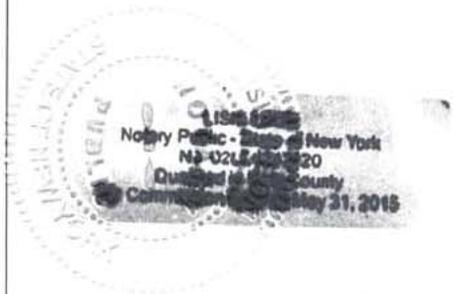
19. Affirmative Statement of Qualifications
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a
statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not
be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate,
true, and complete in all material respects.

Signature: [Redacted] Date: 5/26/15

Notary Name: Licia Leon Notary Registration Number: 0246242220

Notary (Notary Must Affix Stamp or Seal) Date: 5-26-15



APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

NORTHEASTERN UNIVERSITY > BOSTON, MA

Form fields for phone, fax, email, residence address, city, state, ZIP code, and formal education details.

APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity. N/A
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Form with multiple sections for employer information, including fields for Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, and Reason For Departure.



**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
Name of Employer:		Type of Business:
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:		Ending Date of Employment:
Name of Supervisor for Reference:		Supervisor Phone Number:
Position/Responsibilities:		
Reason For Departure:		
<p><b>18. Offices Held or Ownership Interest in Other Businesses</b> List any affiliations you have been associated with in the past 10 years. Affiliation, for the purpose of this section, includes serving as either a board member, officer, manager, owner, partner, principal stakeholder, director or member of the organization. Organizations outside of New York State must also be disclosed.</p> <p>Have you owned or operated a business or had any affiliations with the operations of a business in New York, in the USA, or in other countries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Name and Address of Business:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field contains checkboxes for 'open', 'closed', and 'proposed'.

APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

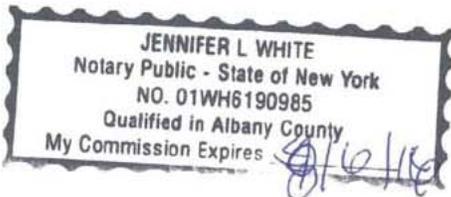
I have previously served as a manager and have had managerial experience qualifying me to facilitate the operations of the applicant. However, as only a principal stakeholder through my ownership stake in Columbia Care LLC, parent company of applicant Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization. For more info on my experience please refer to questions 17 & 18 of this form.

APPENDIX A: FORM DOH-5119

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, respects.

[Redacted Signature] Date: 5/26/15 Notary Registration Number: 01WH6190985

Notary (Notary Must Affix Stamp or Seal) Date: 5/26/15





Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



**Appendix A:  
Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?  
 Yes  No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED] 9. Fax: [REDACTED]

10. Email: [REDACTED]

11. Residence Address: [REDACTED]

12. City: [REDACTED] 13. State: [REDACTED] 14. ZIP Code: [REDACTED]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Syracuse University	Syracuse, NY	[REDACTED]	[REDACTED]	B.S. Biomedical Engineering	[REDACTED]
Boston University School of Medicine	Boston, MA	[REDACTED]	[REDACTED]	M.D.	[REDACTED]
University of Pennsylvania	Philadelphia, PA	[REDACTED]	[REDACTED]	Plastic Surgery Board Certification	[REDACTED]

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License, Effective Date, Expiration Date. Rows include Medical - New Jersey, Medical - Pennsylvania, DEA, and CDS New Jersey. License numbers are redacted.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Name of Employer:
Type of Business:



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including fields for Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, and Type of Business.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities. Includes a section for 'Reason For Departure' and a section for '18. Offices Held or Ownership Interest in Other Businesses'.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with two identical sections for business information, including fields for From, To, Business Type, Office Held/Nature of Interest, and Agency Name.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.
I have previously served as a director/officer and have had managerial experience qualifying me to facilitate the operations of the applicant. However, as a principal stakeholder through my ownership stake in Columbia Care LLC, parent company of applicant Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization. For more information on my experiences, please refer to questions 17 and 18 of this form.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Redacted] Date: 5/14/15
Notary Name: Nilda M. Santiago Notary Registration Number: #015A6120435
Notary (Notary Must Affix Stamp or Seal) Date: 5/14/15
NILDA M. SANTIAGO
NOTARY PUBLIC - STATE OF NEW YORK
NO. 015A6120435
Qualified in Bronx County
Commission Expires December 20, 2016

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [redacted] 9. Fax: [redacted]
10. Email: [redacted]
11. Residence Address: [redacted]
12. City: [redacted] 13. State: [redacted] 14. ZIP Code: [redacted]
15. Formal Education
Institution Address Dates Attended Degree Received Date Received
University of Maryland, William H. Smith School of Bus College Park, MD [redacted] BS Business & Marketing [redacted]
Ithaca College Ithaca, NY [redacted] n/a n/a

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-514



**Appendix A:**  
**Affidavit for Board Members, Officers, Managers, Owners, Partners,**  
**Principal Stakeholders, Directors, and Members**  
Redacted Pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Form with fields: Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, 18. Offices Held or Ownership Interest in Other Businesses, Have you owned or operated a business..., From, To, Business Type, Office Held/Nature of Interest, Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with three identical sections for business information, including fields for From, To, Business Type, Office Held/Nature of Interest, and Licensing/Regulatory Agency details.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

n/a

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature [Redacted]

Date: May 14, 2015

Notary [Signature: Nilda M. Santiago]

Notary Registration Number: 01SA6120435

Notary (Notary Must Affix Stamp or Seal)
NILDA M. SANTIAGO
NOTARY PUBLIC - STATE OF NEW YORK
NO. 01SA6120435
Qualified in Bronx County
Commission Expires December 20, 20 16

Date: 5/14/2015

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



**Appendix A:  
Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes  No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [REDACTED]		9. Fax: [REDACTED]			
10. Email: [REDACTED]					
11. Residence Address: [REDACTED]					
12. City: [REDACTED]		13. State: [REDACTED]	14. ZIP Code: [REDACTED]		
15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
UNIVERSITY OF GEORGIA	ATLANTA, GA	[REDACTED]	[REDACTED]	BA	[REDACTED]

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1 contains the header information.

APPENDIX A: FORM DOH-5145

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form fields for Name of Employer and Type of Business.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including address, employment dates, supervisor details, and position responsibilities.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities. Includes a section for '18. Offices Held or Ownership Interest in Other Businesses' with a redaction mark.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Form with fields for From, To, Business Type, Office Held/Nature of Interest, and Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

APPENDIX A: FORM DOH-5145

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Redacted] Date: 5/26/15
Notary Name: A. Henderson Notary Registration Number: 2026568
Notary (Notary Must Affix Stamp or Seal) Date:
SEE ATTACHED NOTARIAL CERTIFICATE
[Signature] 5/26/15

**ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California  
County of Santa Barbara

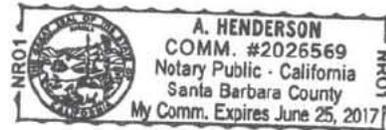
On 5/26/15 before me, A. Henderson, Notary Public  
(insert name and title of the officer)

personally appeared [REDACTED]  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Handwritten Signature] (Seal)



APPENDIX A - FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: [Redacted] 3. Title: Principal Stakeholder
4. Briefly describe the role of this person or entity in the proposed registered organization:
The principal stakeholder has an ownership interest Columbia Care LLC, the parent company of applicant Columbia Care NY LLC. With regards to the proposed registered organization, the principal stakeholder will have no managerial control, no voting rights and no active role in operations. Furthermore, the principal stakeholder will not serve as a board member, officer, manager, partner, director or member of applicant Columbia Care NY LLC.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [X] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [X] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax:

10. Email:

11. Residence Address:

12. City: 13. State: 14. ZIP Code:

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Rows include New York University (MBA) and Princeton University (AB).

APPENDIX A: FORM DOH-5145



**Appendix A:  
Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

APPENDIX A: FORM DOH-5145

**Redacted pursuant to N.Y. Public Officers Law, Art. 6**



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**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**  
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities. Includes a section for 'Reason For Departure' and a section for '18. Offices Held or Ownership Interest in Other Businesses' with a question about owning or operating a business in New York, the USA, or other countries.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



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**Appendix A:**

**Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members**

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

APPENDIX A: FORM DOH-5145

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

I have previously served as a director/officer and have had managerial experience qualifying me to facilitate the operations of the applicant. However, as only a principal stakeholder through my ownership stake in Columbia Care LLC, parent company of applicant Columbia Care NY LLC, I will not be participating in the operation of the proposed registered organization. For more information on my experiences, please refer to questions 17 and 18 of this form

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature [Redacted] Date: 5/29/15

Notary Name: [Signature] Notary Registration Number: 01RA6227971

Notary (Notary Must Affix Stamp or Seal) Date: 5/29/15

CHRIS RAMIREZ
NOTARY PUBLIC-STATE OF NEW YORK
No. 01RA6227971
Qualified In New York County
My Commission Expires September 07, 2018



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Scott LaRue 3. Title: Board of Advisors
4. Briefly describe the role of this person or entity in the proposed registered organization:
With regards to the proposed registered organization, the member of the Board of Advisors will have no managerial control, no voting rights and no active role in operations. Instead, the member of the Board of Advisors will perform consulting services related to governance, strategy, resource allocation, research, etc.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted] 10. Email: [Redacted] 11. Residence Address: [Redacted] 12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Contains handwritten entries for Syracuse University (MBA and BS degrees).

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.

Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date
Dietetics Nutrition	48 003671	NYS office of Professions	1996	2017

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Form with multiple sections for employer information, including fields for Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, and Position/Responsibilities.



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, and Position/Responsibilities. Includes handwritten entries for Calvary Hospital and Dept of Health.

APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

From: 3/2013	Name and Address of Business: Providence Rest N/H 3304 Waterbury Avenue Bronx NY 10465	
To: present		
Business Type: not for profit healthcare	Office Held/Nature of Interest: Board member	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable: Department of Health		

Redacted pursuant to N.Y. Public Officers Law, Art. 6

Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: 5/2011	Name and Address of Business: Greater New York Hoop Assoc. 555 W. 57th Street New York NY 10019	
To: present		
Business Type: not for profit healthcare	Office Held/Nature of Interest: board member	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members Redacted Pursuant to N.Y. Public Officers Law, Art. 6

Form with two identical sections for business information, including fields for From, To, Business Type, Office Held/Nature of Interest, and Agency Name.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 5/27/15

Notary Name: [Handwritten Signature] Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal) Date: 5/27/15

KEITH GRANT
Notary Public, State of New York
No. 01GR5081838
Qualified in Nassau County
Commission Expires July 14, 2015

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Carol Browner 3. Title: Board of Advisors
4. Briefly describe the role of this person or entity in the proposed registered organization:
The member of the Board of Advisors will be compensated \$ [redacted] for attendance at each quarterly meeting and will be entitled to [redacted] of [redacted] (%) of the profits and distributions of Columbia Care NY LLC (as well as this percentage value of the company in the event of an approved sale). With regards to the proposed registered organization, the member of the Board of Advisors will have no managerial control, no voting rights and no active role in operations. Instead, the member of the Board of Advisors will perform consulting services related to governance, strategy, resource allocation, research, etc.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?

Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax:

10. Email:

11. Residence Address:

12. City: 13. State: 14. ZIP Code:

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Contains handwritten entries for University of Florida (Gainesville, FL) with BA degree (March 79) and Law School (Gainesville, FL) with JD degree (Dec 79).

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
Handwritten entry: BAR Assoc, Florida Bar Tallahassee Fla, www.FloridaBar.org, Annual Membership in good standing since 1981.

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Type of Business:



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, and a section for other businesses (18. Offices Held or Ownership Interest in Other Businesses).

APPENDIX A: FORM DOH-5145



Appendix A:

Affidavit for Board Members, Officers, Managers, Owners, Partners,  
Principal Stakeholders, Directors, and Members

Street Address: <i>The White House Pennsylvania Ave</i>		
City: <i>Washington</i>	State: <i>DC</i>	Zip Code: <i>20007</i>
Starting Date of Employment: <i>7/2009</i>	Ending Date of Employment: <i>3/2011</i>	
Name of Supervisor for Reference: <i>The President</i>	Supervisor Phone Number:	
Position/Responsibilities: <i>Assistant to the President</i>		

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three entries for board members. Each entry includes fields for 'From' date, 'To' date, 'Business Type', 'Name and Address of Business', 'Office Held/Nature of Interest', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable'. Handwritten entries include Infosys, League of Conservation Voters, and Center for American Progress.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: Carol M Brown Date: May 28, 2015
Notary Name: Margaret M. McCloud Notary Registration Number: NA
Notary (Notary Must Affix Stamp or Seal) Margaret M. McCloud Date: May 28, 2015
MARGARET M. MCCLOUD
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires April 30, 2017



District of Columbia: SS
Subscribed and sworn to before me, in my presence,
this 28 day of May 2015
Margaret M. McCloud
Margaret M. McCloud, Notary Public, D.C.
My commission expires April 30, 2017.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Bradford C. Berk 3. Title: Board of Advisors
4. Briefly describe the role of this person or entity in the proposed registered organization:
The member of the Board of Advisors will be compensated \$ [redacted] for attendance at each quarterly meeting and will be entitled to [redacted] of [redacted] (%) of the profits and distributions of Columbia Care NY LLC (as well as this percentage value of the company in the event of an approved sale). With regards to the proposed registered organization, the member of the Board of Advisors will have no managerial control, no voting rights and no active role in operations. Instead, the member of the Board of Advisors will perform consulting services related to governance, strategy, resource allocation, research, etc.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
Yes No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: 9. Fax:

10. Email:

11. Residence Address:

12. City: 13. State: 14. ZIP Code:

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Rows include Amherst College, University of Rochester School of Medicine and Surgery (M.D.), and University of Rochester School of Medicine and Surgery (Ph.D.).

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.
Redacted pursuant to N.Y. Public Officers Law, Art. 6
Name of Employer:
Type of Business:

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for personal and professional information, including address, employment dates, supervisor details, and reasons for departure.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, supervisor details, and other businesses. Includes fields for Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer, Type of Business, and a section for other businesses with a 'Yes/No' question.

APPENDIX A: FORM DOH-5145

Redacted pursuant to N.Y. Public Officers Law, Art. 6



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including 'From', 'To', 'Business Type', 'Office Held/Nature of Interest', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable'. Includes checkboxes for 'open', 'closed', and 'proposed'.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications
For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: 05/27/2015

Notary Name: [Handwritten Signature] Notary Registration Number: 01MC6142144

Notary (Notary Must Affix Stamp or Seal) Date: 5/27/15

LORI A. McBRIDE
Notary Public, State of New York
No. 01MC6142146
Qualified in Monroe County
Commission Expires 3/13/18

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

Appendix A must be completed for all board members, officers, managers, owners, partners, principal stakeholders, directors, and members. For board members, officers, managers, owners, partners, directors, and members of the applicant that are not natural persons, Appendix A must be completed by each board member, officer, manager, owner, partner, director and member of that entity, going back to the level of ownership by a natural person. An Organizational Chart documenting your organizational structure must be included with this application.

1. Business Name: COLUMBIA CARE NY LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Dennis Rivera 3. Title: Board of Advisors
4. Briefly describe the role of this person or entity in the proposed registered organization:
The member of the Board of Advisors will be compensated \$ [redacted] for attendance at each quarterly meeting and will be entitled to [redacted] of [redacted] (%) of the profits and distributions of Columbia Care NY LLC (as well as this percentage value of the company in the event of an approved sale). With regards to the proposed registered organization, the member of the Board of Advisors will have no managerial control, no voting rights and no active role in operations. Instead, the member of the Board of Advisors will perform consulting services related to governance, strategy, resource allocation, research, etc.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[ ] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [ ] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.

APPENDIX A: FORM DOH-5145



Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members

7. Has this person or entity been convicted of a felony or had any type of registration or license suspended or revoked in any administrative or judicial proceeding?
[ ] Yes [X] No

If the answer to either of these questions is "Yes," a statement explaining the circumstances of the felony, suspension or revocation must be provided below.

8. Phone: [Redacted] 9. Fax: [Redacted]

10. Email: [Redacted]

11. Residence Address: [Redacted]

12. City: [Redacted] 13. State: [Redacted] 14. ZIP Code: [Redacted]

15. Formal Education Dates Attended Degree

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Row 1: University of Puerto Rico, Cayey, PR, 1968, 1972, 6 credits short of degree.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 2, if necessary.

Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members
Redacted pursuant to N.Y. Public Officers Law, Art. 6

APPENDIX A: FORM DOH-5145

Form with fields: Name of Employer, Type of Business, Street Address, City, State, Zip Code, Starting Date of Employment, Ending Date of Employment, Name of Supervisor for Reference, Supervisor Phone Number, Position/Responsibilities, Reason For Departure, Name of Employer.



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with multiple sections for business information, including Type of Business, Street Address, City, State, Zip Code, Starting/Ending Date of Employment, Name of Supervisor, Position/Responsibilities, Reason For Departure, and 18. Offices Held or Ownership Interest in Other Businesses.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

Form with three identical sections for business information, including fields for From, To, Business Type, Office Held/Nature of Interest, and Licensing/Regulatory Agency.

APPENDIX A: FORM DOH-5145



Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,
Principal Stakeholders, Directors, and Members

19. Affirmative Statement of Qualifications

For individuals who have not previously served as a director/officer nor have had managerial experience, please include a statement below explaining how you are qualified to operate the proposed facility. This statement should include, but not be limited to, any relevant community/volunteer background and experience.

20. The undersigned certifies, under penalty of perjury, that the information contained herein or attached hereto is accurate, true, and complete in all material respects.

