Cicero Consulting Associates
VCC, Inc.

701 Westchester Ave. • Suite 210W • White Plains, NY 10604
Tel: (914) 682-8657 • Fax: (914) 682-8895
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White Plains Unit
Frank T. Cicero, M.D.
Frank M. Cicero
Charles F. Murphy, Jr.
James Psarianos
Rose Murphy
Michael D. Ungerer
Noelia Chung
Brian Baldwin
Michael F. Cicero
Karen Dietz
Evelyn Branford
Michael C. Maiale
Linda Cammisa, R.N.

Albany Unit
William B. Carmello
Joseph F. Pofit
Albert L. D'Amato
Mark Van Guysling
Rosemarie Porco-Nash
Daniel Rinaldi, Jr.
Mary Ann Anglin

Emeritus Consultants
Nicholas J. Mongiardo
Joan Greenberg
Martha H. Pofit

Michael P. Parker, Sr.
(1941-2011)
Anthony J. Maddaloni
(1952-2014)

March 1, 2017

Ms. Nicole Quackenbush
Director, Medical Marijuana Program
NEW YORK STATE DEPARTMENT OF HEALTH
Riverview Center
150 Broadway
Albany, New York 12204

RE: CITIVA MEDICAL LLC
MEDICAL MARIJUANA PROGRAM – PLAN OF ENTRY

Dear Ms. Quackenbush:

On behalf of our client, Citiva Medical LLC (Citiva), please find enclosed the requested Plan of Entry documentation requested in the January 20, 2017 letter from Commissioner Howard A. Zucker, M.D., J.D. Citiva is interested in becoming a registered organization in New York State and is providing the following requested information in light of the Commissioner's decision to allow five (5) additional organizations to become registered organizations for the Medical Marijuana Program:

- Registration Fee – The $200,000 refundable registration fee is attached to this cover letter.
- Attachment No. 1 – Ownership and Management Information – Ownership Update Summary; Updated Ownership Chart; New Appendix A Affidavits; Statement re: Change/No Change to Appendix A Affidavits; and Previously Submitted Appendix A Affidavits
- Attachment No. 2 – Staffing Plan
- Attachment No. 3 – Operating Plans for Activities
- Attachment No. 4 – Certified Financial Statements
- Attachment No. 5 – Desired Registration Activities
- Attachment No. 6 – Desired County Location of Dispensing Facilities

- Attachment No. 7 – Statement re: Compliance with Proposed Amendments

Per the applicant, and as indicated throughout this response, Citiva Medical would like all documents included in this response should be exempt from disclosure under FOIL because they contain trade secrets and/or critical infrastructure information.

Please let us know the next steps in this process. Thank you for your assistance in this matter.

Sincerely,

Frank M. Cicero

cc: Mr. Frank Turano, Member, Citiva Medical LLC

CITIVA MEDICAL LLC

ATTACHMENT NO. 1

OWNERSHIP AND MANAGEMENT INFORMATION

1. Ownership Update Summary
2. Updated Ownership Chart
3. New Appendix A Affidavits
    a. Austin Gray
    b. Daniel Kosmal
4. Statement re: Change/No Change to Appendix A Affidavits
5. Previously Submitted Appendix A Affidavits

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information (i.e., personal identifying information)

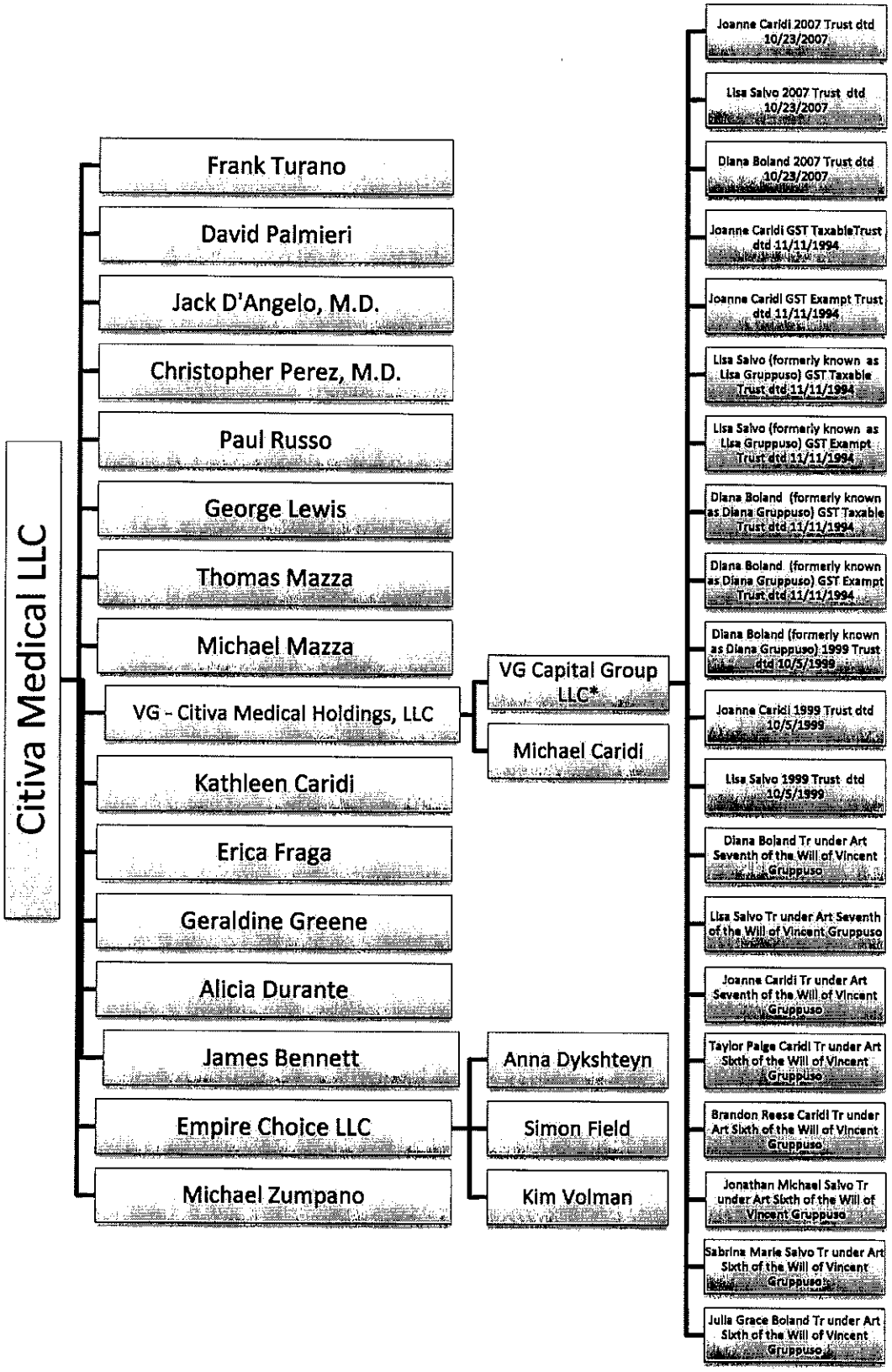
Citiva Medical LLC

Ownership Update Summary

Since Citiva Medical LLC (Citiva) submitted its original MMP Application submission, some changes have taken place in regard to the ownership of Citiva. In particular, a few individuals are no longer part of Citiva, so their information has been removed from the revised ownership chart that is enclosed as part of **this Attachment**. Consequently, Citiva is providing copies of Appendix A of all current owners of Citiva (found under **this Attachment**). The enclosed Appendix A documents are identical to those provided in the original MMP Application to the Department. In addition, Citiva is providing (under **this Attachment**) a signed statement indicating any changes to the Appendix A documents provided as part of this response.

Lastly, Citiva Medical is providing Appendix A documentation for Austin Gray and Daniel Kosmal, non-members who will have contact with medical marihuana. The originals of these Appendix A documents are found under **this Attachment**. Both of these individuals have completed fingerprinting forms and have sent the original forms to MorphoTrust, per directions from the Department.

CITIVA MEDICAL LLC
OWNERSHIP CHART



* Trustees include Diana Boland, Joanne Caridi, Michael Caridi and Lisa Salvo

1) Austin Gray and Daniel Kosmal, non-members who will have contact with medical marihuana, have also provided an Appendix A (please see enclosed).

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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: CITIVA MEDICAL LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: AUSTIN GRAY | 3. Title: LEAD CULTIVATOR

4. Briefly describe the role of this person or entity in the proposed registered organization:

LEAD CULTIVATOR IN CHARGE OF DESIGNING AND IMPLEMENTING ALL GROW OPERATIONS.

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.

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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:		
10. Email: agray@citiva.com					
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
Indiana University	107 S. Indiana Ave, Bloomington, IN 47405	8/99	5/01		

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

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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 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:		

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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:		

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? ☐ Yes ☑ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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 DESIGNED AND IMPLEMENTED NUMEROUS GROW OPERATIONS IN THE PAST 10 YEARS. I ALSO [redacted] A [redacted] LOCATION FOR SEVERAL YEARS.

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: [signature]	Date: 2/24/17
Notary Name: Theresa C. DiLibero	Notary Registration Number: 1040044
Notary (Notary Must Affix Stamp or Seal)	Date: 2/24/2017

COMMONWEALTH OF PENNSYLVANIA
Notarial Seal
Theresa C. DiLibero, Notary Public
West Vincent Twp., Chester County
My Commission Expires May 23, 2017
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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: CITIVA MEDICAL LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: DANIEL KOSMAL | 3. Title DIRECTOR OF PROCESSING

4. Briefly describe the role of this person or entity in the proposed registered organization:

Development of products and Standard Operating Procedures. Extraction lab and processing design and implementation.

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.

President of Doc Green's Healing Collective, a Licensed Not for Profit Unincorporated Association in California that manufactures and wholesales infused cannabis products. There have been no findings of violations of law or regulation against me or the business.