Signature: [Handwritten Signature] Date: June 3, 2015

Notary Name: Giselle Martinez-Velazquez Notary Registration Number: 17896 (Puerto Rico)

Notary (Notary Must Affix Stamp or Seal) Affidavit No. 12107 Date: June 3, 2015



APPENDIX A: FORM DOH-5145



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# Appendix B

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Form DOH-5146  
*10 NYCRR § 1004.5(b)(11) and (12)*



# APPENDIX B

## FORM DOH-5146

### *10 NYCRR § 1004.5(b)(11) and (12)*

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**MEDICAL MARIJUANA PROGRAM**  
APPLICATION FOR REGISTRATION AS A REGISTERED ORGANIZATION

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# APPENDIX B

## FORM DOH-5146

### *10 NYCRR § 1004.5(b)(11) and (12)*

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#### FORM DOH-5146 OVERVIEW

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Please find on the following pages a completed Form DOH-5146- Architectural Program for Columbia Care NY LLC's Manufacturing Facility and Dispensing Facilities, including:

- **Rochester Manufacturing Facility:** 1669 Lake Avenue  
Eastman Kodak Park  
Building #12, 4<sup>th</sup> Floor  
Rochester, NY 14615
- **Manhattan Dispensing Facility:** 212 East 14<sup>th</sup> Street  
New York, NY 10003
- **Riverhead Dispensing Facility:** 1107 Old Country Road  
Riverhead, NY 11901
- **Plattsburgh Dispensing Facility:** 345 Cornelia Street  
Plattsburgh, NY 12901
- **Rochester Dispensing Facility:** 200 West Ridge Road  
Rochester, NY 14615



# APPENDIX B

## FORM DOH-5146

### *10 NYCRR § 1004.5(b)(11) and (12)*

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#### **ROCHESTER MANUFACTURING FACILITY**

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Columbia Care NY LLC will locate its Manufacturing Facility at:

- **Rochester Manufacturing Facility:** 1669 Lake Avenue  
Eastman Kodak Park  
Building #12, 4<sup>th</sup> Floor  
Rochester, NY 14615

#### **ARCHITECTURAL PROGRAM**

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Please find on the following pages a completed Form DOH-5146- Architectural Program for Columbia Care NY LLC's Rochester Manufacturing Facility.



**Appendix B: Architectural Program**

**A SEPARATE “APPENDIX B” SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION’S BUSINESS PLAN**

<b>COMPANY INFORMATION</b>		
Business Name:	Columbia Care NY LLC	
Facility Type:	Manufacturing Facility <input type="checkbox"/>	Dispensing Facility <input type="checkbox"/>
Use and Occupancy Classification:	F-1	
Building Construction Type and Classification:	Type 1A	
Facility Address:	1669 Lake Avenue, Rochester, NY 14652	
Primary Contact Telephone number:	Robert Mayerson 978-771-1434	
Primary Contact Fax number:		
<b>PART I – ARCHITECTURAL PROGRAM &amp; CONSTRUCTION TIMELINE:</b>		
Applicant shall identify planning requirements, including but not limited to:		
<input type="checkbox"/>	TOWN BOARD APPROVAL	
<input type="checkbox"/>	PLANNING BOARD APPROVAL	
<input checked="" type="checkbox"/>	ZONING BOARD OF APPEALS APPROVAL	
<input checked="" type="checkbox"/>	PREPARATION OF CONSTRUCTION DOCUMENTS	
<input checked="" type="checkbox"/>	BUILDING PERMIT	
<input checked="" type="checkbox"/>	BIDDING PHASE	
<input checked="" type="checkbox"/>	CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)	
<input checked="" type="checkbox"/>	COMMENCEMENT OF CONSTRUCTION	
<input checked="" type="checkbox"/>	COMPLETION OF CONSTRUCTION	



**Appendix B – Architectural Program**

**PART II – SITE PLAN(S)**

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

APPENDIX B FORM DOH-5146	<input checked="" type="checkbox"/> Entrance and Exits <input checked="" type="checkbox"/> Public Parking Spaces <input checked="" type="checkbox"/> Staff Parking Spaces <input checked="" type="checkbox"/> Accessible Parking Spaces <input checked="" type="checkbox"/> Accessible Route(s)	<input checked="" type="checkbox"/> Fire Lane and/or Fire Apparatus Road <input checked="" type="checkbox"/> Percentage of Green Space <input checked="" type="checkbox"/> Location of Emergency Power Systems <input checked="" type="checkbox"/> Loading & Unloading <input checked="" type="checkbox"/> Security Gates & Fences
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**PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:**

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

APPENDIX B FORM DOH-5146	<p>Energy Source:</p> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Solar <input type="checkbox"/> Other <u>Campus Stea</u>
	<p>Engineering Systems:</p> <input checked="" type="checkbox"/> Heating System: Type <u>FHA</u> , Size <u>Campus</u> Efficiency <u>TBD</u> , Ventilation Requirements <u>ASHRAE 62.1 and 90.1</u> <input checked="" type="checkbox"/> Cooling System: Type <u>FA</u> , Size <u>Campus</u> Efficiency <u>TBD</u> , Ventilation Requirements <u>ASHRAE 62.1 and 90.1</u> <input checked="" type="checkbox"/> Ventilation & Humidification Systems: Type <u>Fan Coil</u> , Size <u>Campus</u> , Efficiency <u>TBD</u> , Ventilation Requirements <u>ASHRAE 62.1 and 90.1</u> <input checked="" type="checkbox"/> Electrical Distribution Available <u>480 three phase alternating</u> <input checked="" type="checkbox"/> Water Supply: Municipal Water Service <u>pot.</u> or Private Well Water <u>process</u> <input checked="" type="checkbox"/> Sewage: Municipal Sewer System <u>yes</u> or Private Septic System _____ <input checked="" type="checkbox"/> Emergency Power System: Type <u>interconn</u> , Size <u>unlimited</u> Efficiency <u>TBD</u>



**Appendix B – Architectural Program**

<b>PART IV – BUILDING CODE COMPLIANCE:</b> (pages 3-13)		
CHECK ALL APPLICABLE CODES FOR THE FACILITY		
APPENDIX B: FORM DOH-5146	<input checked="" type="checkbox"/>	2010 BUILDING CODE OF NYS
	<input checked="" type="checkbox"/>	2010 FIRE CODE OF NYS
	<input checked="" type="checkbox"/>	2010 PLUMBING CODE OF NYS
	<input checked="" type="checkbox"/>	2010 MECHANICAL CODE OF NYS
	<input checked="" type="checkbox"/>	2010 FUEL GAS CODE OF NYS <span style="color: red;">Processing/Infusion Area</span>
	<input checked="" type="checkbox"/>	2010 PROPERTY MAINTENANCE CODE OF NYS
	<input checked="" type="checkbox"/>	2010 ENERGY CONSERVATION CONSTRUCTION CODE OF NYS <span style="color: red;">Section 101</span>
	<input checked="" type="checkbox"/>	2012 IECC COMMERCIAL PROVISIONS
	<input checked="" type="checkbox"/>	2010 EXISTING BUILDING CODE OF NYS <span style="color: red;">Alteration Level 2 (Section 404)</span>
	<input checked="" type="checkbox"/>	NEC NATIONAL ELECTRIC CODE, (Specify Applicable Version) <span style="color: red;">NFPA 70</span>
	<input type="checkbox"/>	2014 NY CITY CONSTRUCTION CODE
	<input type="checkbox"/>	2008 NY CITY CONSTRUCTION CODE
	<input type="checkbox"/>	1968 NY CITY CONSTRUCTION CODE
<input checked="" type="checkbox"/>	NFPA 101-06 LIFE SAFETY CODE	
<input type="checkbox"/>	ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES	
<input type="checkbox"/>	OTHER	



**Appendix B – Architectural Program**

<p><b>Select Project Type:</b> Check all that apply. Refer to the Existing Building Code for definitions.</p>	<input type="checkbox"/> New Building <input type="checkbox"/> Repair <input type="checkbox"/> Alteration Level 1 <input checked="" type="checkbox"/> Alteration Level 2	<input type="checkbox"/> Alteration Level 3 <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Addition <input type="checkbox"/> Historic Building	<input type="checkbox"/> Demolition <input type="checkbox"/> Chapter 3. Prescriptive Compliance Method <input checked="" type="checkbox"/> Chapter 13. Performance Compliance Method
<p><b>Select Work Involved:</b> Check all that apply.</p>	<input checked="" type="checkbox"/> General Construction <input type="checkbox"/> Roofing <input type="checkbox"/> Asbestos Abatement/Environmental <input checked="" type="checkbox"/> Fire Alarm	<input type="checkbox"/> Structural <input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Electrical	<input type="checkbox"/> Site Work <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Elevators <input type="checkbox"/> Other: _____

<b>CODE COMPLIANCE REVIEW</b>						
<p>Applicant shall provide all applicable information in regards to the code topic and section listed below.</p> <p>1 Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: <b>FC: Fire Code, PC: Plumbing Code, MC: Mechanical Code, FGC: Fuel Gas Code, ECC: Energy Conservation Code.</b></p> <p>2 Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: <b>NA: Not Applicable, NR: Not Required, NP: Not Permitted</b></p> <p>3 Provide your facilities "Actual" value for each required standard as per applicable code section.</p>						
No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	306.2 Factory Industrial Group F-1 (Moderate Hazard)	306.2 Factory Industrial Group F-1 (Moderate Hazard)



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
2	Combustible Storage	413	FC 2902.1 & 315.2	All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	413: High Piled Stock or rack storage shall comply with the Fire Code of NYS	No High Piled Stock or Rack Storage
3	Hazardous Materials	414	FC 2701.2	All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	Moderate Hazard Materials per NYS Code 307.1 FC 2701.2: Not considered hazardous materials	Moderate Hazard Materials: CO2 extraction uses liquid gas CO2
4	Hazardous Materials Control Areas	414.2	FC 2701	Provide additional information indicating number, size, materials stored, and quantity of each material.	Not Hazardous Materials	414.2: Walls: 1 hour Ceiling/floor: 2 hour
5	Building Area & Height	501-507	Text	Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	503.1 Type 1A Use F1: Unlimited Stories Unlimited Area	Total Hgt: 9 stories incl. bsmt Total Area: 482,910 sf 4th floor only: 61,911 sf
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	508.2 Storage Room: 1 hr. PLUS sprinklered	1 hr. min. + fire sprinklered

APPENDIX B: FORM DOH-5146



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Table 508.3.3 1 HR floor rating F1 to B	2 HR concrete floor: entire floor is F1 occupancy
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	N/A	N/A
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Single use: 508.3.3.2	Single Use
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	602: Type 1A	Type 1A
11	Fire Resistance Rating Req'm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	See Attached DOH-5146 Supplement	See Attached DOH-5146 Supplement

APPENDIX B: FORM DOH-5146



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	See Attached DOH-5146 Supplement	See Attached DOH-5146 Supplement
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	Table 602 Type 1A - 2 HR	3 HR
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	Table 705.4 F-1 3 HR if required	3 HR exists N/R
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	706.3.2 Exit Enclosures 2 HR	2 HR existing to remain
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	707.4 No less than 2 HR	2 HR existing to remain
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	1017.1 Corridor Wall 0 Rating - Sprinklered	1 hr. typical + sprinkler

APPENDIX B | FORM DOH-5146



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	508.3 Floor/Ceiling 1 HR between F1 & B	2 HR existing to remain
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	903.2.3 Automatic Sprinkler Required F1>12,000sf	Sprinklered per NFPA 13
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	904.11.1 Manual activation device to be located near egress of kitchen	Commercial kitchen hood requires alternate fire extinguisher (Ansul CO2)+ Automatic per 903.
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	905.3.1 Class I System	Class I hose connections to remain
22	Fire Alarm & Detection Systems	907	FC 907.3	Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input type="checkbox"/> Addressable <input type="checkbox"/> Hardwired (zoned)	907.3 Existing Bldg w/sprinklers 907.4 Manual Stations	Facility has both addressable and hardwired Modifications to existing per NFPA 13

APPENDIX B: FORM DOH-5146



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	N/A (for high haz. occupancies)	N/R
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	912 Fire Department connections	Class 1 connections, only syst. connections w/ 3 pumps
25	Exits	1001.1 & 2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.		See Door Schedule and floor plans
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	1004.1.1 Max Load: 200 SF/ occupant: 60,000sf/200= 300	1004.1 Actual Design Load= 29 employees
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	1005.1 - 36" wide corridors, min. 36" wide stairs	Min corridor width: 6'-4"; Min. Stair width: 40"
28	Accessible Means of Egress	1007.1	Existing Building Code	Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	605.2.1 Accessible means not required in existing bldg.	2 active elevators plus areas of refuge

APPENDIX B: FORM DOH-5146



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	1008.1.1 Width 32-48" Height Min: 80"	All egress doors min: 42"
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	1009.1 For occupant load of 50 or less, stairways to be no narrower than 36"	ETR stairs are >=40"
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	N/A	N/A no ramps
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	1014.3.1 Group F CPT <= 100 ft.	CPT= 81 ft.
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	1015.1 One Exit from Space: 1015.1.1 Occupancy<49	Occupancy= 29 CPT= 81 Refrig. Room= 261 sf
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	Table 1017.1 Sprinklered building w/ occupancy > 30, corridor rating = 0	Proposed corridor walls fire rating = 0

APPENDIX B: FORM DOH-5146



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	1017.2 No less than 44" 1005.1 300 x .15= 45"	Minimum corridor width provided: 6'-4"
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	1017.3.2 Group F-1 No more than 50' in length	No dead ends
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	1019.2 Minimum 2 exits	Plan has 5
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	1020.1 No less than 2 HRS	Existing Rating: 2 HRS
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	N/A	None
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	N/A	N/A

APPENDIX B | FORM DOH-5146



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	N/A	N/A
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	1024.1.13 Exits discharge directly to exterior	All exits discharge to ext. grade.
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	1106.1 (2) accessible parking spaces, 1105.1 1 accessible entrance & 1110.1 proper signage	2 Parking spaces, accessible route, entrance & signage provided
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	Walls above grade: R-13, U-0.078	Walls= R20 No roof, no floor exposed
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	2702.1 NFPA 110 & 111	Co-generated from steam, back up interconnection with RG&E
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	N/R	N/A

APPENDIX B: FORM DOH-5146



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	1 WC per 100 men/ women 1 Lav per 100 men/ women	
48	Available Street Water Pressure			Provide the available street or well water pressure.		125 PSI
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	FC503.1 Fully Sprinklered: Must be within 300'	Sprinklered

APPENDIX B: FORM DOH-5146

Appendix B - DOH-5146 Supplement

No.	Topic	NYS Building Code Section	Other Code	Minimum Information Required	Req'd Code	Facility's Actual
11	Fire Resistance Rating Req'm't for Building Elements	Table 601			Table 601 Structural Frame 3hr. Bearing Walls: Exterior: 3 hr. Interior: 3 hr. Non bearing: Exterior NA Interior 0 hrs.	Type 1A: Structural Frame 3hr. Bearing Walls: Exterior: 3 hr. Interior: 3 hr. Non bearing: Exterior NA Interior 0 hrs.
12	Exterior Wall Fire-Resistance Rating	Table 602			Table 602: x<5=2 hr 5-10= 2 hr 10-30= 1 hr >30= 0	3 HR

APPENDIX B: FORM DOH-5146



# APPENDIX B

## FORM DOH-5146

### *10 NYCRR § 1004.5(b)(11) and (12)*

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#### **PART I-CONSTRUCTION TIMELINE**

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Please find on the following pages a Construction Timeline for Columbia Care NY LLC's Rochester Manufacturing Facility.

**NOTE: The following Construction Timeline has been developed in order to accommodate the New York State Department of Health's mandate to provide approved finished products to patients by January 2016. To comply with this requirement, Columbia Care will build-out its Rochester Manufacturing Facility in two Phases.**

**Phase 1 will involve the complete construction of a designated portion of the premises, including a Vegetative Room and a Bloom Room, which will be finalized relatively quickly to accommodate Columbia Care NY LLC's first batch of medical marijuana plants to be cultivated. This first batch will be manufactured with an abbreviated two week Vegetative Stage of plant growth with an eight week Bloom Stage of flower production to ensure approved final Medical Marijuana Products are produced, tested, packaged and ready for patients within 15 weeks of initial propagation.**

**Phase 2 will involve the complete construction of the remainder of the premises while the first lot of Medical Marijuana Products is manufactured. Completion of this Phase will allow Columbia Care NY LLC to then manufacture Medical Marijuana Products at full capacity.**

APPENDIX B: FORM DOH-5146

PHASE	KEY MILESTONES/BENCHMARKS	ESTIMATED DATE OF COMPLETION	ASSUMPTIONS
	Award of Registration from State	7/1/15	<i>Assumes 3 weeks from time of application submission to time of license award</i>
	Refinement of Design Development	7/1/15	
Phase 1	Finalization of Mechanical, Electrical, Plumbing & Construction Documents	7/15/15	<i>Assumes mechanical systems chosen prior to the award of license</i>
	Award of Contract to General Contractor	7/16/15	<i>Assumes vetting process started at date of application submission</i>
	Local zoning approval	7/24/15	<i>Assumes 3 week process from and no special permit needed</i>
	Building Permit Granted	8/7/15	<i>Assumes 2 week review period from the City of Rochester</i>
Phase 1	Commencement of Construction	8/10/15	
Phase 2	Finalization of Mechanical, Electrical, Plumbing & Construction Documents	8/15/15	
Phase 1	Demolition	8/17/15	
Phase 1	Framing	8/21/15	
Phase 1	Plumbing, Wall & Ceiling Rough-ins and Inspections	9/4/15	
Phase 1	Finishes	9/9/15	
Phase 1	Construction Completion	9/11/15	<i>Assumes no unforeseen challenges during the construction process</i>
	Final Inspections	9/15/15	<i>Assumes the City of Rochester will issue a partial certificate of occupancy</i>
	Award of Partial Certificate of Occupancy	9/15/15	
Phase 1	Beginning of Propagation in Completed	9/16/15	

APPENDIX B: FORM DOT 15-12

PHASE	KEY MILESTONES/BENCHMARKS	ESTIMATED DATE OF COMPLETION	ASSUMPTIONS
	Construction of Floor to Ceiling Fence Between Phase 1 & Phase 2 Areas	9/18/15	
Phase 2	Commencement of Construction	9/21/15	
Phase 2	Demolition	10/5/15	
Phase 2	Framing	10/23/15	
Phase 2	Plumbing, Wall & Ceiling Rough-ins and Inspections	11/20/15	
Phase 2	Finishes	12/4/15	
Phase 2	Construction Completion	12/11/15	<i>Assumes no unforeseen challenges during the construction process</i>
Phase 2	Final Inspections	12/14/15	
	Award of Full Certificate of Occupancy	12/14/15	



# APPENDIX B

## FORM DOH-5146

### *10 NYCRR § 1004.5(b)(11) and (12)*

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#### **PART II-SITE PLANS**

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Please find on the following pages Site Plans for Columbia Care NY LLC's Rochester Manufacturing Facility, including:

- General Site Plans
- Life Safety Plan
- Floor Plans
- Security Floor Plans
- Single Line Diagrams

<b>Site Plan</b>	
Project number	Rochester Cultivation
Date	04.29.15
Drawn by	Melissa Piper
Checked by	Bruce Hampton
<b>RO-A0</b>	
Scale 1" = 100'-0"	

No.	Description	Date

**Columbia Care**  
**1669 Lake Avenue**  
**Rochester, NY 14652**

**Elton + Hampton Architects**  
 103 Terrace Street,  
 Roxbury, MA 02120  
 (617) 708-1071



APPENDIX B: FORM DOH-5146

<b>Life Safety Plan</b>	
Project number	Rochester Cultivation
Date	04.29.15
Drawn by	Melissa Piper
Checked by	Bruce Hampton
<b>RO-A2</b>	
Scale 1/16" = 1'-0"	

No.	Description	Date

**Columbia Care**  
**1669 Lake Avenue**  
**Rochester, NY 14652**

**Elton + Hampton Architects**  
 103 Terrace Street,  
 Roxbury, MA 02120  
 (617) 708-1071



APPENDIX B: FORM DOH-5146

<b>Life Safety Plan</b>	
Project number	Rochester Cultivation
Date	04.29.15
Drawn by	Melissa Piper
Checked by	Bruce Hampton
<b>RO-A2</b>	
Scale 1/16" = 1'-0"	

No.	Description	Date

**Columbia Care**  
**1669 Lake Avenue**  
**Rochester, NY 14652**

**Elton + Hampton Architects**  
 103 Terrace Street,  
 Roxbury, MA 02120  
 (617) 708-1071



APPENDIX B: FORM DOH-5146

<b>Proposed Floor Plan</b>	
Project number	Rochester Cultivation
Date	04.29.15
Drawn by	Melissa Piper
Checked by	Bruce Hampton
<b>RO-A1</b>	
Scale 1/16" = 1'-0"	

No.	Description	Date

**Columbia Care**  
**1669 Lake Avenue**  
**Rochester, NY 14652**

**Elton + Hampton Architects**  
 103 Terrace Street,  
 Roxbury, MA 02120  
 (617) 708-1071



APPENDIX B: FORM DOH-5146

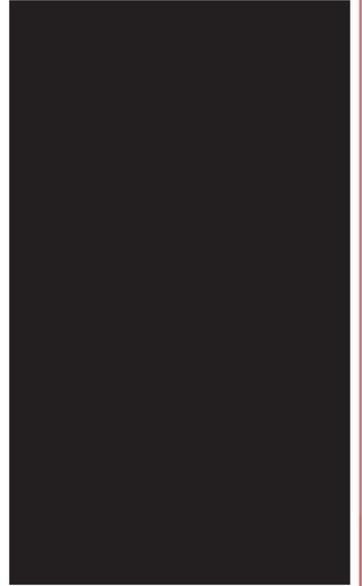


Proposed Floor Plan

Drawing Name:  
Internal Camera  
Layout

Client:  
Columbia Care  
1669 Lake Avenue  
Rochester  
NY 14652

Scale:	Dir:	Date:
Drawn:	John Bairrell	01-05-2015
Client:	Columbia Care	
Approved:		
DO NOT SCALE DRAWING		
 2 Hopkinton Avenue Watertown, MA 02472 Tel: 617-264-8009 www.networkbus.com		
<small>This document is the property of Network USA, LLC.          It is to be used only for the purpose of the project for which it was prepared.          It is not to be reproduced or distributed without the written consent of Network USA, LLC.</small>		
Drawing No:	Rev:	Sheet of Sheets
09-102	-	A3

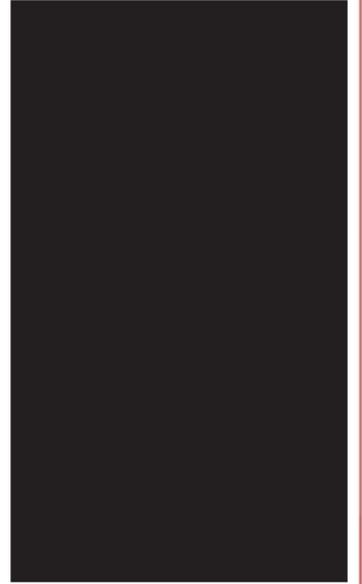


Proposed Floor Plan

Drawing Name:  
Access Control  
Layout

Client:  
Columbia Care  
1669 Lake Avenue  
Rochester  
NY 14652

Scale:	Dir:	Date:
Drawn:	John Bairrell	01-05-2015
Client:	Columbia Care	
Approved:		
DO NOT SCALE DRAWING		
 2 Kingsbury Avenue Watstown, MA 02472 Tel: 857 284 8009 www.networkbus.com		
<small>This document is the property of Network USA, LLC. It is to be used only for the project and for the balance of the project. It is not to be reproduced, stored, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or by any information storage and retrieval system, without the prior written consent of Network USA, LLC.</small>		
Drawing No:	Rev:	Sheet of Sheets
09-103	-	A3



### Proposed Floor Plan

**Drawing Name:**  
External Camera  
Layout

**Client:**  
Columbia Care  
1669 Lake Avenue  
Rochester  
NY 14652

Scale:	Dir:	Date:
Drawn:	John Bairrell	01-05-2015
Client:	Columbia Care	
Approved:		
DO NOT SCALE DRAWING		
 2 Hopkinton Avenue Watertown, MA 02472 Tel: 857.284.8009 www.networkbus.com		
<small>This document is the property of Network USA, LLC. It is to be used for the project and no other use without the written consent of Network USA, LLC. If it is to be published, it must be approved by Network USA, LLC.</small>		
Drawing No:	Rev:	Sheet of Sheets
09-101	-	A3









# APPENDIX B

## FORM DOH-5146

### *10 NYCRR § 1004.5(b)(11) and (12)*

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#### **MANHATTAN DISPENSING FACILITY**

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Columbia Care NY LLC will locate one of its four Dispensing Facilities at:

- **Manhattan Dispensing Facility:** 212 East 14<sup>th</sup> Street  
New York, NY 10003

#### **ARCHITECTURAL PROGRAM**

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Please find on the following pages a completed Form DOH-5146- Architectural Program for Columbia Care NY LLC's Manhattan Dispensing Facility.



Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION
Business Name: Columbia Care NY LLC
Facility Type: Manufacturing Facility [ ] Dispensing Facility [x]
Use and Occupancy Classification: B
Building Construction Type and Classification: Type 2A
Facility Address: 212 East 14th Street, New York City, NY
Primary Contact Telephone number: Robert Mayerson 978-771-1434
Primary Contact Fax number:
PART I - ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:
Applicant shall identify planning requirements, including but not limited to:
[ ] TOWN BOARD APPROVAL
[ ] PLANNING BOARD APPROVAL
[x] ZONING BOARD OF APPEALS APPROVAL
[x] PREPARATION OF CONSTRUCTION DOCUMENTS
[x] BUILDING PERMIT
[x] BIDDING PHASE
[x] CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
[x] COMMENCEMENT OF CONSTRUCTION
[x] COMPLETION OF CONSTRUCTION



Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- Entrance and Exits
Public Parking Spaces
Staff Parking Spaces
Accessible Parking Spaces
Accessible Route(s)
Fire Lane and/or Fire Apparatus Road
Percentage of Green Space
Location of Emergency Power Systems
Loading & Unloading
Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

- Energy Source: Natural Gas, Oil, Electric, Solar, Other
Engineering Systems: Heating System, Cooling System, Ventilation & Humidification Systems, Electrical Distribution Available, Water Supply, Sewage, Emergency Power System



**Appendix B – Architectural Program**

<b>PART IV – BUILDING CODE COMPLIANCE:</b> (pages 3-13)		
CHECK ALL APPLICABLE CODES FOR THE FACILITY		
<input checked="" type="checkbox"/>	2010 BUILDING CODE OF NYS	
<input checked="" type="checkbox"/>	2010 FIRE CODE OF NYS	
<input checked="" type="checkbox"/>	2010 PLUMBING CODE OF NYS	
<input checked="" type="checkbox"/>	2010 MECHANICAL CODE OF NYS	
<input checked="" type="checkbox"/>	2010 FUEL GAS CODE OF NYS	
<input checked="" type="checkbox"/>	2010 PROPERTY MAINTENANCE CODE OF NYS	
<input checked="" type="checkbox"/>	2010 ENERGY CONSERVATION CONSTRUCTION CODE OF NYS	
<input checked="" type="checkbox"/>	2012 IECC COMMERCIAL PROVISIONS	
<input checked="" type="checkbox"/>	2010 EXISTING BUILDING CODE OF NYS	Alteration Level 2 (Section 404)
<input checked="" type="checkbox"/>	NEC NATIONAL ELECTRIC CODE, (Specify Applicable Version)	NFPA 70
<input checked="" type="checkbox"/>	2014 NY CITY CONSTRUCTION CODE	
<input type="checkbox"/>	2008 NY CITY CONSTRUCTION CODE	
<input type="checkbox"/>	1968 NY CITY CONSTRUCTION CODE	
<input checked="" type="checkbox"/>	NFPA 101-06 LIFE SAFETY CODE	
<input type="checkbox"/>	ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES	
<input type="checkbox"/>	OTHER	



**Appendix B – Architectural Program**

<p><b>Select Project Type:</b> Check all that apply. Refer to the Existing Building Code for definitions.</p>	<input type="checkbox"/> New Building <input type="checkbox"/> Repair <input type="checkbox"/> Alteration Level 1 <input checked="" type="checkbox"/> Alteration Level 2	<input type="checkbox"/> Alteration Level 3 <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Addition <input type="checkbox"/> Historic Building	<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Chapter 3. Prescriptive Compliance Method <input type="checkbox"/> Chapter 13. Performance Compliance Method
<p><b>Select Work Involved:</b> Check all that apply.</p>	<input checked="" type="checkbox"/> General Construction <input type="checkbox"/> Roofing <input type="checkbox"/> Asbestos Abatement/Environmental <input checked="" type="checkbox"/> Fire Alarm	<input type="checkbox"/> Structural <input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Electrical	<input type="checkbox"/> Site Work <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Elevators <input type="checkbox"/> Other: _____

<b>CODE COMPLIANCE REVIEW</b>						
Applicant shall provide all applicable information in regards to the code topic and section listed below.						
1. Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: <b>FC: Fire Code, PC: Plumbing Code, MC: Mechanical Code, FGC: Fuel Gas Code, ECCC: Energy Conservation Code.</b>						
2. Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: <b>NA: Not Applicable, NR: Not Required, NP: Not Permitted</b>						
3. Provide your facilities "Actual" value for each required standard as per applicable code section.						
No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	304 Business  No Hazardous Materials	304 Business  No Hazardous Materials



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
2	Combustible Storage	413	FC 2902.1 & 315.2	All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	413: High Piled Stock or rack storage shall comply with the Fire Code of NYS	No High Piled Stock or Rack Storage
3	Hazardous Materials	414	FC 2701.2	All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	FC 2701.2: Not considered hazardous materials	No hazardous materials
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	Not Considered Hazardous Materials	No hazardous materials
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	503.1 Type 2A Use B: 5 Stories 37500sf Area	Total Hgt: 5 story Total Area: 10000 sf Dispensary: 4825 sf (1st fl & lower level)
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	508.2 Fully sprinklered No Fire Separation req'd	Fully Sprinklered



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Table 508.3.3 1 hour separation B to R Table 706.3.9 2 hour fire barrier	2 hour floor/clg + sprinklered
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	N/A	N/A
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Single use: 508.3.3.2 Lower Level and 1st floor are B.	Single Use Lower Level and 1st floor are B.
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	602: Type 2A	Type 2A
11	Fire Resistance Rating Req'm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	See Attached DOH-5146 Supplement	See Attached DOH-5146 Supplement



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	See Attached DOH-5146 Supplement	See Attached DOH-5146 Supplement
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	Table 602 Type 2A Group B x<5ft= 1 Hr	2 HR
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	Table 705.4 Group B 3 HR if required	3 HR provided
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	706.3.9 Fire Barrier between B & R 2 hours	2 hour barrier between 1st floor ceiling and 2nd floor existing to remain
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	707.2 Shafts required 707.13 Refuse chute 2 hr. shafts	2 hour shafts existing to remain.
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	1017.1 Corridor Wall 0 Rating - Sprinklered	0 hr. sprinkler



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	711 2 hour between B & R 1 hour between R2 floors	2 hour existing to remain
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: <input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	903.2 Sprinkler system required NFPA 13	Sprinklered per NFPA 13
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	N/R	N/R
21	Standpipe System	905	Existing Bldg 704.3	Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	704.3 N/R work less than 30ft from grade	N/R
22	Fire Alarm & Detection Systems	907	FC 907.3	Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input type="checkbox"/> Addressable <input checked="" type="checkbox"/> Hardwired (zoned)	907.3 Existing Bldg w/sprinklers 907.4 Manual Stations	Facility has hardwired alarm Modifications to existing per NFPA 13



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	N/A (for high haz. occupancies)	N/R
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	912.2.1 Visible location	Siamese connection visible at Street front
25	Exits	1001.1 & 2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.		See Door Schedule and floor plans
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	1004.1.1 Business Max Load: 100 SF/ occupant: 4825sf/100= 48	1004.1 Actual Design Load= maximum of 48
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	1017.2 - 44" wide corridors, 44" stairs	Min corridor width: 44"; Stairs (ETR)= 44"
28	Accessible Means of Egress	1007.1	Existing Building Code 605.1.2	Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	605.2.1 Accessible means not required in existing bldg.	1 accessible means of egress provided



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	1008.1.1 Width 32-48" Height Min: 80"	All egress doors min: 36" x 80"
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	1009: Existing Stairs= 44"	Existing to remain stairs= 44"
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	N/A	N/A
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	1014.3.1 Group B sprinklered CPT <= 100 ft.	CPT= 86 ft.
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	Table 1015.1 One means of egress < 49 occupants 1014.3 CPT <= 100 ft.	Occupancy= 48 CPT= 86 ft
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	Table 1017.1 Sprinklered building w/ occupancy > 30, corridor rating = 0	Proposed corridor walls fire rating = 1 hr.



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	1017.2 No less than 44"	Minimum corridor width provided: 44"
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	1017.3.2 Group B No more than 50' in length	Maximum dead end=29'
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	1019.2 (d) One exit with occupants<49 and exit distance <100ft	Plan has 2 means of egress
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	1020 2 hour stair enclosure	2 hour stair enclosure
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	1021 44" min width 1 hour exit enclosure	4'-9" exit for residents/egress 1 hour enclosure
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	N/A	N/A



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	N/A	N/A
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	1024.1.13 Exits discharge directly to exterior	All exits discharge to ext. grade.
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	1105.1 1 Accessible entrance & 1110.1 proper signage	accessible route, entrance & signage provided
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	ECCC: 502.1.2 Walls: U-.08 opaque R-13.3ci	Walls: U-.08 opaque R= 12.2 ci Storefront: U-0.45
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	1011.5.3 Exit signage and emergency lighting	New Exit signage and EBU's to be installed per 1011.5.3
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	N/R	N/A



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	1 WC per 25 men/ women 1 Lav per 40 men/ women	2 WC existing 2 Lavs existing
48	Available Street Water Pressure			Provide the available street or well water pressure.		Existing system to remain
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	FC503.1 Fully Sprinkered: Must be within 300'	Sprinklered Fire Lane: See site plan Hydrant at sidewalk

**Appendix B - DOH-5146 Supplement**

No.	Topic	NYS Building Code Section	Other Code	Minimum Information Required	Req'd Code	Facility's Actual
11	Fire Resistance Rating Req'm't for Building Elements	Table 601			Table 601 Structural Frame 1 hr. Bearing Walls: Exterior: 1 hr. Interior: 1 hr. Non bearing: Exterior NA Interior 0 hrs. Floors: 1 hr. Roof: N/A	Type 2A Structural Frame 2 hr. Bearing Walls: Exterior: 2 hr. Interior: 1 hr. Non bearing: Exterior NA Interior 0 hrs. Floors: 2 hrs
12	Exterior Wall Fire-Resistance Rating	Table 602			Table 602: Group B x<5=1 hr 5-10= 1 hr 10-30= 1 hr >30= 0	2 HR



# APPENDIX B

## FORM DOH-5146

### *10 NYCRR § 1004.5(b)(11) and (12)*

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#### **PART I-CONSTRUCTION TIMELINE**

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Please find on the following pages a Construction Timeline for Columbia Care NY LLC's Manhattan Dispensing Facility.