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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.
California Attorney Bar License #226380 temporarily revoked for failure to renew license. Now in good standing with California Bar Association.

8. Phone [redacted]		9. Fax: [redacted]	
10. Email: dkosmal@citiva.com			
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
Southwestern University School of Law	3050 Wilshire Blvd, Los Angeles, CA 90010	2000	2002	Juris Doctorate	May 2002
University of California at Berkeley	110 Sproul Hall #5800. Berkeley, CA 94720-5800	1992	1998	B.S. Conservation and Resouce Studies	June 1998

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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
California Bar	226380	180 Howard St. San Francisco, CA 94105	Sept. 2003	Active

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:		

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

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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 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:		

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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:		

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? ☑ Yes ☐ No

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

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

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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 co-founded [redacted], and have developed numerous medicinal cannabis infused products including Topical Lotions, Balms, Gel Caps, Vapor Pens, Tinctures and Concentrates, mainly based on Supercritical CO2 and alcohol extraction methodologies that have been successfully implemented since 2010. I have designed and implemented several cannabis extraction and processing facilities, and have provided consultation for extraction and processing facilities in several states.

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: Feb. 24, 2017
Notary Name: Thomas A. Shimamura	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal)	Date: Feb. 24, 2017

THOMAS A. SHIMAMURA
COMM. # 2043382
NOTARY PUBLIC-CALIFORNIA
ALAMEDA COUNTY
MY COMM. EXP. SEP. 29, 2017

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

CITIVA MEDICAL

March 1, 2017

Ms. Nicole Quackenbush
Director, Medical Marijuana Program
NEW YORK STATE DEPARTMENT OF HEALTH
Riverview Center
150 Broadway
Albany, New York 12204

RE: CITIVA MEDICAL LLC
MEDICAL MARIJUANA PROGRAM – APPENDIX A AFFIDAVITS

Dear Ms. Quackenbush:

I am a Member of Citiva Medical, which has submitted a Medical Marijuana Program (MMP) Application to the New York State Department of Health (NYSDOH) to become a Registered Organization under the Medical Marijuana Program. As part of that MMP Application, Citiva Medical submitted "Appendix A" affidavit documents.

Citiva Medical has received notification that the NYSDOH is expanding the Medical Marijuana Program to include registration of five (5) additional Registered Organizations, of which Citiva Medical is included. Citiva Medical would like to become a Registered Organization and is submitting the requested "Plan of Entry" documentation to the NYSDOH.

In connection with the previously submitted "Appendix A" affidavit documents, other than the information noted below, there have been no substantive changes to the "Appendix A" documents:

Kathleen Caridi (Section 17)

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

Frank Turano (Section 18)
9/1/15 - Current
Citiva LLC
7378 Amboy Rd
Staten Island, NY 10307
Type: Cannabis Industry Consulting
Managing Member

David Palmieri (Section 18)
9/1/15 - Current
Citiva LLC
7378 Amboy Rd
Staten Island, NY 10307
Type: Cannabis Industry Consulting
Managing Member

Kim Volman (Section 18)
9/1/15 - Current
Citiva LLC
7378 Amboy Rd
Staten Island, NY 10307
Type: Cannabis Industry Consulting
Managing Member

Michael Caridi (Section 18)
9/1/15 - Current
Citiva LLC
7378 Amboy Rd
Staten Island, NY 10307
Type: Cannabis Industry Consulting
Managing Member

Michael Zumpano (Section 11)
Redacted pursuant to N.Y. Public Officers Law, Art. 6

George Lewis (Section 11)
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Please let us know if you have any questions regarding this matter. Thank you for your assistance in this matter.

Sincerely,

Frank Turano

Frank Turano

cc: Mr. Frank M. Cicero, Cicero Consulting Associates

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

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:
Citiva Medical LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: James Bennett

3. Title: Member

4. Briefly describe the role of this person or entity in the proposed registered organization:
Although I will not play an active role in the day-to-day operations, I will provide support and advice to the management team, based on my business experience.

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.

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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: 518 452 4601
10. Email: jbennett@wwrx.com
11. Residence Address: [redacted]
12. City: [redacted]
13. State: [redacted]
14. ZIP Code: [redacted]

15. Formal Education

Institution	Address	Dates Attended From	Dates Attended To	Degree Received	Date Received
Ithaca College	953 Danby Rd Ithaca NY 14850	9/81	5/85	BS	5/85
RPI	2144 Burdett Ave Troy NY	91	93	MBA	93

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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 2, if necessary.

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

Type of Business:

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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

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:		
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:		

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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:		

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? ☒ Yes ☐ No [redacted]

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
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 indicated above, I have professional business experience that will allow me to support the successful development and operation of Citiva Medical LLC. I will bring a perspective of general business operation that I believe will complement the experience of the management team, which has the expertise in the medical marihuana industry and ancillary program elements. Although I will not be involved in day-to-day operations, I will be available as a resource to the management team, and believe that my specific capabilities will make the Citiva team a well-balanced 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: 06/03/2015
Notary Name:	Notary Registration Number: 01MO6002017
Notary (Notary Must Affix Stamp or Seal) CHARLENE A MOORE NOTARY PUBLIC, STATE OF NEW YORK QUALIFIED IN ALBANY COUNTY NO. 01MO6002017 COMMISSION EXPIRES MARCH 22, 2018	Date: 6/3/15

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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: Citiva Medical LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: DIANA BOLAND | 3. Title: Member

4. Briefly describe the role of this person or entity in the proposed registered organization:

Although I will not have an active role in the day-to-day operations, I will provide support and advice to the management team, based on my business experience.

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.

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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: 347 - 273 - 1341

10. Email: DBOLAWO@VGEMA.ORG

11. Residence Address: [redacted]

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

15. Formal Education

Institution	Address	Dates Attended From	Dates Attended To	Degree Received	Date Received
VILLANOVA UNIVERSITY	800 E. LANCASTER AVE. VILLANOVA PA 19085	9/1987	6/1991	B.S. BUSINESS ADMINISTRATION	9/1991
St. Joseph's University	5600 City AVE Philadelphia PA	9/2001	5/2005	Exec. MBA Food Marketing	5/2009

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

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

Type of Business:

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

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:		
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

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:		

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? ☑ Yes ☐ No

From: 8/5/1996	Name and Address of Business: Kozy Shack Enterprises 83 Ludy St Hicksville NY 11801	
To: 7/31/2012		
Business Type: Food Industry	Office Held/Nature of Interest: Board member	☑ open ☐ closed ☐ proposed
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

From: 7/31/2012 To: Present	Name and Address of Business: V.G. Enterprises Management Group 1110 South Ave Suite 17 S.I NY 10314	
Business Type: Management Company	Office Held/Nature of Interest: Members	☑ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: 7/31/2012 To: Present	Name and Address of Business: Capital Group V.G. Enterprises Management Group 1110 South Ave Suite 17 S.I NY 10314	
Business Type: Investment Company	Office Held/Nature of Interest: member	☑ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
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 indicated above, I have professional business experience that will allow me to support the successful development and operation of Citiva Medical LLC. I will bring a perspective of general business operation that I believe will complement the experience of the management team, which has the expertise in the medical marihuana industry and ancillary program elements. Although I will not be involved in day-to-day operations, I will be available as a resource to the management team, and believe that my specific capabilities will make the Citiva team a well-balanced 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: [signature]	Date: 6/2/2015
Notary Name: [signature]	Notary Registration Number: 01PH6289923
Notary (Notary Must Affix Stamp or Seal)	Date: 6/2/15

FAITH PHILIPSON
Notary Public, State of New York
No. 01PH6289923
Qualified in Richmond County
Commission Expires 09/30/17

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

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: Citiva Medical LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

4. Briefly describe the role of this person or entity in the proposed registered organization:

My trust is a member of VG Capital that owns shares in VG Citiva Medical holding,LLC witch hold shares in Citiva medical 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.

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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:
10. Email: mcaridi@vgemg.org	
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

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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.

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:		

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

[redacted]

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:		

[redacted]

Name of Employer:

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:		

[redacted]

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? ☐ Yes ☑ No		
From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
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] ☐open ☐closed ☐proposed

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

[redacted] ☐open ☐closed ☐proposed

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

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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: Joanne Caridi Trustee	Date: 6/2/15
Notary Name: [illegible]	Notary Registration Number: 01PH6289923
Notary (Notary Must Affix Stamp or Seal)	Date: 6/2/15

FAITH PHILIPSON
Notary Public, State of New York
No. 01PH6289923
Qualified in Richmond County
Commission Expires 09/30/ [illegible]

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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: Citiva Medical LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

4. Briefly describe the role of this person or entity in the proposed registered organization:

My trust is a member of VG Capital that owns shares in VG Citiva Medical holding,LLC witch hold shares in Citiva medical LLC.