**NOTE: The following Construction Timeline has been developed in order to accommodate the New York State Department of Health's mandate to provide approved finished products to patients by January 2016.**

APPENDIX B: FORM DOH-5146

KEY MILESTONES/BENCHMARKS	ESTIMATED DATE OF COMPLETION	ASSUMPTIONS
Award of License from State	7/1/15	<i>Assumes 3.5 weeks from time of application submission to time of license award</i>
Refinement of Design Development	7/1/15	
Finalization of Mechanical, Electrical, Plumbing & Construction Documents	8/15/15	
Award of Contract to General Contractor	8/17/15	
Local zoning approval	8/26/15	<i>Assumes 8 week process from time of license award</i>
Building Permit Granted	9/16/15	
Commencement of Construction	9/17/15	
Demolition	9/17/15	<i>This is a newly renovated space. No demolition will be needed</i>
Framing	10/1/15	
Plumbing, Wall & Ceiling Rough-ins and Inspections	10/24/15	
Finishes	11/15/15	
Final Inspections	12/1/15	
Construction Completion	12/10/15	<i>Assumes no unforeseen challenges during the construction process</i>



# APPENDIX B

## FORM DOH-5146

### *10 NYCRR § 1004.5(b)(11) and (12)*

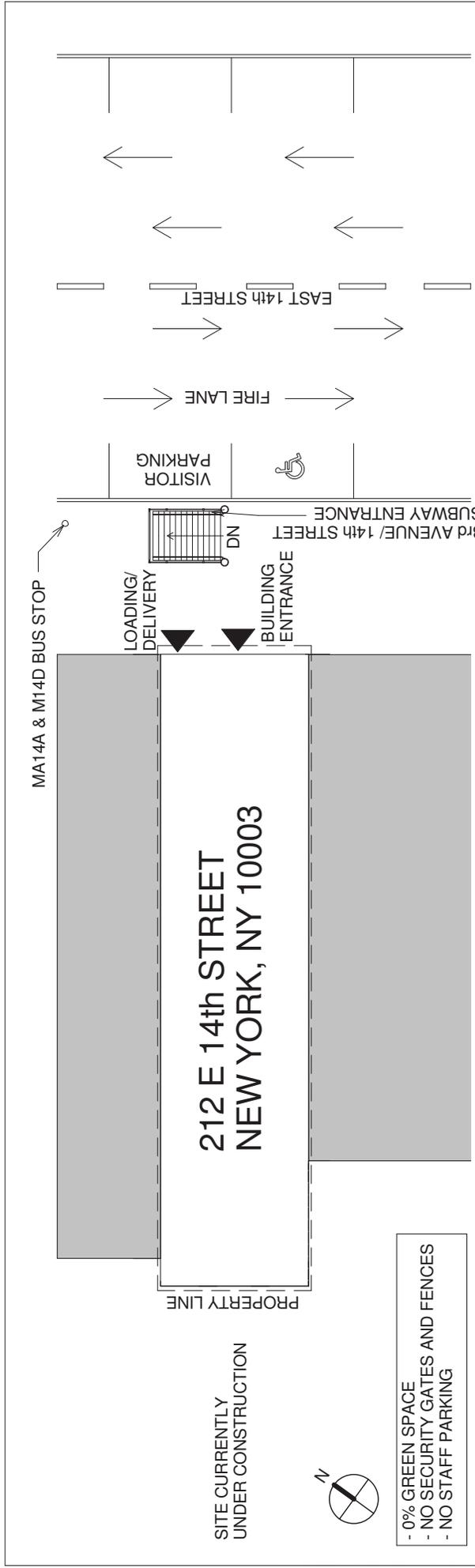
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#### **PART II-SITE PLANS**

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Please find on the following pages Site Plans for Columbia Care NY LLC's Manhattan Dispensing Facility, including:

- General Site Plans
- Life Safety Plan
- Floor Plans
- Security Floor Plans
- Single Line Diagrams



**212 E 14th STREET  
NEW YORK, NY 10003**

SITE CURRENTLY UNDER CONSTRUCTION

- 0% GREEN SPACE
- NO SECURITY GATES AND FENCES
- NO STAFF PARKING

1 Site  
1/16" = 1'-0"



2 Locus Map  
No Scale

<b>Elton + Hampton Architects</b>	<b>Columbia Care</b>		<b>NY00</b>
	212 E 14th Street New York, NY 10003		
No.	Description	Date	Site Plan and Locus Map
			Date 05.27.15
			Drawn by Melissa Piper
			Checked by Bruce Hampton
			Scale 1/16" = 1'-0"



**Elton + Hampton Architects**

**Columbia Care**  
212 E 14th Street  
New York, NY 10003

No.	Description	Date

Proposed Basement Plan		
Date	05.27.15	
Drawn by	Melissa Piper	
Checked by	Bruce Hampton	

**NY01**

Scale 1/8" = 1'-0"

Redacted Pursuant to N.Y. Public Officers Law, Art. 6



**Elton + Hampton Architects**

**Columbia Care**

212 E 14th Street  
New York, NY 10003

No.

Description

Date

Proposed First Floor Plan  
Date 05.27.15  
Drawn by Melissa Piper  
Checked by Bruce Hampton

**NY02**

Scale 1/8" = 1'-0"



**Elton + Hampton Architects**

Columbia Care

212 E 14th Street  
New York, NY 10003

No.

Description

Date

Basement Life Safety Plan  
Date 05.27.15  
Drawn by Melissa Piper  
Checked by Bruce Hampton

**NY03**

Scale 1/8" = 1'-0"



**Elton + Hampton Architects**

Columbia Care  
212 E 14th Street  
New York, NY 10003

No.	Description	Date

First Floor Life Safety Plan	
Date	05.27.15
Drawn by	Melissa Piper
Checked by	Bruce Hampton

**NY04**

Scale 1/8" = 1'-0"

Drawn:	John Bairrell	01-05-2015
Client:	Columbia Care	
Approved:		
DO NOT SCALE DRAWING		Date
 network		2 Kingsbury Avenue Watertown, MA 02172 Tel: 857 284 8009 www.networkbus.com
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Drawing No.	Rev	Sheet of Sheets
07-102	-	A3

**Internal Camera Layout**

**Client:**  
Columbia Care  
212 E 14th Street  
NY 10003



Approved	DO NOT SCALE DRAWING	Date
 <b>network</b> 2 Kingsbury Avenue Watertown, MA 02172 Tel: 617 264 8009 www.networkbus.com		
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Drawing No.	Rev.	Sheet of Sheets
07-103	-	A3

Client:  
 Columbia Care  
 212 E 14th Street  
 NY 10003



Scale:	Drawn:	Date:
	John Bairrell	02-03-2015
Client:	Approved:	Date:
Columbia Care		
DO NOT SCALE DRAWING		
 2 Kingsbury Avenue Watertown, MA 02472 Tel: 617-264-8009 www.netwatchusa.com		
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Drawing No.	Rev.	Sheet of Sheets
07-101	-	A3

Drawing Name:  
External Camera  
Layout

Client:  
Columbia Care  
212 E14th Street  
NY 10003



DRAWING NUMBER:

SKE-1

DATE: 06.02.2015

REVISIONS

DATE

NO.

PROJECT: COLUMBIA CARE DISPENSARY  
212 E. 14th Street, New York, NY

DESCRIPTION: PROPOSED POWER ONE-LINE DIAGRAM

ARCH:



ELTON+ HAMPTON  
ARCHITECTS  
103 TERRACE STREET  
ROXBURY CROSSING, MA, 02120  
TEL: (617) 708-1071

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Redacted Pursuant to N.Y. Public Officers Law, Art. 6

Elton+Hampton Architects  
6/1/2015

Columbia Care NY Dispensary  
212 East 14<sup>th</sup> Street  
New York City, NY

**THIS PAGE CONTAINS CRITICAL INFRASTRUCTURE INFORMATION  
EXCEPT FOR THAT DISCLOSED AS REQUIRED**



# APPENDIX B

## FORM DOH-5146

### *10 NYCRR § 1004.5(b)(11) and (12)*

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#### **RIVERHEAD DISPENSING FACILITY**

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Columbia Care NY LLC will locate one of its four Dispensing Facilities at:

- **Riverhead Dispensing Facility:** 1107 Old Country Road  
Riverhead, NY 11901

#### **ARCHITECTURAL PROGRAM**

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Please find on the following pages a completed Form DOH-5146- Architectural Program for Columbia Care NY LLC's Riverhead Dispensing Facility.



Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION
Business Name: Columbia Care NY LLC
Facility Type: Manufacturing Facility [ ] Dispensing Facility [x]
Use and Occupancy Classification: B
Building Construction Type and Classification: Type 3B
Facility Address: 1107 Old Country Road, Riverhead, NY 11901
Primary Contact Telephone number: Robert Mayerson 978-771-1434
Primary Contact Fax number:
PART I - ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:
Applicant shall identify planning requirements, including but not limited to:
[ ] TOWN BOARD APPROVAL
[x] PLANNING BOARD APPROVAL
[ ] ZONING BOARD OF APPEALS APPROVAL
[x] PREPARATION OF CONSTRUCTION DOCUMENTS
[x] BUILDING PERMIT
[x] BIDDING PHASE
[x] CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
[x] COMMENCEMENT OF CONSTRUCTION
[x] COMPLETION OF CONSTRUCTION



Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- Entrance and Exits, Public Parking Spaces, Staff Parking Spaces, Accessible Parking Spaces, Accessible Route(s), Fire Lane and/or Fire Apparatus Road, Percentage of Green Space, Location of Emergency Power Systems, Loading & Unloading, Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

- Energy Source: Natural Gas, Solar, Oil, Other, Electric
Engineering Systems: Heating System, Cooling System, Ventilation & Humidification Systems, Electrical Distribution Available, Water Supply, Sewage, Emergency Power System



**Appendix B – Architectural Program**

<b>PART IV – BUILDING CODE COMPLIANCE:</b> (pages 3-13)		
CHECK ALL APPLICABLE CODES FOR THE FACILITY		
<input checked="" type="checkbox"/>	2010 BUILDING CODE OF NYS	
<input checked="" type="checkbox"/>	2010 FIRE CODE OF NYS	
<input checked="" type="checkbox"/>	2010 PLUMBING CODE OF NYS	
<input checked="" type="checkbox"/>	2010 MECHANICAL CODE OF NYS	
<input checked="" type="checkbox"/>	2010 FUEL GAS CODE OF NYS	
<input checked="" type="checkbox"/>	2010 PROPERTY MAINTENANCE CODE OF NYS	
<input checked="" type="checkbox"/>	2010 ENERGY CONSERVATION CONSTRUCTION CODE OF NYS	Section 101
<input checked="" type="checkbox"/>	2012 IECC COMMERCIAL PROVISIONS	
<input checked="" type="checkbox"/>	2010 EXISTING BUILDING CODE OF NYS	Alteration Level 2 (Section 404)
<input checked="" type="checkbox"/>	NEC NATIONAL ELECTRIC CODE, (Specify Applicable Version)	NFPA 70
<input type="checkbox"/>	2014 NY CITY CONSTRUCTION CODE	
<input type="checkbox"/>	2008 NY CITY CONSTRUCTION CODE	
<input type="checkbox"/>	1968 NY CITY CONSTRUCTION CODE	
<input checked="" type="checkbox"/>	NFPA 101-06 LIFE SAFETY CODE	
<input checked="" type="checkbox"/>	ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES	
<input type="checkbox"/>	OTHER	



**Appendix B – Architectural Program**

<p><b>Select Project Type:</b> Check all that apply. Refer to the Existing Building Code for definitions.</p>	<input type="checkbox"/> New Building <input type="checkbox"/> Repair <input type="checkbox"/> Alteration Level 1 <input checked="" type="checkbox"/> Alteration Level 2	<input type="checkbox"/> Alteration Level 3 <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Addition <input type="checkbox"/> Historic Building	<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Chapter 3. Prescriptive Compliance Method <input type="checkbox"/> Chapter 13. Performance Compliance Method
<p><b>Select Work Involved:</b> Check all that apply.</p>	<input checked="" type="checkbox"/> General Construction <input type="checkbox"/> Roofing <input type="checkbox"/> Asbestos Abatement/Environmental <input checked="" type="checkbox"/> Fire Alarm	<input type="checkbox"/> Structural <input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Electrical	<input type="checkbox"/> Site Work <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Elevators <input type="checkbox"/> Other: _____

<b>CODE COMPLIANCE REVIEW</b>						
Applicant shall provide all applicable information in regards to the code topic and section listed below.						
1. Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: <b>FC: Fire Code, PC: Plumbing Code, MC: Mechanical Code, FGC: Fuel Gas Code, ECCC: Energy Conservation Code.</b>						
2. Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: <b>NA: Not Applicable, NR: Not Required, NP: Not Permitted</b>						
3. Provide your facilities "Actual" value for each required standard as per applicable code section.						
No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	304 Business  307.1 No Hazardous Mat'ls	304 Business  No Hazardous Mat'ls



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
2	Combustible Storage	413	FC 2902.1 & 315.2	All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	413: High Piled Stock or rack storage shall comply with the Fire Code of NYS	No High Piled Stock or Rack Storage
3	Hazardous Materials	414	FC 2701.2	All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	FC 2701.2: Not considered hazardous materials	No hazardous materials
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	Not Considered Hazardous Materials	No hazardous materials
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	503.1 Type 3B Use B: 4 Stories 19000 sf Area	Total Hgt: 1 story Total Area: 9000 sf Dispensary: 6200 sf
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	N/A	N/A



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	508.3 N/R (B to B)	N/R
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	N/A	N/A
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Single use: 508.3.3.2	Single Use
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	602: Type 3B	Type 3B
11	Fire Resistance Rating Req'm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	See Attached DOH-5146 Supplement	See Attached DOH-5146 Supplement



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	See Attached DOH-5146 Supplement	See Attached DOH-5146 Supplement
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	Table 602 Type 3B Group B >30 ft separation= 0 Hr	2 HR
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	Table 705.4 Group B 3 HR if required	none required N/R
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	N/R	N/R No fire areas
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	707.2.2 N/R sprinklered	N/R
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	1017.1 Corridor Wall 0 Rating - Sprinklered	0 hr. sprinkler



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	N/R single story	N/R
19	Fire Protection: Sprinkler System	903	Existing Bldg 704.3	Indicate Type of Sprinkler System: <input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	903.2 N/R	Sprinklered per NFPA 13
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	N/R	N/R
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	N/R	N/R
22	Fire Alarm & Detection Systems	907	FC 907.3	Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input checked="" type="checkbox"/> Addressable <input type="checkbox"/> Hardwired (zoned)	907.3 Existing Bldg w/sprinklers 907.4 Manual Stations	Facility has both addressable and hardwired Modifications to existing per NFPA 13



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	N/A (for high haz. occupancies)	N/R
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	B Group not required	N/R
25	Exits	1001.1 & 2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.		See Door Schedule and floor plans
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	1004.1.1 Max Load: 100 SF/ occupant: 6200sf/100= 62	1004.1 Actual Design Load= maximum of 60
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	1017.2 - 44" wide corridors, No Stairs	Min corridor width: 55";
28	Accessible Means of Egress	1007.1	Existing Building Code 605.1.2	Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	605.2.1 Accessible means not required in existing bldg.	2 accessible means of egress provided



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	1008.1.1 Width 32-48" Height Min: 80"	All egress doors min: 42" x 80"
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	N/A	N/A
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	1010.1 Ramps	Existing ramp at rear to remain. See plans
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	1014.3 Group B CPT <= 75 ft.	CPT= 50 ft.
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	1015.1 Two Exits required	Occupancy= 60 CPT= 50 ft
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	Table 1017.1 Sprinklered building w/ occupancy > 30, corridor rating = 0	Proposed corridor walls fire rating = 1 hr.



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	1017.2 No less than 44"	Minimum corridor width provided: 55"
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	1017.3.2 Group B No more than 50' in length	Maximum dead end=33'
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	1019.2 Minimum 2 exits	Plan has 2
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	N/R	N/R
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	N/A	None
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	N/A	N/A



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	1023 Ramp 1020.1 No enclosure	Ramp at rear. See plan
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	1024.1.13 Exits discharge directly to exterior	All exits discharge to ext. grade.
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	1106.1 (2) accessible parking spaces, 1105.1 1 accessible entrance & 1110.1 proper signage	2 Parking spaces, accessible route, entrance & signage provided
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	ECCC: 101.4.1 N/R in existing building in continued use	N/R All walls/roof cavities where exposed will be insulated
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	1011.5.3 Exit signage and emergency lighting	New Exit signage and EBU's to be installed per 1011.5.3
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	N/R	N/A



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	1 WC per 25 men/ women 1 Lav per 40 men/ women	2 WC existing 2 Lavs existing
48	Available Street Water Pressure			Provide the available street or well water pressure.		Existing system to remain
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	FC503.1 Fully Sprinkered: Must be within 300'	Sprinklered Fire Lane: See site plan

### Appendix B - DOH-5146 Supplement

No.	Topic	NYS Building Code Section	Other Code	Minimum Information Required	Req'd Code	Facility's Actual
11	Fire Resistance Rating Req'm't for Building Elements	Table 601			Table 601 Structural Frame 0 hr. Bearing Walls: Exterior: 0 hr. Interior: 0 hr. Non bearing: Exterior NA Interior 0 hrs. Roof: 0 hrs	Type 3B Structural Frame 2 hr. Bearing Walls: Exterior: 0 hr. Interior: 0 hr. Non bearing: Exterior NA Interior 0 hrs. Roof: 0 hrs.
12	Exterior Wall Fire-Resistance Rating	Table 602			Table 602: Group B x<5=1 hr 5-10= 1 hr 10-30= 1 hr >30= 0	2 HR



# APPENDIX B

## FORM DOH-5146

### *10 NYCRR § 1004.5(b)(11) and (12)*

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#### **PART I-CONSTRUCTION TIMELINE**

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Please find on the following pages a Construction Timeline for Columbia Care NY LLC's Riverhead Dispensing Facility.