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☐ Yes ☑ No

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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

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

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☐ 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:
10. Email: mcaridi@vgemg.org	
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

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

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Type of Professional License	License Number	Institution Granting License (Mailing Address, Phone, Email)	Effective Date	Expiration Date

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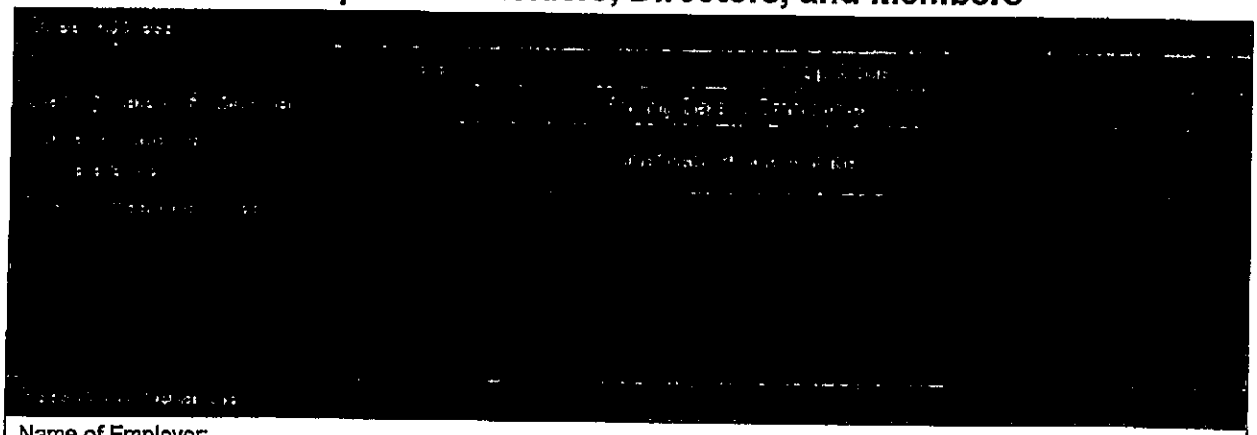
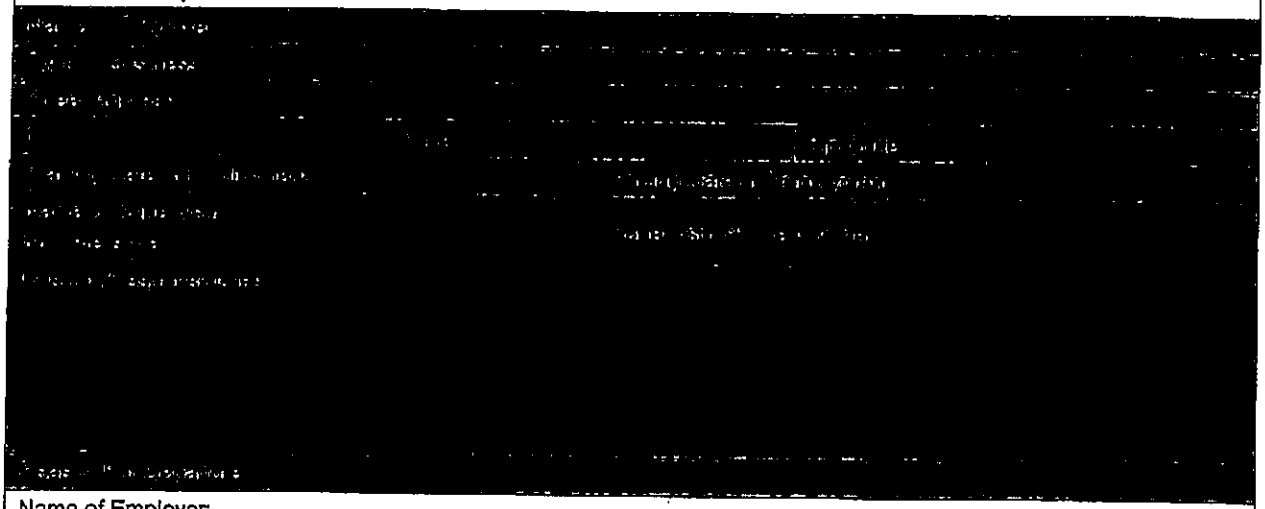
Name of Employer:		
Type of Business:		
Street Address:		
City:	State:	Zip Code:
Starting Date of Employment:	Ending Date of Employment:	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities:		
Reason For Departure:		

[redacted]

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



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

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:		

[redacted]

18. Offices Held or Ownership Interest in Other Businesses

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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:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
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] ☐open ☐closed ☐proposed

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

[redacted] ☐open ☐closed ☐proposed

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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: Joanne Caridi Trustee	Date: 6/2/15
Notary Name: [illegible]	Notary Registration Number: 01PH6289923
Notary (Notary Must Affix Stamp or Seal)	Date: 6/2/15

FAITH PHILIPSON
Notary Public, State of New York
No. 01PH6289923
Qualified in Richmond County
Commission Expires 09/30/[illegible]

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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: Citiva Medical LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: JOANNE CARIDI | 3. Title: Member

4. Briefly describe the role of this person or entity in the proposed registered organization:
Although I will not have an active role in the day-to-day operations, I will provide support and advice to the management team, based on my business experience.

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."

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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:
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: 347 - 273 - 1345
10. Email: JCARIDI@VGEMG.ORG
11. Residence Address: [redacted]
12. City: [redacted]
13. State: [redacted]
14. ZIP Code: [redacted]

15. Formal Education

Institution	Address	Dates Attended: From	Dates Attended: To	Degree: Degree Received	Degree: Date Received
St. John's University	300 Howard Ave S.I NY 10301	9/1982	6/1986	Bachelor of Science Marketing	6/1986

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

Name of Employer:

Type of Business:

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

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:		
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

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:		

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? ☑ Yes ☐ No

From: 6-1-1984	Name and Address of Business: Kozy Shack Enterprises 83 Ludy St Hicksville NY 11801	
To: 7/31/2012		
Business Type: Food Industry	Office Held/Nature of Interest: Officer	☑ Open ☐ Closed ☐ Proposed
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

From: 7/31/2012 To: Present	Name and Address of Business: VG Enterprises Management Group 1110 South AVE Suite 17 S.I NY 10314	
Business Type: Management Company	Office Held/Nature of Interest: Member	☑ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: 7/31/2012 To: Present	Name and Address of Business: V.G. ~~Enterp~~ Capital Group LLC 1110 South AVE Suite 17 S.I NY 10314	
Business Type: Investment company	Office Held/Nature of Interest: member	☑ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
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 indicated above, I have professional business experience that will allow me to support the successful development and operation of Citiva Medical LLC. I will bring a perspective of general business operation that I believe will complement the experience of the management team, which has the expertise in the medical marihuana industry and ancillary program elements. Although I will not be involved in day-to-day operations, I will be available as a resource to the management team, and believe that my specific capabilities will make the Citiva team a well-balanced 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: Joanne Caridi	Date: 6/2/15
Notary Name: Faith Philipson	Notary Registration Number: 01PH6289923
Notary (Notary Must Affix Stamp or Seal)	Date: 6/2/15

FAITH PHILIPSON
Notary Public, State of New York
No. 01PH6289923
Qualified in Richmond County
Commission Expires 09/30/17

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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: Citiva Medical LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Kathleen Cardi | 3. Title: Family Nurse Practitioner / Member

4. Briefly describe the role of this person or entity in the proposed registered organization:

Please refer to attached biography, which responds to this item (see paragraphs 3 and 4 of the biography)

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.

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:
10. Email: [redacted]	
11. Residence Address: [redacted]	
12. City: [redacted]	13. Stat[redacted] 14. ZIP Code [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
SUNY Downstate Medical Health Center	450 Clarkson Ave Bklyn, NY 11203	1994	1997	Masters of Nursing Family Nurse Practitioner	1/31/1997
Central Michinga University	1200 Franklin Street Mt. Pleasant, MI 48859	1991	1994	Masters Health Administration	12/1997
CUNY Hunter	695 Park Ave NYC, NY 10065	1978	1982	Bachelor of Nursing	6/1982

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
Nurse Practitioner in Family Health	F331556-1	The University of the State of NY Education Department Office of Professionals		9/30/2016
Registered Professional Nurse	352871-1	89 Washington Ave Albany, NY 12234		9/30/2015
DEA license of NY	[redacted]	United States Department of Justice Drug Enforcement Administration	8/2/2013	8/31/2016
DEA license of NJ	[redacted]	8710 Morrissette Drive Springfield, VA 22152	7/5/2012	8/31/2015
Advanced Practice Nurse (APN) Registered Nurse	26NJ00122000 26NR12707100	State of NJ Office of Attorney General Division of Consumer Affairs Trenton, NJ 08625	6/1/2014	5/31/2016

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 2, if necessary.

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 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:		
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

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:		

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? ☑ 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

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
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.

Please refer to my attached biography, which details my experience and capability to play an important role in the operation of the 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: Kathleen Cariddi	Date: 6/1/2015
Notary Name: Ruziye Kalender	Notary Registration Number: 01KA6265597
Notary (Notary Must Affix Stamp or Seal) Ruziye Kalender Notary Public-New York State No. 01KA6265597 Qualified in Richmond County My Comm. Expires 7/9/2016	Date: 6/1/2015

KATHLEEN CARIDI - PHYSICIAN AND INSTITUTIONAL LIASON

Kathleen Caridi RN, MSA, MSN, FNP is a certified nurse practitioner with more than 30 years of experience in a variety of medical fields ranging from management to direct patient care. Her experience is diverse and her dedication to patient advocacy empowers her to get things done. Her mission includes educating patients on the importance of taking control of their health and feeling their best every day.

[redacted]. She has worked as a clinician, manager, clinical advisor, corporate speaker, medical legal consultant, educator and mentor for new graduates. She is a frequent lecturer in the medical community.

Kathleen brings her considerable expertise to Citiva Medical as a vital member of Citiva Medical's medical team. In that role she will assist in the company's efforts to provide the most advanced medical marijuana program in New York and assist New York physicians and institutions to obtain a better understanding of cannabinoid science and the clinical effects on the NYS approved conditions.

She has co-developed Citiva Medical's Medical Cannabis Compliance program to help medical professionals obtain access to the latest research, educational programs and requirements for providers in New York State to recommend medical cannabis.

Kathleen graduated from Hunter Bellevue School of Nursing. She continued her graduate education [redacted], graduating from Central Michigan University with a Masters in Health Administration. Reconnecting with her passion for direct patient care, Kathleen returned to SUNY Downstate Health Science Center to complete her Masters in Nursing and her Family Nurse Practitioner degree.

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: Citiva Medical LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Michael Caridi | 3. Title: Chief Operating Officer / Member

4. Briefly describe the role of this person or entity in the proposed registered organization:

As the Chief Operating Officer, I will play a direct role in the day-to-day operations of the organization, from a management perspective, and will also be involved in the development of strategic operational enhancements on an ongoing basis.