**NOTE: The following Construction Timeline has been developed in order to accommodate the New York State Department of Health's mandate to provide approved finished products to patients by January 2016.**

APPENDIX B: FORM DOH-5146

KEY MILESTONES/BENCHMARKS	ESTIMATED DATE OF COMPLETION	ASSUMPTIONS
Award of License from State	7/1/15	<i>Assumes 3.5 weeks from time of application submission to time of license award</i>
Refinement of Design Development	7/1/15	
Local zoning approval	7/29/15	<i>Assumes 4 week process from time of license award and no special permit needed</i>
Finalization of Mechanical, Electrical, Plumbing & Construction Documents	8/15/15	
Award of Contract to General Contractor	8/17/15	
Building Permit Granted	9/1/15	
Commencement of Construction	9/2/15	
Demolition	9/16/15	
Framing	10/1/15	
Plumbing, Wall & Ceiling Rough-ins and Inspections	10/24/15	
Finishes	11/15/15	
Final Inspections	12/1/15	
Construction Completion	12/10/15	<i>Assumes no unforeseen challenges during the construction process</i>



# APPENDIX B

## FORM DOH-5146

### *10 NYCRR § 1004.5(b)(11) and (12)*

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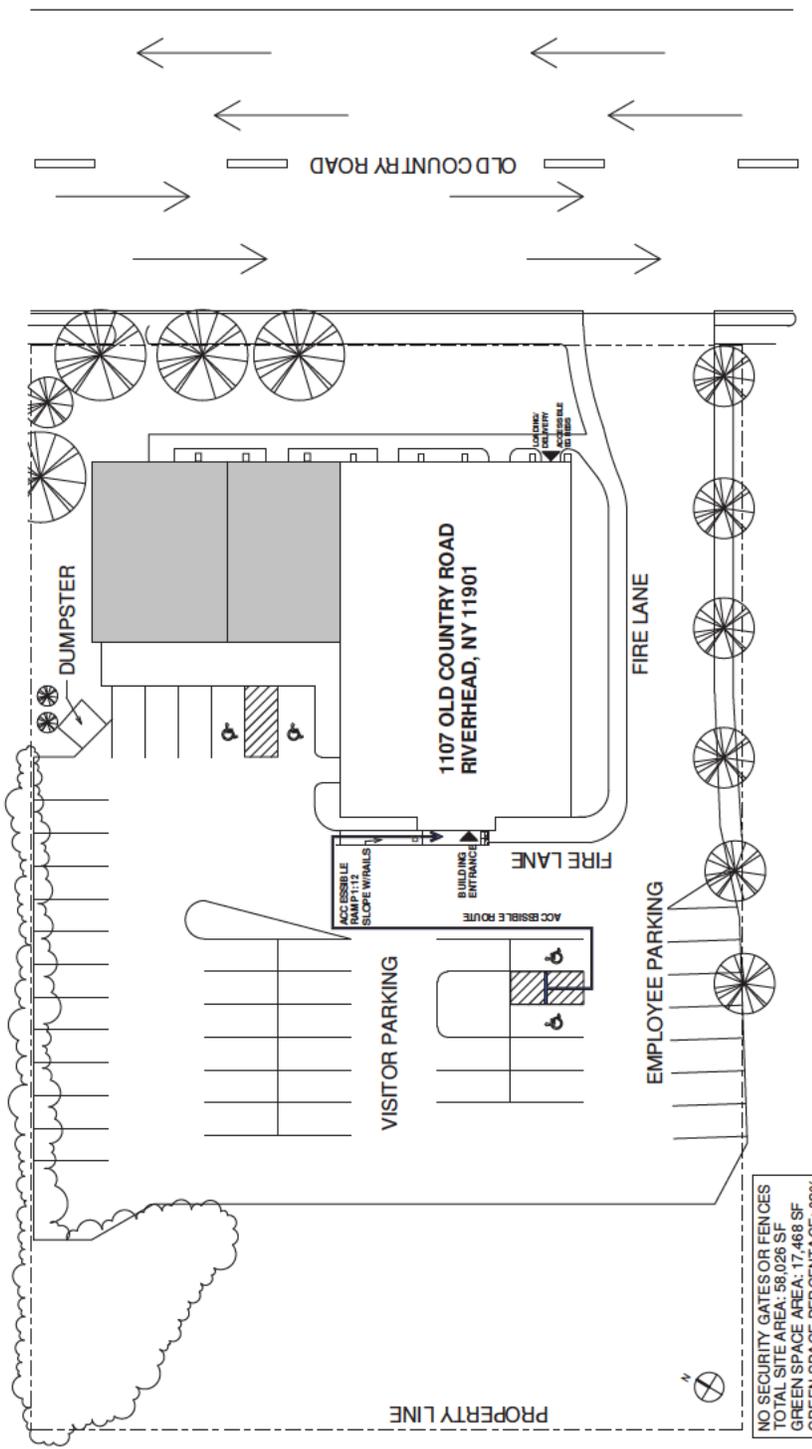
#### **PART II-SITE PLANS**

---

Please find on the following pages Site Plans for Columbia Care NY LLC's Riverhead Dispensing Facility, including:

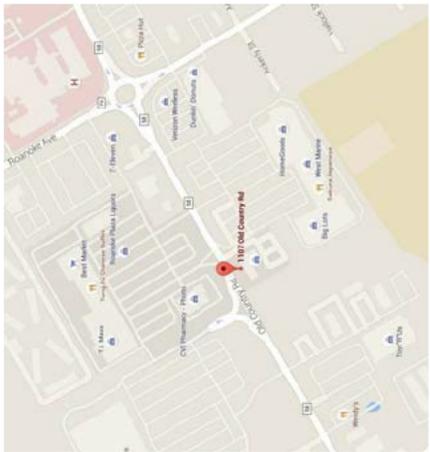
- General Site Plans
- Life Safety Plan
- Floor Plans
- Security Floor Plans
- Single Line Diagrams

APPENDIX B: FORM DOH-5146



NO SECURITY GATES OR FENCES  
TOTAL SITE AREA: 58,026 SF  
GREEN SPACE AREA: 17,468 SF  
GREEN SPACE PERCENTAGE: 30%

1 Site Plan  
1/16" = 1' - 0"



2 Locus Map  
No Scale

Site Plan and Locus Map	
Project number	Riverhead
Date	5.14.15
Drawn by	Melissa Piper
Checked by	Bruce Hampton
Scale 1/16" = 1'-0"	

No.	Description	Date

Columbia Care  
1107 Old Country Road  
Riverhead, NY 11901

Elton + Hampton Architects

<b>Life Safety Plan</b>	
Project number	Riverhead
Date	5.14.15
Drawn by	Melissa Piper
Checked by	Bruce Hampton
<b>RV02</b>	
Scale 1/4" = 1'-0"	

No.	Description	Date

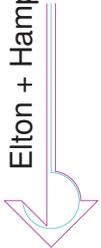
<b>Columbia Care</b>
<b>1107 Old Country Road</b>
<b>Riverhead, NY 11901</b>


<b>Elton + Hampton Architects</b>
103 Terrace Street, Roxbury, MA 02120
(617) 708-1071

<b>Proposed Floor Plan</b>	
Project number	Riverhead
Date	5.14.15
Drawn by	Melissa Piper
Checked by	Bruce Hampton
<b>RV01</b>	
Scale 1/4" = 1'-0"	

No.	Description	Date

<b>Columbia Care</b>
<b>1107 Old Country Road</b>
<b>Riverhead, NY 11901</b>

 <p><b>Elton + Hampton Architects</b></p>
--

DO NOT SCALE DRAWING	Date
network	2 Ridgebury Avenue Watertown, MA 02172 Tel: 617-264-8009 www.networkchairs.com
<small>This document is the property of Network USA, LLC. It is to be used only for the purpose of the project for which it was prepared. No part of this document may be reproduced or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or by any information storage and retrieval system, without the prior written permission of Network USA, LLC.</small>	
Drawings No.	Rev.
08-102	-
Sheet of Sheets	3
Sheet No.	A3

Client:  
Columbia Care  
1107 Old Country  
Road  
Riverhead,  
NY 11901



Client	Columbia Care	DO NOT SCALE DRAWING	Date
Approved		network	2 Kingsbury Avenue Watertown, MA 02172 Tel: 857-284-8009 www.networkchairs.com
Drawings No.	08-103	Rev	Sheet of Sheets
		-	A3

**Layout**  
**Client:**  
 Columbia Care  
 1107 Old Country  
 Road  
 Riverhead,  
 NY 11901



Proposed Floor Plan

Client	Columbia Care	DO NOT SCALE DRAWING	Date
Approved		network	2 Kingsbury Avenue Watertown, MA 02172 Tel: 857-284-8009 www.networkchairs.com
Drawings No.	08-101	Rev	Sheet of Sheets
		-	A3

Layout  
 Client:  
 Columbia Care  
 1107 Old Country  
 Road  
 Riverhead,  
 NY 11901



Proposed Floor Plan

Redacted Pursuant to N.Y. Public Officers Law, Art. 6

Elton+Hampton Architects  
6/1/2015

Columbia Care NY Dispensary  
Riverhead, NY

**THIS PAGE CONTAINS CRITICAL INFRASTRUCTURE INFORMATION  
EXCEPT FOR THAT DISCLOSED AS REQUIRED BY**

DRAWING NUMBER:

SKE-1

DATE: 06.02.2015

REVISIONS

DATE

NO.

PROJECT: COLUMBIA CARE DISPENSARY  
1107 Old Country Road, RVerhead, NY

DESCRIPTION: PROPOSED POWER ONE-LINE DIAGRAM

ARCH:



ELTON+ HAMPTON  
ARCHITECTS  
103 TERRACE STREET  
ROXBURY CROSSING, MA, 02120  
TEL: (617) 708-1071

M.J SUPRANOVICZ ASSOCIATES  
CONSULTING ELECTRICAL ENGINEERS

29 DIANDY ROAD  
SAGAMORE BEACH  
MA 02562  
T:(508)833-7559  
C:(978)835-0799  
EMAIL: MJSAAEE@COMCAST.NET



# APPENDIX B

## FORM DOH-5146

### *10 NYCRR § 1004.5(b)(11) and (12)*

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#### **PLATTSBURGH DISPENSING FACILITY**

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Columbia Care NY LLC will locate one of its four Dispensing Facilities at:

- **Plattsburgh Dispensing Facility:** 345 Cornelia Street  
Plattsburgh, NY 12901

#### **ARCHITECTURAL PROGRAM**

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Please find on the following pages a completed Form DOH-5146- Architectural Program for Columbia Care NY LLC's Plattsburgh Dispensing Facility.



Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION
Business Name: Columbia Care NY LLC
Facility Type: Manufacturing Facility [ ] Dispensing Facility [x]
Use and Occupancy Classification: B
Building Construction Type and Classification: Type 3B
Facility Address: 345 Cornelia Street, Plattsburgh, NY 12901
Primary Contact Telephone number: Robert Mayerson 978-771-1434
Primary Contact Fax number:
PART I - ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:
Applicant shall identify planning requirements, including but not limited to:
[ ] TOWN BOARD APPROVAL
[x] PLANNING BOARD APPROVAL
[ ] ZONING BOARD OF APPEALS APPROVAL
[x] PREPARATION OF CONSTRUCTION DOCUMENTS
[x] BUILDING PERMIT
[x] BIDDING PHASE
[x] CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
[x] COMMENCEMENT OF CONSTRUCTION
[x] COMPLETION OF CONSTRUCTION



Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- Entrance and Exits
Public Parking Spaces
Staff Parking Spaces
Accessible Parking Spaces
Accessible Route(s)
Fire Lane and/or Fire Apparatus Road
Percentage of Green Space
Location of Emergency Power Systems
Loading & Unloading
Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

- Energy Source: Natural Gas, Oil, Electric, Solar, Other
Engineering Systems: Heating System, Cooling System, Ventilation & Humidification Systems, Electrical Distribution Available, Water Supply, Sewage, Emergency Power System



**Appendix B – Architectural Program**

<b>PART IV – BUILDING CODE COMPLIANCE:</b> (pages 3-13)		
CHECK ALL APPLICABLE CODES FOR THE FACILITY		
<input checked="" type="checkbox"/>	2010 BUILDING CODE OF NYS	
<input checked="" type="checkbox"/>	2010 FIRE CODE OF NYS	
<input checked="" type="checkbox"/>	2010 PLUMBING CODE OF NYS	
<input checked="" type="checkbox"/>	2010 MECHANICAL CODE OF NYS	
<input checked="" type="checkbox"/>	2010 FUEL GAS CODE OF NYS	
<input checked="" type="checkbox"/>	2010 PROPERTY MAINTENANCE CODE OF NYS	
<input checked="" type="checkbox"/>	2010 ENERGY CONSERVATION CONSTRUCTION CODE OF NYS	Section 101
<input checked="" type="checkbox"/>	2012 IECC COMMERCIAL PROVISIONS	
<input checked="" type="checkbox"/>	2010 EXISTING BUILDING CODE OF NYS	Alteration Level 2 (Section 404)
<input checked="" type="checkbox"/>	NEC NATIONAL ELECTRIC CODE, (Specify Applicable Version)	NFPA 70
<input type="checkbox"/>	2014 NY CITY CONSTRUCTION CODE	
<input type="checkbox"/>	2008 NY CITY CONSTRUCTION CODE	
<input type="checkbox"/>	1968 NY CITY CONSTRUCTION CODE	
<input checked="" type="checkbox"/>	NFPA 101-06 LIFE SAFETY CODE	
<input checked="" type="checkbox"/>	ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES	
<input type="checkbox"/>	OTHER	



**Appendix B – Architectural Program**

<p><b>Select Project Type:</b> Check all that apply. Refer to the Existing Building Code for definitions.</p>	<input type="checkbox"/> New Building <input type="checkbox"/> Repair <input type="checkbox"/> Alteration Level 1 <input checked="" type="checkbox"/> Alteration Level 2	<input type="checkbox"/> Alteration Level 3 <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Addition <input type="checkbox"/> Historic Building	<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Chapter 3. Prescriptive Compliance Method <input type="checkbox"/> Chapter 13. Performance Compliance Method
<p><b>Select Work Involved:</b> Check all that apply.</p>	<input checked="" type="checkbox"/> General Construction <input type="checkbox"/> Roofing <input type="checkbox"/> Asbestos Abatement/Environmental <input checked="" type="checkbox"/> Fire Alarm	<input type="checkbox"/> Structural <input checked="" type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Electrical	<input type="checkbox"/> Site Work <input type="checkbox"/> Sprinkler <input type="checkbox"/> Elevators <input type="checkbox"/> Other: _____

<b>CODE COMPLIANCE REVIEW</b>						
Applicant shall provide all applicable information in regards to the code topic and section listed below.						
1. Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: <b>FC: Fire Code, PC: Plumbing Code, MC: Mechanical Code, FGC: Fuel Gas Code, ECCC: Energy Conservation Code.</b>						
2. Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: <b>NA: Not Applicable, NR: Not Required, NP: Not Permitted</b>						
3. Provide your facilities "Actual" value for each required standard as per applicable code section.						
No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	304 Business  307.1 No Hazardous Mat'ls	304 Business  No Hazardous Mat'ls



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
2	Combustible Storage	413	FC 2902.1 & 315.2	All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	413: High Piled Stock or rack storage shall comply with the Fire Code of NYS	No High Piled Stock or Rack Storage
3	Hazardous Materials	414	FC 2701.2	All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	FC 2701.2: Not considered hazardous materials	No hazardous materials
4	Hazardous Materials Control Areas	414.2		Provide additional information indicating number, size, materials stored, and quantity of each material.	Not Considered Hazardous Materials	No hazardous materials
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	503.1 Type 3B Use B: 4 Stories 19000 sf Area	Total Hgt: 1 story Total Area: 12000 sf Dispensary: 4372 sf
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	N/A	N/A



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	508.3 N/R (B to B)	N/R
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	N/A	N/A
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Single use: 508.3.3.2	Single Use
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	602: Type 3B	Type 3B
11	Fire Resistance Rating Req'm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	See Attached DOH-5146 Supplement	See Attached DOH-5146 Supplement



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	See Attached DOH-5146 Supplement	See Attached DOH-5146 Supplement
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	Table 602 Type 3B Group B x<5 ft separation= 1 Hr	2 HR
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	Table 705.4 Group B 3 HR if required	none required N/R
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	N/R	N/R No fire areas
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	707.2.2 N/R	N/R
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	1017.1 Corridor Wall 1 hr. Rating required	1 hr rated corridors



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	N/R single story	N/R
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: <input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	903.2 N/R	N/R
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	N/R	N/R
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	N/R	N/R
22	Fire Alarm & Detection Systems	907	FC 907.3	Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input checked="" type="checkbox"/> Addressable <input type="checkbox"/> Hardwired (zoned)	907.3 Existing Bldg w/addressable system 907.4 Manual Stations	Facility has both addressable and manual pull stations



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	N/A (for high haz. occupancies)	N/R
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	B Group not required	N/R
25	Exits	1001.1 & 2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.		See Door Schedule and floor plans
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	1004.1.1 Max Load: 100 SF/ occupant: 4372sf/100= 43	1004.1 Actual Design Load= maximum of 43
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	1017.2 - 44" wide corridors, No Stairs	Min corridor width: 44";
28	Accessible Means of Egress	1007.1	Existing Building Code 605.1.2	Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	605.2.1 Accessible means not required in existing bldg.	1 accessible means of egress provided



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	1008.1.1 Width 32-48" Height Min: 80"	All egress doors min: 36" x 80"
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	N/A	N/A
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	1010.1 Ramps	Existing ramp at front to remain. See plans
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	1014.3 Group B CPT <= 75 ft.	CPT= 62 ft.
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	1015.1 One exit required	Occupancy= 43 CPT= 62 ft Two exits provided
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	Table 1017.1 building w/ occupancy > 30, corridor rating = 1 hour	Proposed corridor walls fire rating = 1 hr.