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 3 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.

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 X

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 347-695-1582

10. Email: mcaridi@vgemg.org

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
Wagner College	One Campus Road Staten Island, NY 10301	1982	1986	B.S. in Business Administration	6/1986

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

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:		
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

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:		

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? ☑ Yes ☐ No

From: 5/29/1984	Name and Address of Business: Kozy Shack Enterprises 83 Ludy St Hicksville NY 11802	
To: 7/31/2012		
Business Type: Food Industry	Office Held/Nature of Interest: Board member [redacted]	☑ Open ☐ Closed ☐ Proposed
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:
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.

Please refer to my attached biography, which details my experience and capability to play an important role in the operation of the 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: Michael Cordi	Date: 6-2-15
Notary Name: Faith Philipson	Notary Registration Number: 01PH6289923
Notary (Notary Must Affix Stamp or Seal)	Date: 6-2-15

FAITH PHILIPSON
Notary Public, State of New York
No. 01PH6289923
Qualified in Richmond County
Commission Expires 09/30/17

Michael Caridi, COO

Michael's career started as a [redacted] As a hands-on employee he learned the business from the bottom up. Michael earned a Bachelor of Science Degree in Business Administration from Wagner College, and for over 26 years he had worked in all operational phases of the company.

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

Michael was elected to the Kozy Shack Board of Directors in 2008. [redacted]

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

Michael is also very active in community affairs in New York. He sits on the Board of Trustees Executive committee of Staten Island Hospital. He also is a Board of Trustee of the North Shore –Long Island Jewish Health System and is a member of the Audit and Corporate Compliance committee. He is also extremely proud to serve as the Chairman for the Vincent Gruppuso Foundation. This organization currently provides grants to Children's organization for education and health care. He also sits on the Board for the St George Theater where he was appointed Treasurer in October 2009. This organization is dedicated to the restoration of the historic St George Theatre and its development as a cultural and performing arts centre for the community. Additionally Michael is on the sports committee of his local parish.

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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: Citiva Medical LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

4. Briefly describe the role of this person or entity in the proposed registered organization:

My trust is a member of VG Capital that owns shares in VG Citiva Medical holding,LLC witch hold shares in Citiva medical 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.

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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:
10. Email: mcaridi@vgemg.org	
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

Citiva Medical, LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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.

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:		

[redacted]

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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

[redacted]

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:		

[redacted]

Name of Employer:		

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:		

[redacted]

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? ☐ Yes ☑ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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

[redacted] ☐ open ☐ closed ☐ proposed

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

[redacted] ☐ 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.

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: Joanne Caridi Trustee	Date: 6/2/15
Notary Name: Faith Philipson	Notary Registration Number: 01PH6289923
Notary (Notary Must Affix Stamp or Seal)	Date: 6/2/15

FAITH PHILIPSON
Notary Public, State of New York
No. 01PH6289923
Qualified in Richmond County
Commission Expires 09/30/17

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: Citiva Medical LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Jack Dangelo | 3. Title: Chief Medical Officer

4. Briefly describe the role of this person or entity in the proposed registered organization:

- Provide leadership and expertise in the development of research strategic programs in line with corporate mission
- Medical resource to the company as a whole including protocols, adverse events, discussions with investigators
- Work closely with research centers, dispensaries and patient leaders
- Planning and leadership to ensure appropriate structures, systems and to provide accurate, fair and balanced product knowledge to medical queries

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?

☒ Yes ☐ No

Please see proof of fingerprinting immediately following this page

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.

SAFRAN
MorphoTrust USA

New York State EasyPath Network

Applicant: Jack Dangelo
Address: Redacted pursuant to N.Y. Public Officers Law, Art. 6

UCN: 151480087786

Date/Time: 5/28/15
Fingerprint Center: New York-Park Place
Agency: NYS Department of Health
Reason Fingerprinted:

Amount Paid: 84.95
Fee Paid By: [/] Credit/Debit card [ ] Money Order
[ ] Agency Acct [ ] Check

Operator ID:

(Agency Copy)

SAFRAN
MorphoTrust USA

New York State EasyPath Network

Applicant: Jack Dangelo
Address: Redacted pursuant to N.Y. Public Officers Law, Art. 6

UCN: 151480087786

Date/Time: 5/28/15
Fingerprint Center: New York-Park Place
Agency: NYS Department of Health
Reason Fingerprinted:

Amount Paid: 84.95
Fee Paid By: [/] Credit/Debit card [ ] Money Order
[ ] Agency Acct [ ] Check

Operator ID:

(Applicant Copy)

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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 —	
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
Lafayette College	EASTON, PA	1977	1981	BA. degree	1981
St. George's University School of Medicine	Grenada, West Indies	1981	1985	MD degree	1985
Georgetown University Hospital	1800 Reservoir Rd, NW Washington DC	1985	1988	PEDIATRIC RESIDENCY	1988
George Washington University Hospital	Washington DC	1991	1994	PHYSICAL MEDICINE AND REHAB RESIDENCY	1994

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 DOCTOR; professions	195391	Dpt. of Education	1994	4/28/2017

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

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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

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:		
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:		

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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:		

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? ☒ Yes ☐ No

From: 2006 To: 2009	Name and Address of Business: FEDERALLY Qualified Health Center of RICHMOND 235 Port RICHMOND AVE SI, NY 10302	
Business Type: MEDICAL CARE	Office Held/Nature of Interest: Founding Board MEMBER	☐ open ☒ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable: —		

Citiva Medical, LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

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

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

From: 2005 To: present	Name and Address of Business: Staten Island Heart Society 3055 Richmond Rd SI, NY 10306	
Business Type: Community Service	Office Held/Nature of Interest: Executive Board Member	☒ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: 2005 1994 To: present	Name and Address of Business: Richmond County Medical Society 460 Brielle Ave SI, NY 10314	
Business Type: Advocacy	Office Held/Nature of Interest: Executive Board Member	☒ open ☐ closed ☐ proposed
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.

Please refer to my attached biography, which details my experience and capability to play an important role in the operation of the 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: [signature]	Date: 6/1/2015
Notary Name: Sheryl Ann Barrett	Notary Registration Number: 01BA6201803
Notary (Notary Must Affix Stamp or Seal)	Date: June 1, 2015

SHERYL ANN BARRETT
Notary Public, State of New York
No. 01BA6201803
Qualified in Richmond County
Commission Expires March 2, 2017

Dr. Jack D'Angelo, Chief Medical Officer

[redacted]. He received his undergraduate degrees in Theology and Biology at Lafayette College in Easton, PA. Dr. Jack (as he is commonly known), completed a pediatric residency at Georgetown University, a fellowship in pediatric physical medicine at the National Children's Medical center and a residency in Physical Medicine and Rehabilitation at the George Washington University Hospital and the National Rehabilitation hospital – all located in Washington D.C.

In 2009, he received his M.B.A. from the George Washington School of Business in Washington D.C. He has been in active member of the non-profit community on Staten Island serving as the President of the Richmond County Medical Society, President of the Staten Island Heart Society and was a founding board member of the Community Health Center of Richmond. He has been the recipient of the Staten Island Chamber of Commerce, Louis B. Miller, Award, 2011 and the South Shore Democratic Club, Community Service Award, 2011.

Dr. D'Angelo is board certified and is a Diplomat of the American Academy of Pediatrics. [redacted]

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

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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: Citiva Medical LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Alicia Durante | 3. Title: Member

4. Briefly describe the role of this person or entity in the proposed registered organization:
Although I will not have an active role in the day-to-day operations, I will provide support and advice to the management team, based on my business experience.

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.

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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:
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
Iono	New Rochelle, NY	1980	1984	BS - Biology	May 1984
College of Staten Island	Staten Island, NY	1984	1987	Associates - Nursing	May 1987

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
		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

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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

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:		
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

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:		

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? ☐ Yes ☒ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
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

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
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 indicated above, I have professional business experience that will allow me to support the successful development and operation of Citiva Medical LLC. I will bring a perspective of general business operation that I believe will complement the experience of the management team, which has the expertise in the medical marihuana industry and ancillary program elements. Although I will not be involved in day-to-day operations, I will be available as a resource to the management team, and believe that my specific capabilities will make the Citiva team a well-balanced 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: Alicia Dusante	Date: 6/1/2015
Notary Name: Sheryl Ann Barrett	Notary Registration Number: 01BA6201803
Notary (Notary Must Affix Stamp or Seal)	Date: June 1, 2015

SHERYL ANN BARRETT
Notary Public, State of New York
No. 01BA6201803
Qualified in Richmond County
Commission Expires March 2, 2017

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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: Citiva Medical LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Simon Field | 3. Title: Member

4. Briefly describe the role of this person or entity in the proposed registered organization:
Although I will not have an active role in the day-to-day operations, I will provide support and advice to the management team, based on my business experience.

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.

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

The NY Office of Professional Discipline conducted an inspection of the [redacted] in 2014 and found some very minor compliance issues. These did not rise to the level of formal disciplinary action by the Board of Regents. The OPD imposed a "minor and technical" violation fine.

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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
ST. Johns University	8000 Utopia Pkwy Jamaica NY 11439	Sept. 1991	June 1997	Masters in Science	June 1997

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
Pharmacist Lic	045309	State Board of Pharmacy 52 Chambers Street NY NY 10007	7/31/97	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.

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,

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

18. 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.

Please refer to my attached biography, which details my experience and capability to play an important role in the operation of the 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: 6/1/2015
Notary Name: Arlen Leis	Notary Registration Number: 01LE6189388
Notary (Notary Must Affix Stamp or Seal)	Date: 6/1/15

ARLEN LEIS
NOTARY PUBLIC-STATE OF NEW YORK
No. 01LE6189388
Qualified in Kings County
My Commission Expires June 23, 2016

Simon Field has over 15 years of retail pharmacy experience.

Simon graduated from St. John's University in 1997 with a Masters in Science degree.

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

Simon has actively worked with numerous Home Health Care Aide Organizations, monitoring closely their medication therapy. He has been involved with local nursing homes and other elderly communities such as the Warbasse Housing Community.

Simon continues to thrive in his industry by keeping a close ear to what patients really need to improve their quality of life.

Simon expects to make an impact on the quality of care for the elderly and is proud to be recognized as a great role model in his industry.

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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: Citiva, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Erica Fraga | 3. Title: LLC Member

4. Briefly describe the role of this person or entity in the proposed registered organization:

LLC, Member

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.

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and certified infrastructure information.

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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:	
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
Saint Mary's College	1928 Saint Mary's Road Moraga, CA 94575	1997	2001	BA	June 2001

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

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

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

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:		
Name of Employer:		

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:		

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? ☐ Yes ☑ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as
a Registered Organization

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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
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 indicated above, I have professional business experience that will allow me to support the successful development and operation of Citiva Medical LLC. I will bring a perspective of general business operation that I believe will complement the experience of the management team, which has the expertise in the medical marihuana industry and ancillary program elements. Although I will not be involved in the day-to-day operations, I will be available as a resource to the management team, and believe that my specific capabilities will make the Citiva team a well-balanced 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: June 2, 2015
Notary Name: Teeki Hale	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal): See Attached California All Purpose Acknowledgment	Date: 6/2/2015

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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 Solano)

On 6/2/15 before me, Terri Hale,
Date *Here Insert Name and Title of the Officer*

personally appeared Erica Fraga
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 of Notary Public

TERRI HALE
Commission # 2064108
Notary Public - California
Solano County
My Comm. Expires Apr 11, 2018

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: Medical Marijuana Program Document Date: 6/2/15
Number of Pages: 7 Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____	Signer's Name: _____
☐ Corporate Officer — Title(s): _____	☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General	☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator
☐ Other: _____	☐ Other: _____
Signer Is Representing: _____	Signer Is Representing: _____

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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: Citiva Medical LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Geni Greene | 3. Title: Member

4. Briefly describe the role of this person or entity in the proposed registered organization:

Although I will not have an active role in the day-to-day operations, I will provide support and advice to the management team, based on my business experience.

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.

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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: (732)252-8151

10. Email: [redacted]

11. Residence Address: [redacted]

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

15. Formal Education

Institution	Address	Dates Attended: From	Dates Attended: To	Degree: Degree Received	Degree: Date Received
St. Johns University	Howard Avenue Staten Island NY	9/79	5/83	B.S. Community Affs. Studies	5/83

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
		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

Reason For Departure:
Name of Employer:
Type of Business:

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

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:		
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:		

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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:		

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? ☐ Yes ☑ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
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

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
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 indicated above, I have professional business experience that will allow me to support the successful development and operation of Citiva Medical LLC. I will bring a perspective of general business operation that I believe will complement the experience of the management team, which has the expertise in the medical marihuana industry and ancillary program elements. Although I will not be involved in day-to-day operations, I will be available as a resource to the management team, and believe that my specific capabilities will make the Citiva team a well-balanced 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: [signature]	Date: 6-1-15
Notary Name: BRENDAN DOWD	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal) [signature] BRENDAN R DOWD Notary Public State of New Jersey My Commission Expires Sep 9, 2016	Date: 06-01-2015

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: Citiva Medical LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: George Lewis | 3. Title: EVP Fin and Admin

4. Briefly describe the role of this person or entity in the proposed registered organization:

Software configuration, setup and training, HR admin and possibly labor negotiations.

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."

8. 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.

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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:
10. Email: glewis@citivamedical.com	
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
Duke University	Durham, NC	8/82	6/86	B.S. Computer Sci.	6/86
University of Chicago School of Business	Chicago, IL	9/91	5/93	M.B.A. Finance & Marketing	5/93
Keller Graduate School	Oakland, CA	8/07	3/09	M.A.F.M. (Masters in Acctg. and Financial Mgmt.	3/09

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
C.P.A.	119995	California Board of Accountancy 2000 Evergreen Street - Suite 250 Sacramento, CA 95815 (916) 263-3680	8/2013	6/30/16

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

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

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? ☐ Yes ☑ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
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

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
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

18. 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.

Please refer to my attached biography, which details my experience and capability to play an important role in the operation of the 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: 6-1-15
Notary Name: RICHARD M SHIRLEY	Notary Registration Number: CA 2065750
Notary (Notary Must Affix Stamp or Seal)	Date: 6-1-15

RICHARD M. SHIRLEY
Commission # 2065750
Notary Public - California
Solano County
My Comm. Expires May 23, 2018

George Lewis, Executive VP Finance and Administration

George is a 25 year veteran of branded CPG (consumer product goods). After graduating from Duke University and later receiving his MBA from University of Chicago, [redacted]

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

He brings to Citiva those decades of best-in-class operational finance experience managing manufacturing and distribution costs in branded, high volume environments. George has managed three top-tier manufacturing ERP system installations and integrations including employee training and testing. He will establish strong internal financial and operational controls that meet or exceed all requirements while insuring consistent access to high-quality medicine.

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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: Citiva Medical LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Michael Mazza | 3. Title: [redacted] Member

4. Briefly describe the role of this person or entity in the proposed registered organization:

Although I will not have an active role in the day-to-day operations, I will provide support and advice to the management team, based on my business experience.

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.

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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:	
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
Hunter College	695 Park Ave N.Y.N.Y. 10065	Jan 198	Jun 198	none	
S.I. College	2800 Victory Blvd. S.I.N.Y 10314	Sep 198	Jun 198	none	

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

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
		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.

Name of Employer: NY Fire Department

Type of Business: Fire Department

Street Address: 9 Metro Tech Center

City: Brooklyn | State: NY | Zip Code: 11201

Starting Date of Employment: Dec. 1989 | Ending Date of Employment: March 1998

Name of Supervisor for Reference: | Supervisor Phone Number:

Position/Responsibilities:
Firefighter Fighting fires, first aid, building inspections

Reason For Departure: Disabled/ Retired

Name of Employer: NY Police Department

Type of Business: Police Dept.

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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

Street Address: 1 Police Plaza		
City: NY	State: NY	Zip Code: 10038
Starting Date of Employment: July 1983	Ending Date of Employment: Dec. 1989	
Name of Supervisor for Reference:	Supervisor Phone Number:	
Position/Responsibilities: Police Officer and Undercover Narcotics Agent Radio runs, fight crime, first aid.		
Reason For Departure: Transferred to NYC Fire Department		
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:		
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:		

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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:		

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? ☐ Yes ☒ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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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 indicated above, I have professional business experience that will allow me to support the successful development and operation of Citiva Medical LLC. I will bring a perspective of general business operation that I believe will complement the experience of the management team, which has the expertise in the medical marihuana industry and ancillary program elements. Although I will not be involved in day-to-day operations, I will be available as a resource to the management team, and believe that my specific capabilities will make the Citiva team a well-balanced 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: June 2, 2015

Notary Name:

Notary Registration Number: 2013478

Notary (Notary Must Affix Stamp or Seal)

Date: 6/2/15

PAUL W. PEDERSON
NOTARY PUBLIC - CALIFORNIA
COMMISSION # 2013478
LOS ANGELES COUNTY
My Comm. Exp. April 18, 2017

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

NEW YORK STATE | Department of Health

Medical Marijuana Program
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Appendix A:
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1. Business Name: Citiva Medical LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Thomas Mazza | 3. Title: Member

4. Briefly describe the role of this person or entity in the proposed registered organization:

Although I will not have an active role in the day-to-day operations, I will provide support and advice to the management team, based on my business experience.

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.

NEW YORK STATE | Department of Health

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☐ 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:	
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

U.S. NAVY	BOOT CAMP, RADIOMAN A school, MORSE CODE school	1979	1981	CERTIFICATIONS IN ALL	1979-81
NYC Police Dept.	20 ST N.Y. N.Y.	1983	1985	Police Academy	1983
NYC FIRE Dept	RANDALLS ISL N.Y.	1985	1998	FIRE ACADEMY	1985
NYC FIRE Dept	9 METROTECH Brooklyn N.Y.	1998	2002	FIRE MARSHAL ACADEMY	1998

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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
Drivers License	[redacted]	STATE OF Colorado	09/01/12	10/27/17
Concealed Handgun		STATE OF Colorado	06/24/14	06/24/19

17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the

Appendix A:
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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:		
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:		

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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:		

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? ☒ Yes ☐ No

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

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

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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 indicated above, I have professional business experience that will allow me to support the successful development and operation of Citiva Medical LLC. I will bring a perspective of general business operation that I believe will complement the experience of the management team, which has the expertise in the medical marihuana industry and ancillary program elements. Although I will not be involved in day-to-day operations, I will be available as a resource to the management team, and believe that my specific capabilities will make the Citiva team a well-balanced 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: 6/1/15
Notary Name: Yuhwen Seah	Notary Registration Number: 20094041592
Notary (Notary Must Affix Stamp or Seal)	Date: 6/1/2015

YUHWEN SEAH
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20094041592
My Commission Expires December 22, 2017

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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: Citiva Medical LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: David J. Palmer | 3. Title: Chief Marketing Officer

4. Briefly describe the role of this person or entity in the proposed registered organization:

My Healthcare consulting firm, Clinical Therapeutic Technologies LLC, seeks out emerging technologies and clinical interventions that are scientifically based and assists clinical practices with deployment and implementation. Our goals are to assist the medical community in increasing their arsenal of clinical tools helping patients while increasing patient function with minimal side effects and decreasing overall costs to both the patient and the insurance carrier. Our goals are aimed at attempting to decrease patient's dependency on drug intervention, surgery and multiple clinical therapies with the inclusion of emerging scientifically based options.

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.