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	1017.2 No less than 44"	Minimum corridor width provided: 44"
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	1017.3.2 Group B No more than 50' in length	No dead ends
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	1019.2 Minimum 2 exits	Plan has 2
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	N/R	N/R
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	N/A	None
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	N/A	N/A



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	1023 Ramp 1020.1 No enclosure	Ramp at rear. See plan
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	1024.1.13 Exits discharge directly to exterior	All exits discharge to ext. grade.
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	1106.1 (2) accessible parking spaces, 1105.1 1 accessible entrance & 1110.1 proper signage	2 Parking spaces, accessible route, entrance & signage provided
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	ECCC: 101.4.1 N/R in existing building in continued use	N/R All walls/roof cavities where exposed will be insulated
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	1011.5.3 Exit signage and emergency lighting	New Exit signage and EBU's to be installed per 1011.5.3
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	N/R	N/A



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	1 WC per 25 men/ women 1 Lav per 40 men/ women	3 WC 3 Lavs
48	Available Street Water Pressure			Provide the available street or well water pressure.	N/A	N/A
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	FC503.1 Must be within 300'	Fire Lane: See site plan

**Appendix B - DOH-5146 Supplement**

No.	Topic	NYS Building Code Section	Other Code	Minimum Information Required	Req'd Code	Facility's Actual
11	Fire Resistance Rating Req'm't for Building Elements	Table 601			Table 601 Structural Frame 0 hr. Bearing Walls: Exterior: 0 hr. Interior: 0 hr. Non bearing: Exterior NA Interior 0 hrs. Roof: 0 hrs	Type 3B Structural Frame 2 hr. Bearing Walls: Exterior: 0 hr. Interior: 0 hr. Non bearing: Exterior NA Interior 0 hrs. Roof: 0 hrs.
12	Exterior Wall Fire-Resistance Rating	Table 602			Table 602: Group B x<5=1 hr 5-10= 1 hr 10-30= 1 hr >30= 0	2 HR



# APPENDIX B

## FORM DOH-5146

### *10 NYCRR § 1004.5(b)(11) and (12)*

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#### **PART I-CONSTRUCTION TIMELINE**

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Please find on the following pages a Construction Timeline for Columbia Care NY LLC's Plattsburgh Dispensing Facility.

**NOTE: The following Construction Timeline has been developed in order to accommodate the New York State Department of Health's mandate to provide approved finished products to patients by January 2016.**

APPENDIX B: FORM DOH-5146

KEY MILESTONES/BENCHMARKS	ESTIMATED DATE OF COMPLETION	ASSUMPTIONS
Award of License from State	7/1/15	<i>Assumes 3.5 weeks from time of application submission to time of license award</i>
Refinement of Design Development	7/1/15	
Local zoning approval	7/29/15	<i>Assumes 4 week process from time of license award and no special permit needed</i>
Finalization of Mechanical, Electrical, Plumbing & Construction Documents	8/15/15	
Award of Contract to General Contractor	8/17/15	
Building Permit Granted	9/1/15	
Commencement of Construction	9/2/15	
Demolition	9/16/15	
Framing	10/1/15	
Plumbing, Wall & Ceiling Rough-ins and Inspections	10/24/15	
Finishes	11/15/15	
Final Inspections	12/1/15	
Construction Completion	12/10/15	<i>Assumes no unforeseen challenges during the construction process</i>



# APPENDIX B

## FORM DOH-5146

### *10 NYCRR § 1004.5(b)(11) and (12)*

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#### **PART II-SITE PLANS**

---

Please find on the following pages Site Plans for Columbia Care NY LLC's Plattsburgh Dispensing Facility, including:

- General Site Plans
- Life Safety Plan
- Floor Plans
- Security Floor Plans
- Single Line Diagrams

Site Plan and Locus Map	
Project number	PLATTSBURGH
Date	05.27.15
Drawn by	Melissa Piper
Checked by	Bruce Hampton
Scale 1/16" = 1'-0"	

No.	Description	Date

<p>Columbia Care  345 Cornelia Street  Plattsburgh, NY 12901</p>
--

 <p>Elton + Hampton Architects</p>
---

Life Safety Plan	
Project number	PLATTSBURGH
Date	05.27.15
Drawn by	Melissa Piper
Checked by	Bruce Hampton
PL02	
Scale 1/4" = 1'-0"	

No.	Description	Date

Columbia Care
345 Cornelia Street
Plattsburgh, NY 12901

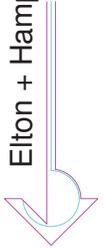
 <p>Elton + Hampton Architects</p>
---

APPENDIX B: FORM DOH-5146

<b>Proposed First Floor Plan</b>	
Project number	PLATTSBURGH
Date	05.27.15
Drawn by	Melissa Piper
Checked by	Bruce Hampton
<b>PL01</b>	
Scale 1/4" = 1'-0"	

No.	Description	Date

<b>Columbia Care</b>
345 Cornelia Street Plattsburgh, NY 12901

<b>Elton + Hampton Architects</b>


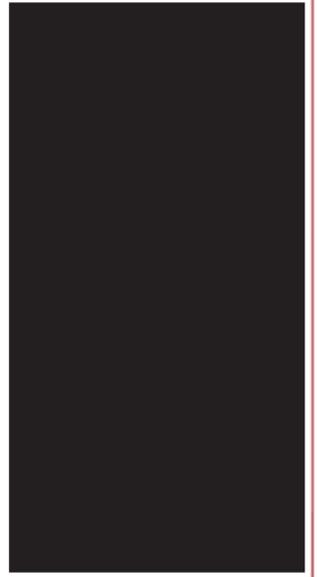
APPENDIX B: FORM DOH-5146

Redacted Pursuant to N.Y. Public Officers Law, Art. 6

Scale:	Drawn:	Drawn:	Date:
	John Bairrell	01-05-2015	
Client:	Columbia Care		
Approved:			
DO NOT SCALE DRAWING			
 2 Kingsbury Avenue Watertown, MA 02472 Tel: 617-264-8009 www.networkbus.com			
<small>This document is the property of Network USA, LLC. It is to be used for the project and no other use without the written consent of Network USA, LLC. If you are not an authorized user, please contact your Network USA representative.</small>			
Drawing No:	Rev:	Sheet of Sheets	Size
10-102	-		A3

**Drawing Name:**  
Internal Camera  
Layout

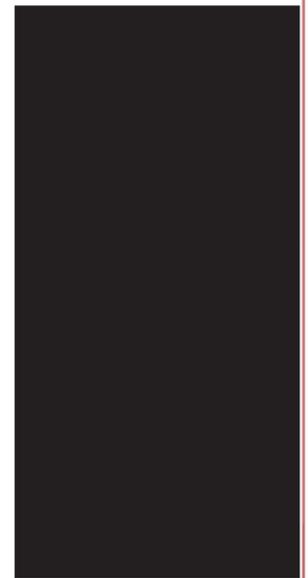
**Client:**  
Columbia Care  
345 Cornelia Street  
Plattsburgh  
NY



Drawn:	John Bairrell	Date:	01-05-2015
Client:	Columbia Care		
Approved:			
DO NOT SCALE DRAWING			
		2 Kingsbury Avenue Watertown, MA 02472 Tel: 617-264-8009 www.networkbus.com	
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Drawing No.	10-103	Rev.	Sheet of Sheets
			A3

**Drawing Name:**  
Access Control  
Layout

**Client:**  
Columbia Care  
345 Cornella Street  
Plattsburgh  
NY



Scale:	Dir:	Sheet	Size
Drawn: John Bairrell	01-05-2015		A3
Client: Columbia Care			
Approved:			
DO NOT SCALE DRAWING			
Date			

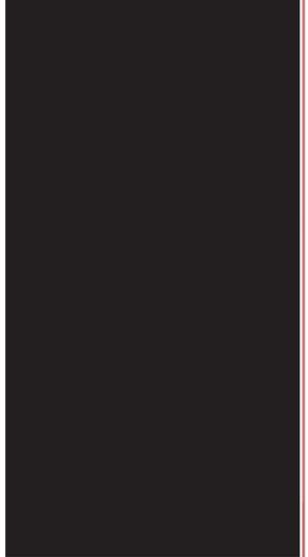
**Drawing Name:**  
External Camera  
Layout

**Client:**  
Columbia Care  
345 Cornella Street  
Plattsburgh  
NY

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**Rev:** -  
**Sheet of Sheets:** 1



Redacted Pursuant to N.Y. Public Officers Law, Art. 6

Elton+Hampton Architects  
6/1/2015

Columbia Care NY Dispensary  
Plattsburgh, NY

**THIS PAGE CONTAINS CRITICAL INFRASTRUCTURE INFORMATION  
EXCEPTED FROM PUBLIC DISCLOSURE REQUESTS**

DRAWING NUMBER:  
**SKE-1**  
DATE: 06.02.2015

REVISIONS  
NO. DATE

PROJECT: **COLUMBIA CARE DISPENSARY**  
345 Cornelia Street, Plattsburg, NY

DESCRIPTION:  
**PROPOSED POWER ONE-LINE DIAGRAM**

ARCH:  **ELTON+HAMPTON ARCHITECTS**  
103 TERRACE STREET  
ROXBURY CROSSING, MA, 02120  
TEL: (617) 708-1071

**M.J SUPRANOVICZ ASSOCIATES**  
CONSULTING ELECTRICAL ENGINEERS  
29 DIANDY ROAD  
SAGAMORE BEACH MA 02562  
T:(508)833-7559  
C:(978)835-0799  
EMAIL: MJSAAEE@COMCAST.NET



# APPENDIX B

## FORM DOH-5146

### *10 NYCRR § 1004.5(b)(11) and (12)*

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#### **ROCHESTER DISPENSING FACILITY**

---

Columbia Care NY LLC will locate one of its four Dispensing Facilities at:

- **Rochester Dispensing Facility:** 200 West Ridge Road  
Rochester, NY 14615

#### **ARCHITECTURAL PROGRAM**

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Please find on the following pages a completed Form DOH-5146- Architectural Program for Columbia Care NY LLC's Rochester Dispensing Facility.



Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION
Business Name: Columbia Care NY LLC
Facility Type: Manufacturing Facility [ ] Dispensing Facility [x]
Use and Occupancy Classification: B
Building Construction Type and Classification: Type 1A
Facility Address: 200 West Ridge Road, Rochester, NY 14652
Primary Contact Telephone number: Robert Mayerson 978-771-1434
Primary Contact Fax number:
PART I - ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:
Applicant shall identify planning requirements, including but not limited to:
[ ] TOWN BOARD APPROVAL
[x] PLANNING BOARD APPROVAL
[ ] ZONING BOARD OF APPEALS APPROVAL
[x] PREPARATION OF CONSTRUCTION DOCUMENTS
[x] BUILDING PERMIT
[x] BIDDING PHASE
[x] CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
[x] COMMENCEMENT OF CONSTRUCTION
[x] COMPLETION OF CONSTRUCTION



Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- Entrance and Exits
Public Parking Spaces
Staff Parking Spaces
Accessible Parking Spaces
Accessible Route(s)
Fire Lane and/or Fire Apparatus Road
Percentage of Green Space
Location of Emergency Power Systems
Loading & Unloading
Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

- Energy Source:
Natural Gas, Oil, Electric, Solar, Other Campus Stea
Engineering Systems:
Heating System: Type FHA, Size Campus, Efficiency TBD, Ventilation Requirements ASHRAE 62.1 and 90.1
Cooling System: Type FA, Size Campus, Efficiency TBD, Ventilation Requirements ASHRAE 62.1 and 90.1
Ventilation & Humidification Systems:
Type Fan Coil, Size Campus, Efficiency TBD, Ventilation Requirements ASHRAE 62.1 and 90.1
Electrical Distribution Available 480 three phase alternating
Water Supply: Municipal Water Service pot. or Private Well Water process
Sewage: Municipal Sewer System yes or Private Septic System
Emergency Power System:
Type interconn, Size unlimited, Efficiency TBD

APPENDIX B FORM DOH-5146



**Appendix B – Architectural Program**

PART IV – BUILDING CODE COMPLIANCE: (pages 3-13)			
CHECK ALL APPLICABLE CODES FOR THE FACILITY			
APPENDIX B: FORM DOH-5146	<input checked="" type="checkbox"/>	2010 BUILDING CODE OF NYS	
	<input checked="" type="checkbox"/>	2010 FIRE CODE OF NYS	
	<input checked="" type="checkbox"/>	2010 PLUMBING CODE OF NYS	
	<input checked="" type="checkbox"/>	2010 MECHANICAL CODE OF NYS	
	<input checked="" type="checkbox"/>	2010 FUEL GAS CODE OF NYS	
	<input checked="" type="checkbox"/>	2010 PROPERTY MAINTENANCE CODE OF NYS	
	<input checked="" type="checkbox"/>	2010 ENERGY CONSERVATION CONSTRUCTION CODE OF NYS	Section 101
	<input checked="" type="checkbox"/>	2012 IECC COMMERCIAL PROVISIONS	
	<input checked="" type="checkbox"/>	2010 EXISTING BUILDING CODE OF NYS	Alteration Level 2 (Section 404)
	<input checked="" type="checkbox"/>	NEC NATIONAL ELECTRIC CODE, (Specify Applicable Version)	NFPA 70
	<input type="checkbox"/>	2014 NY CITY CONSTRUCTION CODE	
	<input type="checkbox"/>	2008 NY CITY CONSTRUCTION CODE	
	<input type="checkbox"/>	1968 NY CITY CONSTRUCTION CODE	
<input checked="" type="checkbox"/>	NFPA 101-06 LIFE SAFETY CODE		
<input checked="" type="checkbox"/>	ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES		
<input type="checkbox"/>	OTHER		



**Appendix B – Architectural Program**

<p><b>Select Project Type:</b> Check all that apply. Refer to the Existing Building Code for definitions.</p>	<input type="checkbox"/> New Building <input type="checkbox"/> Repair <input type="checkbox"/> Alteration Level 1 <input checked="" type="checkbox"/> Alteration Level 2	<input type="checkbox"/> Alteration Level 3 <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Addition <input type="checkbox"/> Historic Building	<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Chapter 3. Prescriptive Compliance Method <input type="checkbox"/> Chapter 13. Performance Compliance Method
<p><b>Select Work Involved:</b> Check all that apply.</p>	<input checked="" type="checkbox"/> General Construction <input type="checkbox"/> Roofing <input type="checkbox"/> Asbestos Abatement/Environmental <input checked="" type="checkbox"/> Fire Alarm	<input type="checkbox"/> Structural <input checked="" type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Electrical	<input type="checkbox"/> Site Work <input checked="" type="checkbox"/> Sprinkler <input type="checkbox"/> Elevators <input type="checkbox"/> Other: _____

<b>CODE COMPLIANCE REVIEW</b>						
<p>Applicant shall provide all applicable information in regards to the code topic and section listed below.</p> <p>1. Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: <b>FC: Fire Code, PC: Plumbing Code, MC: Mechanical Code, FGC: Fuel Gas Code, ECCC: Energy Conservation Code.</b></p> <p>2. Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: <b>NA: Not Applicable, NR: Not Required, NP: Not Permitted</b></p> <p>3. Provide your facilities "Actual" value for each required standard as per applicable code section.</p>						
No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	304 Business B	304 Business B



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
2	Combustible Storage	413	FC 2902.1 & 315.2	All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	413: High Piled Stock or rack storage shall comply with the Fire Code of NYS	No High Piled Stock or Rack Storage
3	Hazardous Materials	414	FC 2701.2	All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.	FC 2701.2: Not considered hazardous materials	No hazardous materials
4	Hazardous Materials Control Areas	414.2	FC 2701	Provide additional information indicating number, size, materials stored, and quantity of each material.	Not Hazardous Materials	No hazardous materials
5	Building Area & Height	501-507	Text	Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	503.1 Type 1A Use B: Unlimited Stories Unlimited Area	Total Hgt: 6 stories Total Area: 325,000 sf 1st floor dispensary: 4570 sf
6	Incidental Use Areas	508.2		Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.	N/A	N/A

APPENDIX B: FORM DOH-5146



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Table 508.3.3 N/R for B to B	2 HR concrete floor No req'd separate B to B Sprinklered
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	N/A	N/A
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Business use: 508.3.3.2	Business use
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	602: Type 1A	Type 1A
11	Fire Resistance Rating Req'm't for Building Elements	Table 601		Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.	See Attached DOH-5146 Supplement	See Attached DOH-5146 Supplement

APPENDIX B: FORM DOH-5146



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
12	Exterior Wall Fire-Resistance Rating	Table 602		Identify required fire resistance rating of exterior walls on Building Plan(s).	See Attached DOH-5146 Supplement	See Attached DOH-5146 Supplement
13	Exterior Fire Separation Distance	Table 602		Identify required fire separation distance of exterior walls between Buildings on Plan.	Table 602 Type 1A - 1 HR	3 HR
14	Fire Walls	705		Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.	Table 705.4 B 3 HR if required	N/R unlimited floor area 503.1
15	Fire Barriers	706		Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.	706.3.2 Exit Enclosures 2 HR	2 HR existing to remain
16	Shaft Enclosures	707		Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.	707.4 No less than 2 HR	2 HR existing to remain
17	Fire Partitions	708		Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.	1017.1 Corridor Wall 0 Rating - Sprinklered	1 hr. typical + sprinkler

APPENDIX B - FORM DOH-5146

811



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
18	Horizontal Assemblies	711		Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.	508.3 Floor/Ceiling 0 HR between B & B	2 HR existing to remain
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: <input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	903.2.3 Automatic Sprinkler Required B>12,000sf	Sprinklered per NFPA 13
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	N/R	N/R
21	Standpipe System	905		Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.	905.3.1 Class I System	Class I hose connections to remain
22	Fire Alarm & Detection Systems	907	FC 907.3	Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input checked="" type="checkbox"/> Addressable <input type="checkbox"/> Hardwired (zoned)	907.3 Existing Bldg w/sprinklers 907.4 Manual Stations	Facility has both addressable and hardwired Modifications to existing per NFPA 13