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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:718-984-9030
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
New York Chiropractic College	2360 NY-89 Seneca Falls, NY 13148	1/1985	3/1988	D.C.	4/10/1988
Attended Wagner College and was granted a degree from The University of the State of New York	1 Campus Road Staten Island, NY 10301	9/1982	9/1984	B.S.	5/23/1987

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
Chiropractic License	X005499-1	NYS Department of Education	5/1988	9/2006

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

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:		
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:		

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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:		

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? ☒ Yes ☐ No

From: 2005 To: Present	Name and Address of Business: Palmieri Associates LLC 3077 Hylan Blvd., Staten Island, NY 10306	
Business Type: Real Estate Holding Corp.	Office Held/Nature of Interest: Investment – [redacted]wnership	☒ open ☐ closed ☐ proposed

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

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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

From: 2012 To: Present	Name and Address of Business: DJ Palm Properties LLC	
Business Type: Real Estate Holding company	Office Held/Nature of Interest: Investment - [redacted]wnership	☒ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable: N/A		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
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.

- Please refer to my attached biography, which details my experience and capability to play an important role in the operation of the 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: [signature]	Date: 6/01/15
Notary Name: JAYANT C. PATEL	Notary Registration Number: 01PA4901007
Notary (Notary Must Affix Stamp or Seal)	Date: 06/01/2015

JAYANT C. PATEL
Notary Public, State of New York
No. 01PA4901007
Qualified in Queens County
Certificate Filed in New York County
Commission Expires July 13, 2015

David Palmieri, Chief Marketing Officer

David Palmieri is a New York City Healthcare Consultant. As a native New Yorker, David studied at Wagner College and Polytech University of New York and earned a Bachelor of Science Degree from The State University of New York. He earned a Doctorate of Chiropractic degree from New York Chiropractic College and developed a multi-discipline approach to spinal pain working with a number of well-respected rehabilitation, neurological and orthopedic physicians in his community.

Since 1988 David Palmieri has developed and managed multidisciplinary medical teams in the implementation of new emerging medical technologies that meet the needs of suffering patients in New York State. David always had a special interest in human biological systems, clinical healthcare and emerging medical technologies. [redacted] David's interest in newly developing non-narcotic, non-invasive technologies grew significantly. He has spent countless hours researching standard protocol treatments as well as new emerging treatments for related illnesses. Always working closely with medical doctors and personnel to provide individualized health care to patients.

In 2004, David published a book, A Last Stand, An American Tragedy, under the pen name David James. It told a personal journey of his search to help a dying family member which threw him into the world of the politics of cancer research and the trial and tribulations that independent scientists and emerging clinical innovation must endure to bring new treatment protocols into mainstream healthcare. In 2005, David retired from clinical practice and continued his interest in non-invasive and non-narcotic clinical interventions for suffering patients. [redacted]

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

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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: Citiva Medical LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Christina Yero2 | 3. Title: MD Advisor/Member

4. Briefly describe the role of this person or entity in the proposed registered organization:

Based on my medical experience, I will provide advice and consultation to the management team regarding the clinical operations of the organization.

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.

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: 718-980-1691

10. Email: [redacted]

11. Residence Address: [redacted]

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

15. Formal Education

Institution	Address	Dates Attended From	Dates Attended To	Degree Received	Date Received
Brooklyn College	2900 Bedford Ave Brooklyn, NY 11210	9/87	1/90	BS - Biology	1990
St Georges University School of Medicine	St Georges, Grenada	9/94	5/98	MD	1998

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
DEA	[redacted]	Drug Enforcement Agency Office of Diversion Control 8701 Morrissette Drive Springfield, VA 22152	3/31/14	3/31/17
NYS Medical License	225293	N.Y. State Department of Education (518) 474-3852	6/30/2012	6/30/2015

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

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.		
Name of Employer:		

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:		

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? ☐ Yes ☐ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners.

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

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
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.

Please refer to my attached biography, which details my experience and capability to play an important role in the operation of the 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: [signature]	Date: 6-1-15
Notary Name: Sheryl Ann Barrett	Notary Registration Number: 01BA6201803
Notary (Notary Must Affix Stamp or Seal)	Date: June 1, 2015

SHERYL ANN BARRETT
Notary Public, State of New York
No. 01BA6201803
Qualified In Richmond County
Commission Expires March 2, 2017

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

Christopher Perez, MD – Medical Advisor

[redacted]. He received his undergraduate degree in biology at Brooklyn College. Dr. Perez completed an Internal Medicine internship at Staten Island University Hospital and a residency in Physical Medicine and Rehabilitation at UMDNJ-New Jersey Medical School and the Kessler Institute of Rehabilitation in West Orange New Jersey.

Dr. Perez is board certified and a Diplomat of the American Board of Physical Medicine and Rehabilitation. He joined our practice in 2002 and has served a vital role in our participation at Victory Memorial Hospital, Silver Lake Specialized Care Center, and Richmond University Medical Center. He has been an active participant in the lecture circuit and is a speaker for Forest Laboratories. He specializes in neuropathic pain and offering patients non-invasive, non-narcotic treatment options for chronic pain patients.

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

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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: Citiva Medical LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Paul Russo | 3. Title: Member

4. Briefly describe the role of this person or entity in the proposed registered organization:
Although I will not have an active role in the day-to-day operations, I will provide support and advice to the management team, based on my business experience.

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.

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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:

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
SUNY Binghamton	Binghamton, NY	1989	1993	BS, Chemisty	1993
University of Virginia	Charlottesville, VA	1993	1998	PhD, Chemistry	1998

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
		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 sheets 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

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:		
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

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:		

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? ☐ Yes ☑ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
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

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
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 indicated above, I have professional business experience that will allow me to support the successful development and operation of Citiva Medical LLC. I will bring a perspective of general business operation that I believe will complement the experience of the management team, which has the expertise in the medical marihuana industry and ancillary program elements. Although I will not be involved in day-to-day operations, I will be available as a resource to the management team, and believe that my specific capabilities will make the Citiva team a well-balanced 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: Karl Ross	Date: 6/2/15
Notary Name: Chantee Thimes	Notary Registration Number: 13500791
Notary (Notary Must Affix Stamp or Seal)	Date: 6/2/15

NOTARY PUBLIC NOTARY SEAL STATE OF MISSOURI

CHANTEE THIMES
My Commission Expires
July 8, 2017
St Louis County
Commission #13500791

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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: Citiva Medical LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

4. Briefly describe the role of this person or entity in the proposed registered organization:

My trust is a member of VG Capital that owns shares in VG Citiva Medical holding,LLC witch hold shares in Citiva medical 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.

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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:
10. Email: mcaridi@vgemg.org	
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

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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.

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:		

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

[redacted]

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:		

[redacted]

Name of Employer:		

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:		

[redacted]

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? ☐ Yes ☑ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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

[redacted] ☐open ☐closed ☐proposed

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

[redacted] ☐open ☐closed ☐proposed

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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: Joanne Carulli Trustee	Date: 6/2/15
Notary Name: Faith Philipson	Notary Registration Number: 01PH6289923
Notary (Notary Must Affix Stamp or Seal)	Date: 6/2/15

FAITH PHILIPSON
Notary Public, State of New York
No. 01PH6289923
Qualified in Richmond County
Commission Expires 09/30/17

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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: Citiva Medical LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Lisa Salvo | 3. Title: Member

4. Briefly describe the role of this person or entity in the proposed registered organization:
Although I will not have an active role in the day-to-day operations, I will provide support and advice to the management team, based on my business experience

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.

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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 347 - 273 - 1345

10. Email: [redacted]

11. Residence Address: [redacted]

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

15. Formal Education

Institution	Address	Dates Attended From	Dates Attended To	Degree Received	Date Received
St. John's University	300 Howard Ave S.I. NY 10301	9/1985	6/1989	BA in Communication	6/1989
11	11	1/1990	6/1992	Master of Science Education	6/1992

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

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:		
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

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.		

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? ☑ Yes ☐ No

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

Appendix A:
Affidavit for Board Members, Officers, Managers, Owners, Partners,

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

Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From To	Name and Address of Business	
Business Type.	Office Held/Nature of Interest	☐open ☐closed ☐proposed
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 indicated above, I have professional business experience that will allow me to support the successful development and operation of Citiva Medical LLC. I will bring a perspective of general business operation that I believe will complement the experience of the management team, which has the expertise in the medical marihuana industry and ancillary program elements. Although I will not be involved in day-to-day operations, I will be available as a resource to the management team, and believe that my specific capabilities will make the Citiva team a well-balanced 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: Lisa M. Salvo	Date: 6/1/15
Notary Name: James N. Cappozzo Jr.	Notary Registration Number: 2220 9317
Notary (Notary Must Affix Stamp or Seal)	Date: 6-1-15

James N. Cappozzo Jr.
Notary Public, New Jersey
Commission Expires January 30, 2018

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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: Citiva Medical LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

4. Briefly describe the role of this person or entity in the proposed registered organization:

My trust is a member of VG Capital that owns shares in VG Citiva Medical holding,LLC witch hold shares in Citiva medical 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.

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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:

10. Email: mcaridi@vgemg.org

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

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.

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:		

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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

[redacted]

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:		

[redacted]

Name of Employer:		

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:		

[redacted]

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? ☐ Yes ☑ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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

[redacted] ☐open ☐closed ☐proposed

From:	Name and Address of Business:
To:	
Business Type:	Office Held/Nature of Interest: ☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:	

[redacted] ☐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.

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: Joanne Cargi Trustee	Date: 6/2/15
Notary Name: Faith Philipson	Notary Registration Number: 01PH6289923
Notary (Notary Must Affix Stamp or Seal)	Date: 6/2/15

FAITH PHILIPSON
Notary Public, State of New York
No. 01PH6289923
Qualified in Richmond County
Commission Expires 09/30/17

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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: Citiva Medical LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: FRANK TURANO | 3. Title: CFO

4. Briefly describe the role of this person or entity in the proposed registered organization:
CFO - Involved in all financial aspects of the organization.

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 https://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.

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

Institution	Address	Dates Attended From	Dates Attended To	Degree Received	Date Received
~~UNIVERSITY OF~~ DEGREE					
THE WHARTON SCHOOL AT THE UNIV. OF PA.	PHILA. PA	9/86	6/90	B.S - ECONOMICS WITH CONCENTRATION IN ACCOUNTING	6/90

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
N/A				

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

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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

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

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:		
Name of Employer:		

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:		

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? ☒ 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 [illegible]

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

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
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.

Please refer to my attached biography, which details my experience and capability to play an important role in the operation of the 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: Daniel Tumarin	Date: 6/2/15
Notary Name: Daniel Maydan	Notary Registration Number: 01MA6324138
Notary (Notary Must Affix Stamp or Seal)	Date: 6/2/2015

DANIEL MAYDAN
Notary Public, State of New York
No. 01MA6324138
Qualified in Richmond County
Commission Expires May 04, 2019

Frank Turano, CFO

Frank Turano is a native New Yorker, [redacted]. Frank earned a Bachelor of Science in Economics, with a dual concentration in Accounting & Finance from the Wharton School at the University of Pennsylvania, where he graduated Magna cum Laude in 1990.

Upon graduation, [redacted]

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

NEW YORK STATE | Department of Health

Medical Marijuana Program
Application for Registration as a Registered Organization

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: Citiva Medical LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Kim Volmar | 3. Title: Chief of Pharmaceutical Operations

4. Briefly describe the role of this person or entity in the proposed registered organization:

Chief of Pharmaceutical operations → Oversee and manage dispensary operations

5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
☑ Yes ☐ No

Please see proof of fingerprinting immediately following this page

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.

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

The NY Office of Professional Discipline conducted an inspection of the [redacted] and found some very minor compliance issues. These did not rise to the level of formal disciplinary action by the Board of Regents. The OPD imposed a "minor and technical" violation fine.

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: VOLMAN, KIM.
Address: [redacted]

OCA:
Date Fingerprinted: 20150527

Fingerprint Center: L087
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: US BANK EPAY

Operator ID: 004

(Agency Copy)

L-1 Enrollment Services

New York State
EasyPath Network

Applicant: VOLMAN, KIM.
Address: [redacted]

OCA:
Date Fingerprinted: 20150527

Fingerprint Center: L087
Agency: NYS Dept of Health Bur Narcotic Enforcement
Reason Fingerprinted:
CONTROLLED SUBSTANCE
Amount Paid: 84.95
Fee Paid By: US BANK EPAY

Operator ID: 004

(Agency Copy)

SAFRAN
MorphoTrust USA

New York State EasyPath Network

Applicant: Kim Volman
Address: Redacted pursuant to N.Y. Public Officers Law, Art. 6

UCN: 1514700877 57

Date/Time: 5/27/15
Fingerprint Center: New York- Park Place
Agency: NYS Department of Health
Reason Fingerprinted:

Amount Paid: 84.95
Fee Paid By: [/] Credit/Debit card [ ] Money Order
[ ] Agency Acct [ ] Check

Operator ID:

(Agency Copy)

SAFRAN
MorphoTrust USA

New York State EasyPath Network

Applicant: Kim Volman
Address: Redacted pursuant to N.Y. Public Officers Law, Art. 6

UCN: 151470087757

Date/Time: 5/27/15
Fingerprint Center: New York- Park Place
Agency: NYS Department of Health
Reason Fingerprinted:

Amount Paid: 84.95
Fee Paid By: [/] Credit/Debit card [ ] Money Order
[ ] Agency Acct [ ] Check

Operator ID:

(Applicant Copy)

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

10. Email: KVolmar@Citivamedical.com

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
ST John's University	8000 Utopia PkWy Jamaica, NY 11439	1992	1997	Bachlor's of Science	June 1997

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
New York State Licensed Pharmacist	048368	NYS Board of Pharmacy opinfo@nysed.gov 518-474-3817	11/14/01	1/31/16

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

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

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

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

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:		

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? ☑ 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

From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		
From: To:	Name and Address of Business:	
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐proposed
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.

Please refer to my attached biography, which details my experience and capability to play an important role in the operation of the 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: 6/1/2015
Notary Name: JAYANT C PATEL	Notary Registration Number: 01PA4901007
Notary (Notary Must Affix Stamp or Seal)	Date: 06/01/2015

JAYANT C. PATEL
Notary Public, State of New York
No. 01PA4901007
Qualified in Queens County
Certificate Filed in New York County
Commission Expires July 13, 2015

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

Kim Volman, Chief of Pharmaceutical Operations, has over 20 years of leadership experience in the pharmaceutical industry.

Kim, earned a Bachelor of Science on Pharmacy, at St John's University, where he graduated in 1997.

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

Kim's success in this company stems from providing care to an individual based on that patient's specific needs. Kim has extensive experience in Pharmaceutical Compounding and implemented various new compounding techniques in order to diminish patient tolerance to opioids.

Kim has actively worked with many Managed Long Term Care Plans in New York State, Nursing, Home Health Care Aid Organizations, JASA, and FEGS creating cost saving services such as Medication Blister Packing. Thus, improving patient medication compliance and safety, while decreasing health care costs to the patient.

Kim is an active member of PSSNY and SUN B which helps make a difference for seniors in the community. He continues to work in the Pharmacy industry developing better and more cost effective methods of providing optimum patient health care while diminishing patient drug dependence to certain medications.

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: CITIVA MEDICAL, LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Michael David Zumpano | 3. Title: Member

4. Briefly describe the role of this person or entity in the proposed registered organization:

Member

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.

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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. Ci[redacted] 13. State [redacted] 14. ZIP Code [redacted]

15. Formal Education		Dates Attended		Degree	
Institution	Address	From	To	Degree Received	Date Received
Fresno City College	1101 E. University Ave. Fresno, CA 93741	11/8/08	2/22/10	Pre-hospital Medicine/ Paramedic	2/28/2010
Long Beach City College	4901 Carson st. Long Beach, CA 90808	9/10/05	1/1/06	Emergency Medical Technician	2/12/2006

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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
Georgia State EMT-Paramedic	12068	State of Georgia Division of Emergency Preparedness and Response	4/29/2013	06/30/2016

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.

Name of Employer: Gwinnett County Fire Department

Type of Business: Fire and Emergency services

Street Address: 408 Hurricane Shoals rd.

City: Lawrenceville | State: GA | Zip Code: 30046

Starting Date of Employment: 4/29/2013 | Ending Date of Employment: currently employed

Name of Supervisor for Reference: Sean Ballisty | Supervisor Phone Number: 678-518-5010

Position/Responsibilities:

-Firefighter II Paramedic.

Fire Suppression, rescue, building planning, public relation events, education, inspections. Emergency medical rescue at paramedic level.

Reason For Departure: N/A

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

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

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

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

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

Name of Employer: Huntington Beach Fire Department		Type of Business: Fire and Emergency Service
Street Address: 2000 Main st. 5th floor.		
City: Huntington Beach	State: CA	Zip Code: 92648
Starting Date of Employment: 3/18/2008		Ending Date of Employment: 10/5/2012
Name of Supervisor for Reference: Bob Culhane		Supervisor Phone Number: 714-536-5411
Position/Responsibilities: Ambulance Operator -Emergency medical treatment and transport for fire department. Provided emergency medical care at the EMT-B level. Performed daily station and ambulance checks and maintenance. Minor billing duties.		
Reason For Departure: Internship expired		

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? ☐ Yes ☑ No

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐ open ☐ closed ☐ proposed
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

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

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

New York State | Department of Health

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:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
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 indicated above, I have professional business experience that will allow me to support the successful development and operation of Citiva Medical LLC. I will bring a perspective of general business operation that I believe will complement the experience of the management team, which has the expertise in the medical marihuana industry and ancillary program elements. Although I will not be involved in day-to-day operations, I will be available as a resource to the management team, and believe that my specific capabilities will make the Citiva team a well-balanced 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: 6/4/15
Notary Name: Dylan Akins	Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal)	Date: 6/4/15

DYLAN AKINS NOTARY PUBLIC GWINNETT COUNTY, GEORGIA MY COMMISSION EXPIRES OCTOBER 9, 2018

Commission Exp. 10/9/2018

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: Citiva Medical LLC

This is the name that was entered in Section A of the Application for Registration as a Registered Organization.

2. Name: Anna Dykshteyn

4. Briefly describe the role of this person or entity in the proposed registered organization:
Although I will not have an active role in the day-to-day operations, I will provide support and advice to the management team, based on my business experience.

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 NY0412600 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.

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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: 717-645-1307

10. Email: [redacted]

11. Residence Address: [redacted]

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

15. Formal Education

Institution	Address	Dates Attended From	Dates Attended To	Degree Degree Received	Degree Date Received
SUNY Downstate University	450 Clarkson Ave Brooklyn, NY 11235	1993	1995	B.S. -Health Information Management	06/1995

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

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

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:		
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

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:		

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? ☑ 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

From:	Name and Address of Business:	
To:		
Business Type:	Office Held/Nature of Interest:	☐open ☐closed ☐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:	☐open ☐closed ☐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:	☐open ☐closed ☐proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		

Appendix A:
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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.

Please refer to my attached biography, which details my experience and capability to play an important role in the operation of the 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: 6/1/2015
Notary Name: Oleksandr Sushchenko	Notary Registration Number: 01SU6237130
Notary (Notary Must Affix Stamp or Seal)	Date: 6/1/15

OLEKSANDR SUSHCHENKO
Notary Public - State of New York
NO. 01SU6237130
Qualified in Kings County
My Commission Expires Mar 14, 2019

Anna Dykshteyn [redacted]. Anna Dykshteyn holds a Bachelor of Science degree in Health Information Management from SUNY Downstate.