APPENDIX B: FORM DOH-5146



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	N/A (for high haz. occupancies)	N/R
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	912 Fire Department connections	Class 1 connections, only syst. connections w/ 3 pumps
25	Exits	1001.1 & 2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.		See Door Schedule and floor plans
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	1004.1.1 Business 100 SF/ occupant: 4570 sf/100= 45 occupants	1004.1 Actual Design Load= 45 occupants
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	1017.2 - 44" wide corridors, min. 44" wide stairs	Min corridor width: 5'-0"; Min. Stair width: 5'-4"
28	Accessible Means of Egress	1007.1	Existing Building Code 605.1.2	Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	605.2.1 Accessible means not required in existing bldg.	2 active elevators plus areas of refuge 1st floor occupancy is accessible

APPENDIX B: FORM DOH-5146



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	1008.1.1 Width 32-48" Height Min: 80"	All egress doors min: 42"
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	1009.1 For occupant load of 50 or less, stairways to be no narrower than 36"	ETR stairs are >=5'-4"
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	N/A	N/A no ramps
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	1014.3.1 Group B CPT <= 75 ft.	CPT= 38 ft.
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	1015.1 One Exit from Space: 1015.1.1 Occupancy<49	Occupancy= 45 CPT= 38 ft. Two means provided
34	Corridor Fire Rating	1017.1		Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.	Table 1017.1 Sprinklered building w/ occupancy > 30, corridor rating = 0	Proposed corridor walls fire rating = 0

APPENDIX B: FORM DOH-5146



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	1017.2 No less than 44" 1005.1 45 x .15= 6.75"	Minimum corridor width provided: 44"
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	1017.3.2 Group B No more than 50' in length	No dead ends
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	1019.2 Minimum 2 exits	Plan has 3
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	1020.1 No less than 2 HRS	Existing Rating: 2 HRS
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	1021:1 hour passageways	Existing Rating: 1 HR. to remain
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	N/A	N/A

APPENDIX B FORM DOH-5146



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	N/A	N/A
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	1024.1.13 Exits discharge directly to exterior	All exits discharge to ext. grade.
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	1106.1 (2) accessible parking spaces, 1105.1 1 accessible entrance & 1110.1 proper signage	2 Parking spaces, accessible route, entrance & signage provided
44	Energy Conservation	2010 NYS ECCC & IECC 2012		Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).	Walls above grade: R-13, U-0.078	Walls= R20 No roof, no floor exposed
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	2702.1 NFPA 110 & 111	Co-generated from steam, back up interconnection with RG&E
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	N/R	N/A

APPENDIX B: FORM DOH-5146



**Appendix B – Architectural Program**

No.	Topic	NYS Building Code Section	Other Code <sup>1</sup> (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value <sup>2</sup> /Allowed Code Value	Facility's Actual Value <sup>3</sup>
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	1 WC per 100 men/ women 1 Lav per 100 men/ women	3 WC's provided 3 Lavs provided
48	Available Street Water Pressure			Provide the available street or well water pressure.		125 PSI
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	FC503.1 Fully Sprinklered: Must be within 300'	Sprinklered

APPENDIX B: FORM DOH-5146

**Appendix B - DOH-5146 Supplement**

No.	Topic	NYS Building Code Section	Other Code	Minimum Information Required	Req'd Code	Facility's Actual
11	Fire Resistance Rating Req'm't for Building Elements	Table 601			Table 601 Structural Frame 3hr. Bearing Walls: Exterior: 3 hr. Interior: 3 hr. Non bearing: Exterior NA Interior 0 hrs. Floors: 2 hrs	Type 1A: Structural Frame 3hr. Bearing Walls: Exterior: 3 hr. Interior: 3 hr. Non bearing: Exterior NA Interior 0 hrs. Floors: 2 hrs.
12	Exterior Wall Fire-Resistance Rating	Table 602			Table 602: Group B x<5=2 hr 5-10= 2 hr 10-30= 1 hr >30= 0	3 HR

APPENDIX B: FORM DOH-5146



# APPENDIX B

## FORM DOH-5146

### *10 NYCRR § 1004.5(b)(11) and (12)*

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#### **PART I-CONSTRUCTION TIMELINE**

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Please find on the following pages a Construction Timeline for Columbia Care NY LLC's Rochester Dispensing Facility.

**NOTE: The following Construction Timeline has been developed in order to accommodate the New York State Department of Health's mandate to provide approved finished products to patients by January 2016.**

APPENDIX B: FORM DOH-5146

KEY MILESTONES/BENCHMARKS	ESTIMATED DATE OF COMPLETION	ASSUMPTIONS
Award of License from State	7/1/15	<i>Assumes 3.5 weeks from time of application submission to time of license award</i>
Refinement of Design Development	7/1/15	
Local zoning approval	7/29/15	<i>Assumes 4 week process from time of license award and no special permit needed</i>
Finalization of Mechanical, Electrical, Plumbing & Construction Documents	8/15/15	
Award of Contract to General Contractor	8/17/15	
Building Permit Granted	9/1/15	
Commencement of Construction	9/2/15	
Demolition	9/16/15	
Framing	10/1/15	
Plumbing, Wall & Ceiling Rough-ins and Inspections	10/24/15	
Finishes	11/15/15	
Final Inspections	12/1/15	
Construction Completion	12/10/15	<i>Assumes no unforeseen challenges during the construction process</i>



# APPENDIX B

## FORM DOH-5146

### *10 NYCRR § 1004.5(b)(11) and (12)*

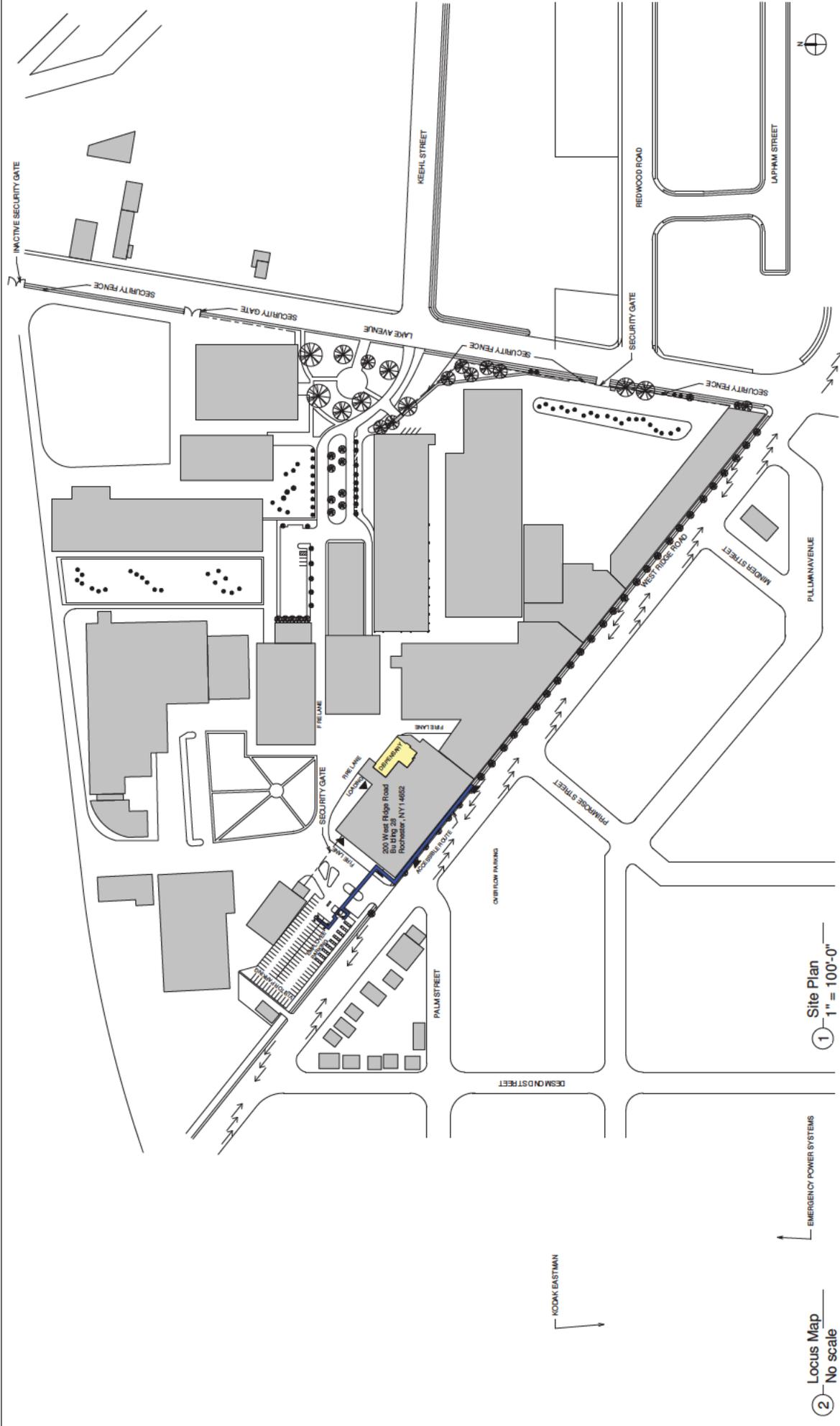
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#### **PART II-SITE PLANS**

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Please find on the following pages Site Plans for Columbia Care NY LLC's Rochester Dispensing Facility, including:

- General Site Plans
- Life Safety Plan
- Floor Plans
- Security Floor Plans
- Single Line Diagrams



**Site Plan and Locus Map**

Project number	Rochester Dispensary
Date	06.02.15
Drawn by	Melissa Piper
Checked by	Bruce Hampton

**RD-A0**  
Scale 1" = 100'-0"

No.	Description	Date

**Columbia Care**  
 200 West Ridge Road Building 28  
 Rochester, NY 14652

**Elton + Hampton Architects**  
 103 Terrace Street,  
 Roxbury, MA 02120  
 (617) 708-1071

① Site Plan  
 1" = 100'-0"

② Locus Map  
 No scale

Dispensary Life Safety Plan	
Project number	Rochester Dispensary
Date	06.02.15
Drawn by	Author
Checked by	Checker
<b>RD-A2</b>	
Scale 3/16" = 1'-0"	

No.	Description	Date

<b>Columbia Care</b>
200 West Ridge Road Building 28 Rochester, NY 14652

 <b>Elton + Hampton Architects</b> 103 Terrace Street, Roxbury, MA 02120 (617) 708-1071
---

<b>Proposed Floor Plan</b>	
Project number	Rochester Dispensary
Date	06.02.15
Drawn by	Melissa Piper
Checked by	Bruce Hampton
<b>RD-A1</b>	
Scale 1/4" = 1'-0"	

No.	Description	Date

<b>Columbia Care</b>
200 West Ridge Road Building 28 Rochester, NY 14652

<b>Elton + Hampton Architects</b>
103 Terrace Street, Roxbury, MA 02120 (617) 708-1071

APPENDIX B: FORM DOH-5146

Scale:	Dir:	Sheet	Size
Drawn: John Bairrell	01-05-2015		A3
Client: Columbia Care			
Approved:			
DO NOT SCALE DRAWING			
			
2 Kingsbury Avenue Watstown, MA 02472 Tel: 857 284 8009 www.networkbus.com			
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Drawing No:	Rev:	Sheet of Sheets	
11-102	-		

Drawing Name:  
Internal Camera  
Layout

Client:  
Columbia Care  
200 West Ridge Road  
Building 28  
Rochester



Scale:	Drawn:	Drawn:	Date:
	John Bairrell	01-05-2015	
	Client:	Columbia Care	
	Approved:		
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	Date		
	 network 2 Kingsbury Avenue Watstown, MA 02472 Tel: 407-284-8009 www.networkbus.com		
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Drawing No.	Rev.	Sheet of Sheets	Size
11-103	-		A3

**Drawing Name:**  
**Access Control**  
**Layout**

**Client:**  
**Columbia Care**  
**200 West Ridge Road**  
**Building 28**  
**Rochester**



Scale:	Drawn:	Date:	Sheet
	John Bairrell	01-05-2015	A3
Client:	Approved:	Date:	
Columbia Care			
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Client: <b>Columbia Care</b> <b>200 West Ridge Road</b> <b>Building 28</b> <b>Rochester</b>			
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11-101	-		





APPENDIX B: FORM DOH-5146  
Elton + Hampton Architects

Columbia Care Dispensary  
Rochester, NY

Elton+Hampton Architects  
6/1/2015

APPENDIX B: FORM DOH-5146

Columbia Care Dispensary  
Rochester, NY

- CIRCUITS AVAILABLE ARE SHOWN  
- METERS WOULD BE INSTALLED IN THE LOADCENTER  
Columbia Care Dispensary Facility  
200 West Ridge Road, Rochester, NY

EASTMAN BUSINESS PARK  
BUILDING 28  
Elton+Hampton Architects  
6/2/2015



July 27, 2015

Ms. Nicole Quackenbush  
New York State Department of Health  
Bureau of Narcotic Enforcement  
Medical Marijuana Program  
150 Broadway  
Albany, NY 12204

Dear Ms. Quackenbush,

As a follow-up to your phone call earlier today requesting additional information, I have attached the following documents:

- Exhibit A: Executed Lease for proposed Plattsburgh Dispensary facility
- Exhibit B: Description of the business transactions noted in Attachment G of our application. This includes the duration of each agreement as well as a description of each.
- Exhibit C: Supplement to Attachment J of our application. This provides a staffing plan and recruitment timeline with a specific focus on hiring a quality assurance officer as well as a senior staff member with a minimum of one (1) year experience in good agricultural practices (GAP). This exhibit also includes our policies and procedures to ensure that the proposed registered organization shall not employ anyone who would come in contact with or handle medical marijuana who has been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of section thirty-three hundred sixty-four of the public health law. In addition, please note that we have our own self-imposed requirement to background check every employee and owner annually to ensure that all of our associates remain compliant.
- Exhibit D: Documentation providing evidence that our proposed cultivation and dispensary locations in Rochester, as well as our proposed dispensary locations in New York City, Plattsburgh and Riverhead New York are in compliance with 1004.10(b)(7).

Please let us know if you have any questions or if there are any issues. Feel free to contact me any time this evening if you need additional information.

Sincerely

Robert Mayerson  
Chief Operating Officer

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**LEASE AGREEMENT**

Redacted Pursuant to N.Y. Public Officers Law, Art. 6







Redacted Pursuant to N.Y. Public Officers Law, Art. 6

Redacted Pursuant to N.Y. Public Officers Law, Art. 6

Redacted Pursuant to N.Y. Public Officers Law, Art. 6



Redacted Pursuant to N.Y. Public Officers Law, Art. 6





COLUMBIA  
C A R E

**NY ATTACHMENT G – PROFESSIONAL AND LEGAL FEE SCHEDULE:**

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Redacted Pursuant to N.Y. Public Officers Law, Art. 6



Redacted Pursuant to N.Y. Public Officers Law, Art. 6



Redacted Pursuant to N.Y. Public Officers Law, Art. 6



**ATTACHMENT J: STAFFING PLAN SUPPLEMENT**

Redacted Pursuant to N.Y. Public Officers Law, Art. 6



Redacted Pursuant to N.Y. Public Officers Law, Art. 6



Redacted Pursuant to N.Y. Public Officers Law, Art. 6



Redacted Pursuant to N.Y. Public Officers Law, Art. 6



Redacted Pursuant to N.Y. Public Officers Law, Art. 6



Redacted Pursuant to N.Y. Public Officers Law, Art. 6



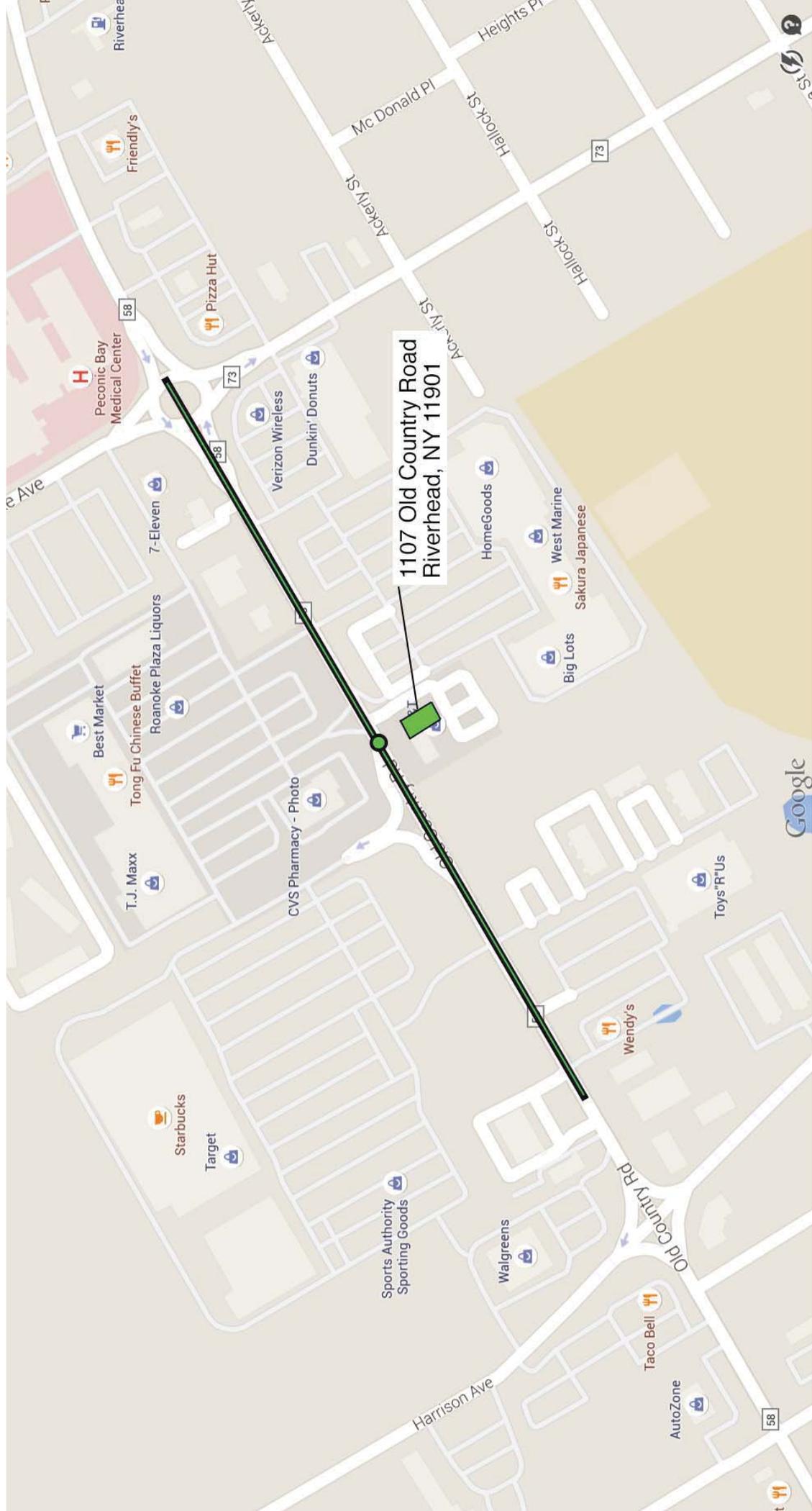
Redacted Pursuant to N.Y. Public Officers Law, Art. 6



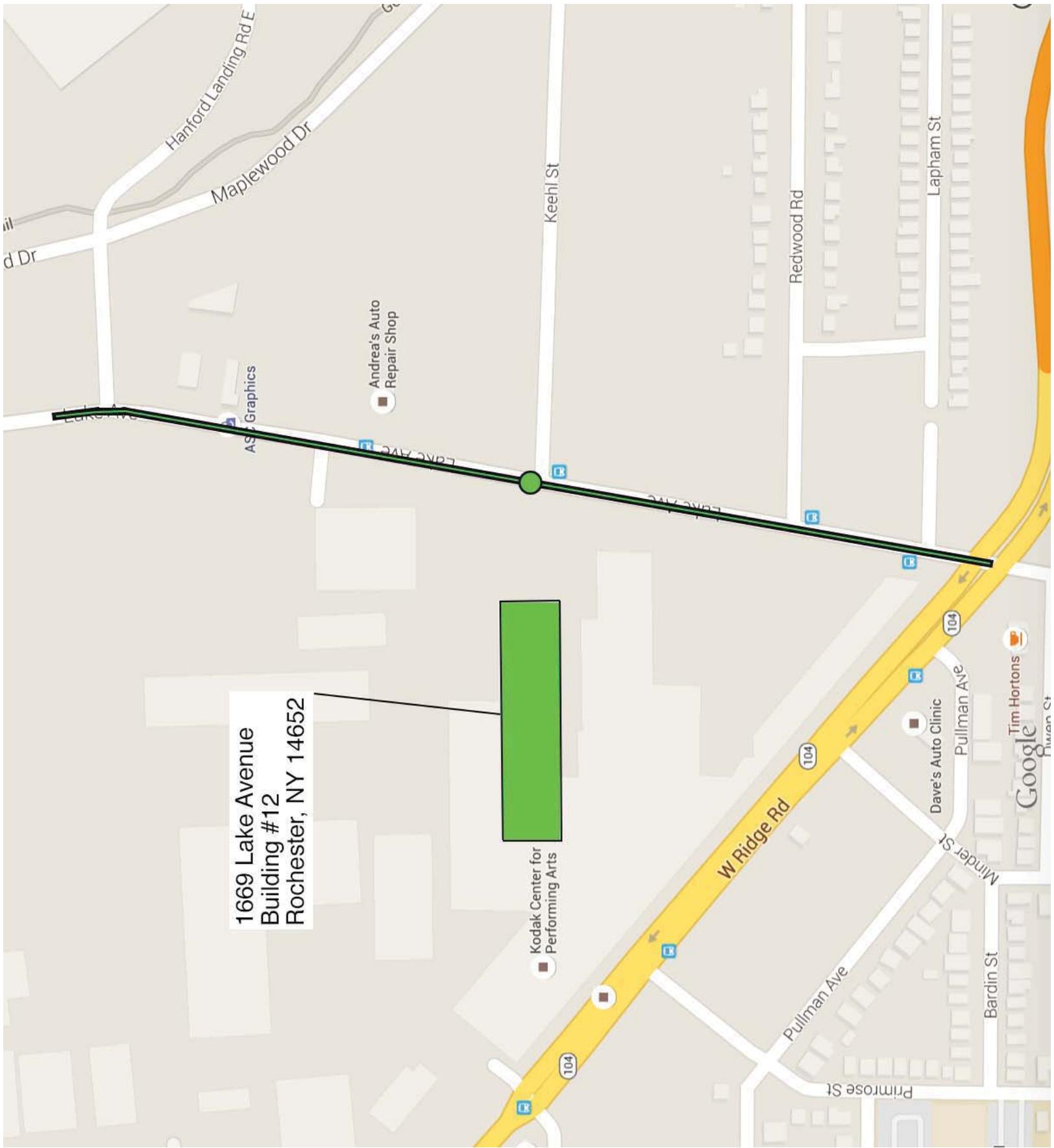
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Redacted Pursuant to N.Y. Public Officers Law, Art. 6



1107 Old Country Road  
Riverhead, NY 11901



1669 Lake Avenue  
Building #12  
Rochester, NY 14652



Kodak Center for  
Performing Arts

Andrea's Auto  
Repair Shop

ASG Graphics

W Ridge Rd

104

Dave's Auto Clinic

Tim Hortons

Google

Primrose St

Pullman Ave

Bardin St

Minder St

Pullman Ave

104

Redwood Rd

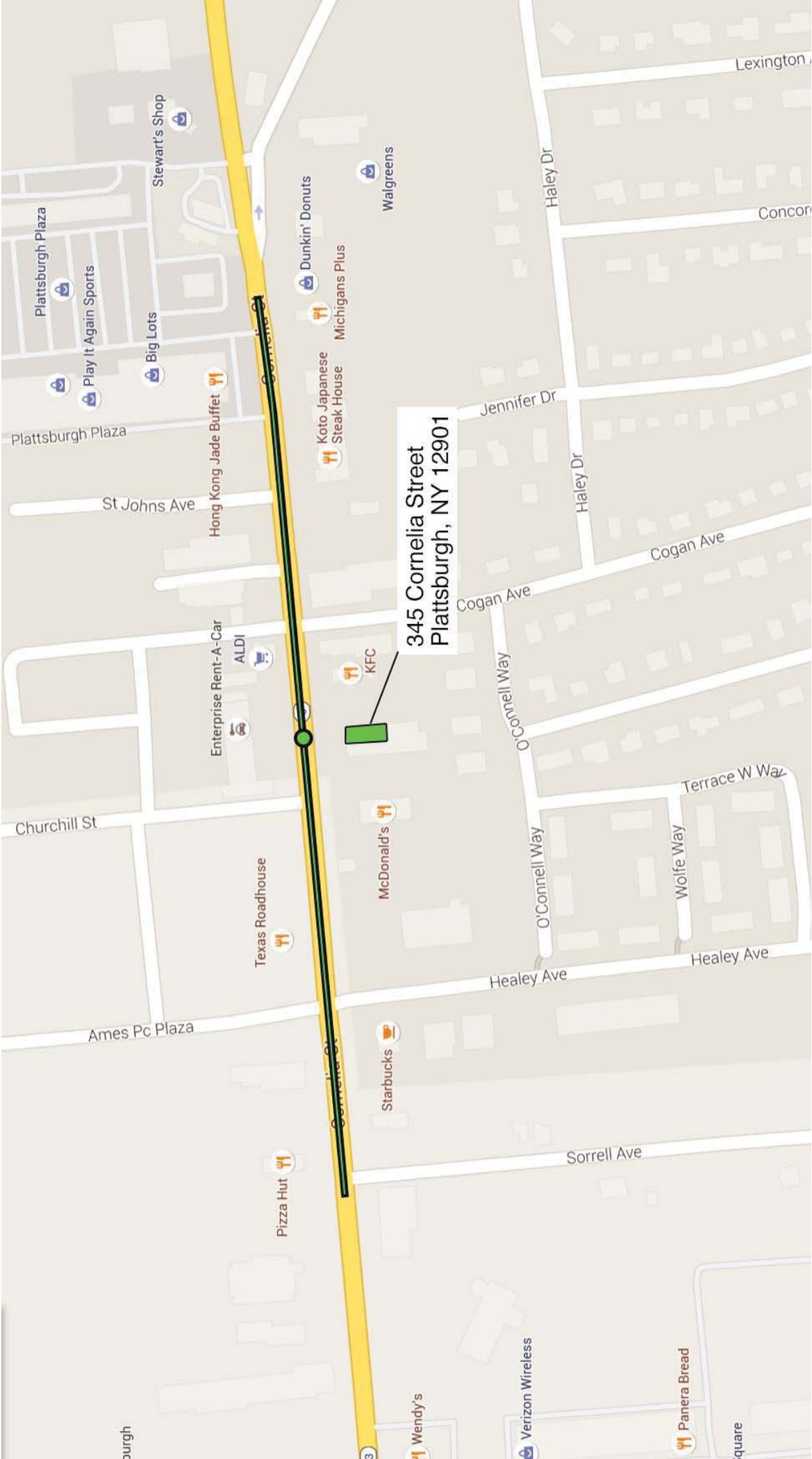
Lapham St

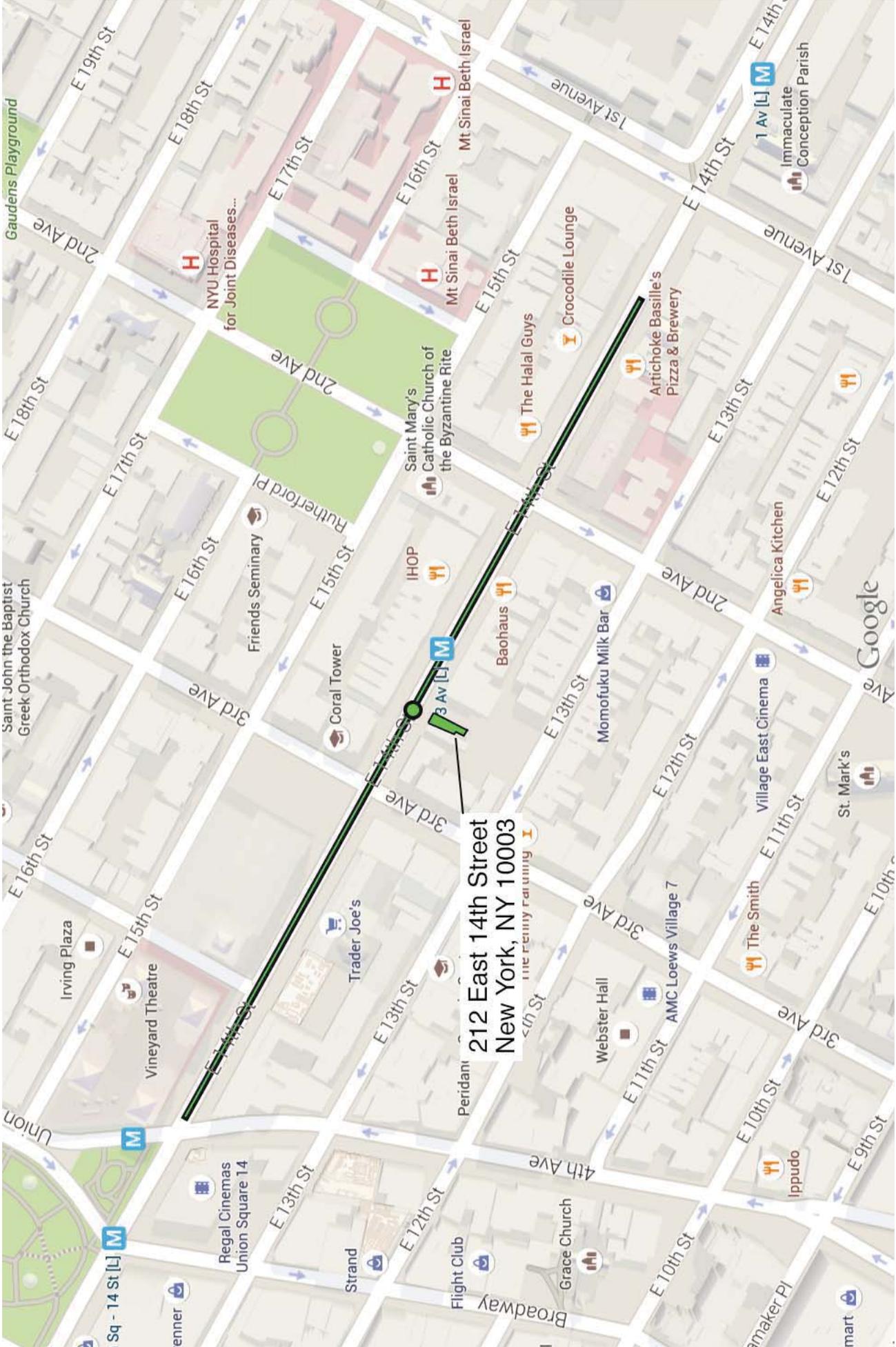
Keehl St

Maplewood Dr

Hanford Landing Rd E

345 Cornelia Street  
Plattsburgh, NY 12901

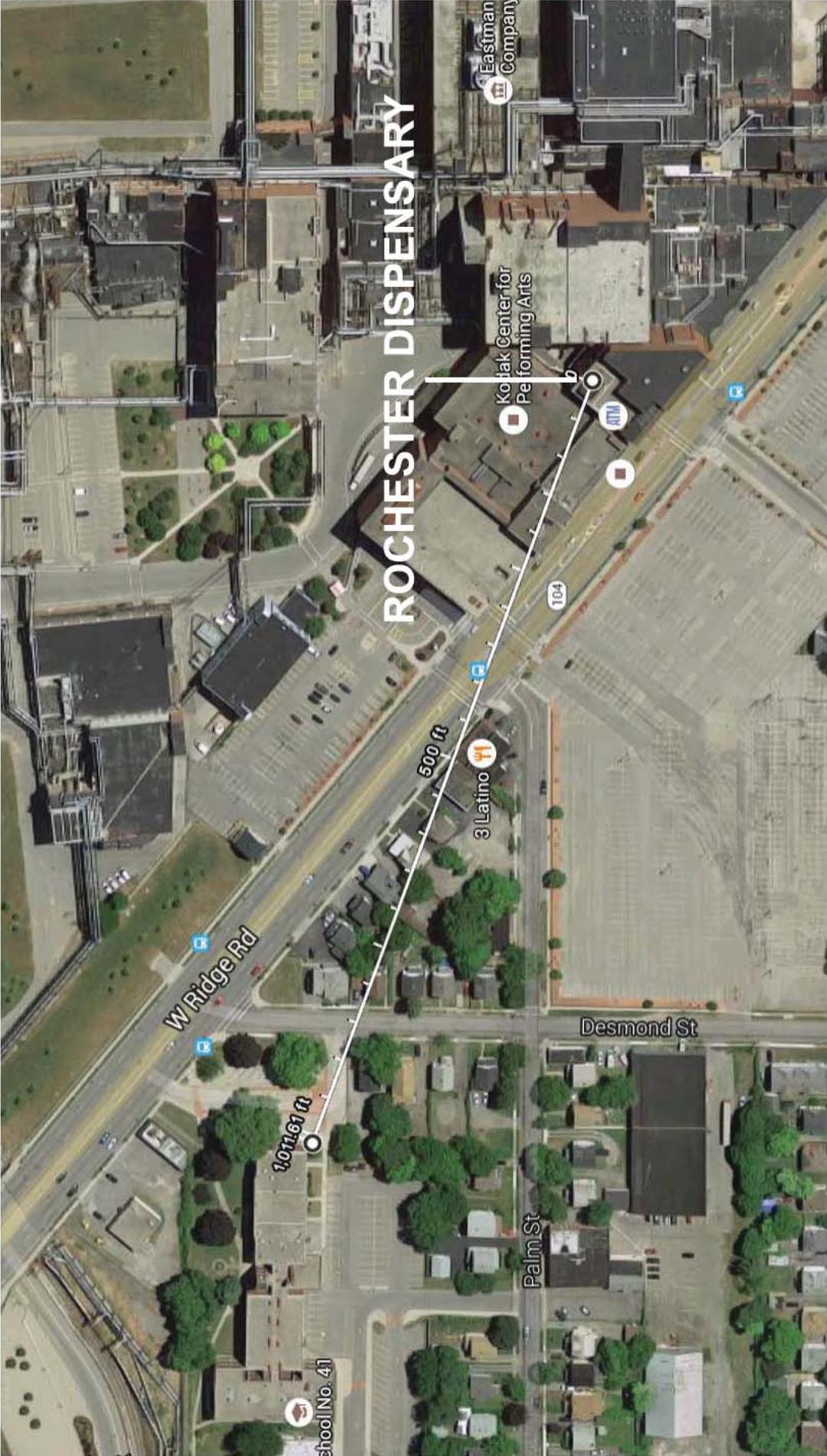




212 East 14th Street  
New York, NY 10003



School



# ROCHESTER DISPENSARY

W Ridge Rd

Desmond St

Palm St

3 Latino

Koliak Center for Performing Arts

ATM

Eastman Company

1,011.67 ft

500 ft

School No. 41