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

She has extensive management experience with home healthcare industry, private duty, and medical staffing services.

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

She has experience in all aspects of financial forecasting, resource allocation, fund management, control, and strategic planning.

Anna is an active member of HCP/CHC and SUN B.

CITIVA MEDICAL LLC

ATTACHMENT NO. 2

STAFFING PLAN

STAFFING PLAN

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

CITIVA MEDICAL

TABLE OF CONTENTS

CITIVA MEDICAL

STAFFING PROFILE

This proposed Staffing Plan for Citiva Medical LLC ("Citiva", "We", "Us", "Our", "Applicant") meets and addresses the application of the New York State Department of Health Medical Marihuana Program Rules and Regulations ("DOH") and §1004.5(b)(18)(i)-(v) of the Codes, Rules and Regulations of the State of New York ("NYCRR").

Citiva believes having a skilled, knowledgeable and well-trained staff is paramount to a successful business operation. An integral part of our implementation strategy is to have a comprehensive staff selection process, employing a knowledgeable staff team and focusing on employee training and development. Our staff will be responsible for important health and safety measures such as cultivating medical marihuana, advising patients on effects and side effects of various strains and delivery methods and working with the DOH for oversight of the medical marihuana program.

ORGANIZATIONAL CHART

The following organizational chart shows the structure of the organization and the relationships and relative ranks of its parts and positions. Note that boxes of employees for which in the normal course of fulfilling their job descriptions will handle marihuana or of positions directly above them in the hierarchy are tinted green. Those not expected to handle marihuana are tinted blue.

The "Workforce Role Requirements Table" below includes the classification, the role responsibility, skills required, number of staff required to fulfill the role, unit of labor (FTE/PT/SAN) status, and the rate unit for all classifications. The following job classifications, responsibilities, and unit rates are subject to change depending upon current markets and organization needs and industry / company changes.

(*Continued on next page.*)

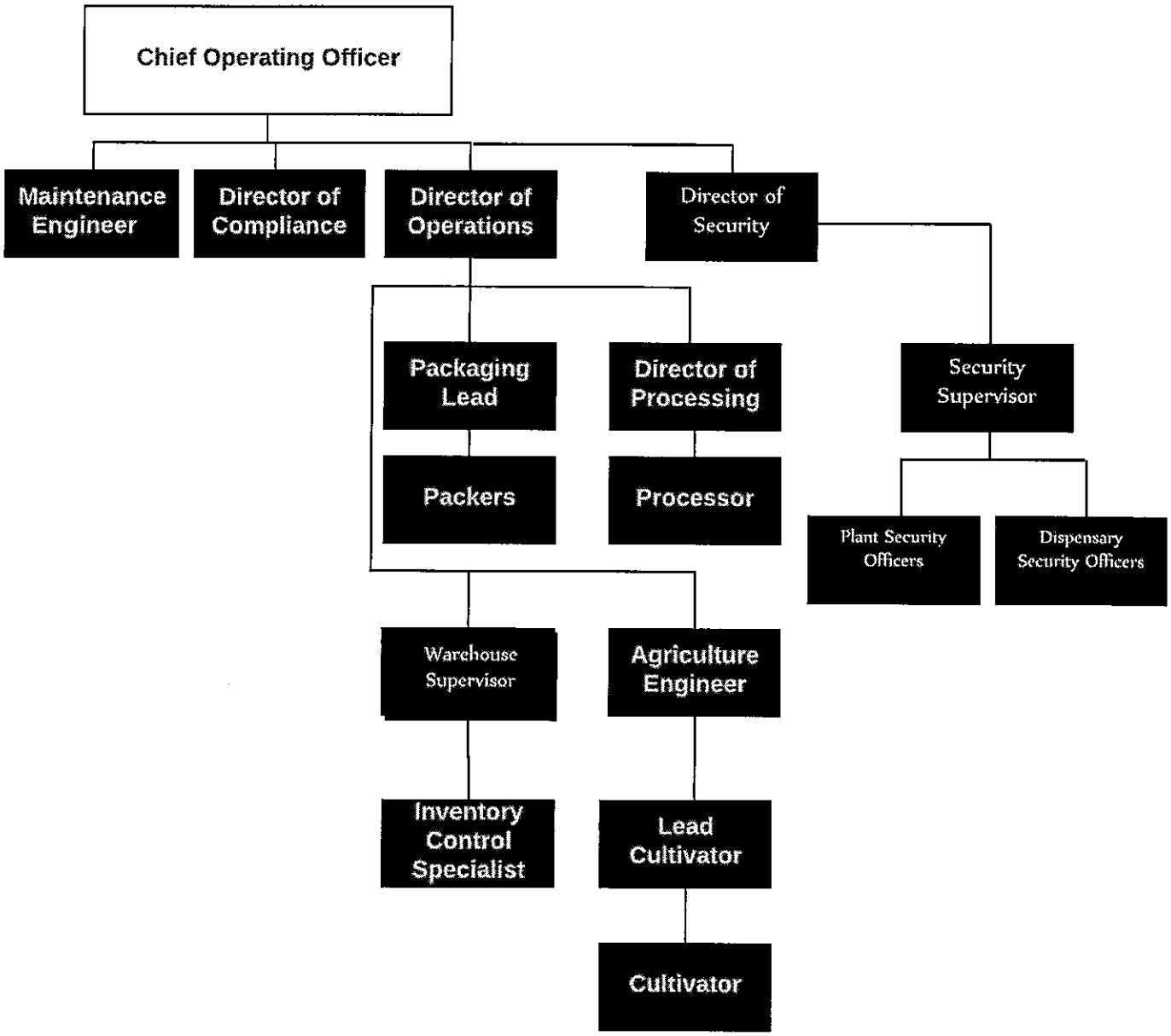
CITIVA MEDICAL

Senior Team

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

CITIVA MEDICAL

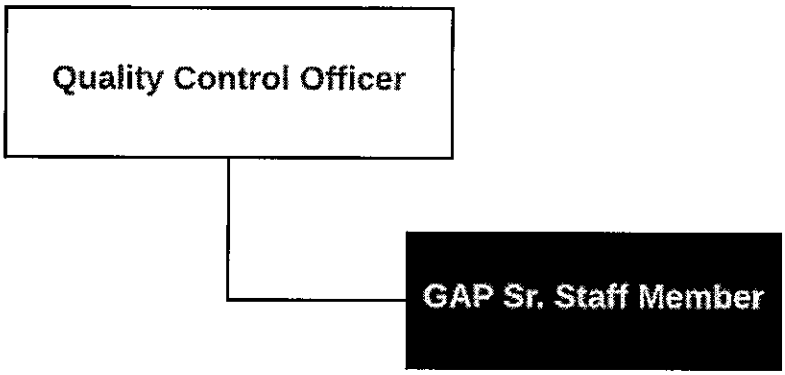
Operations



Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

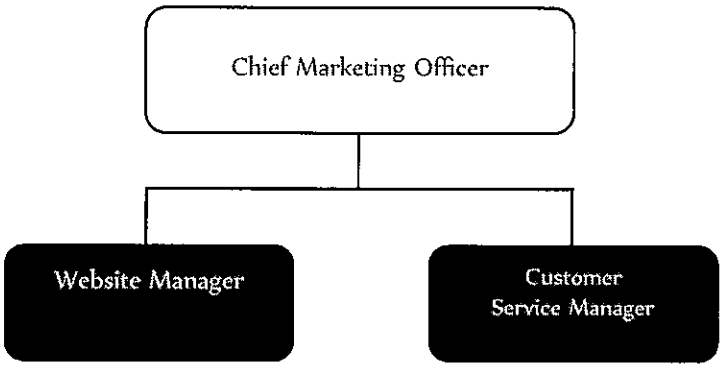
CITIVA MEDICAL

Quality



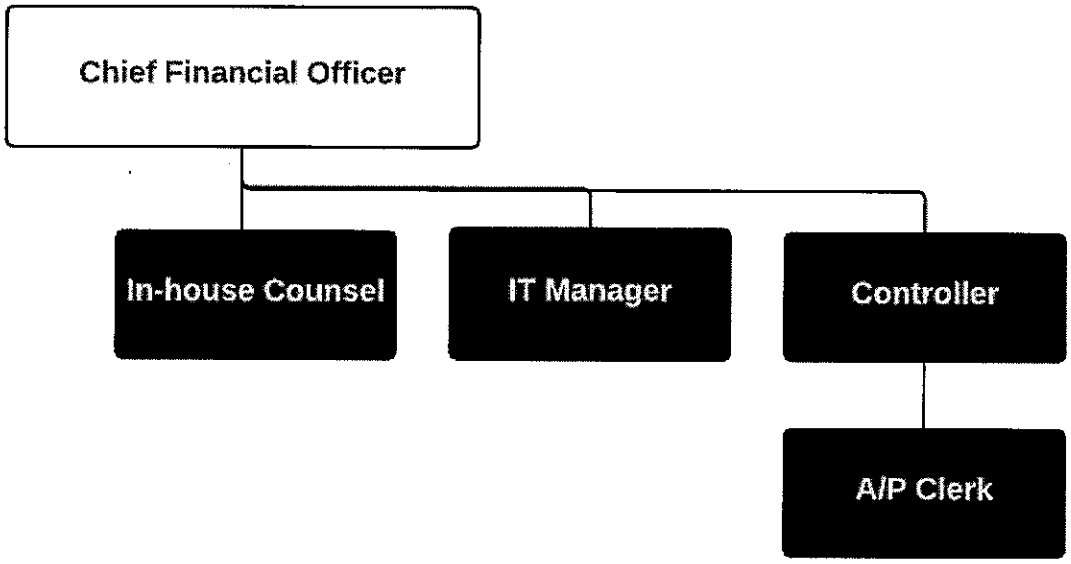
Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

Sales and Marketing



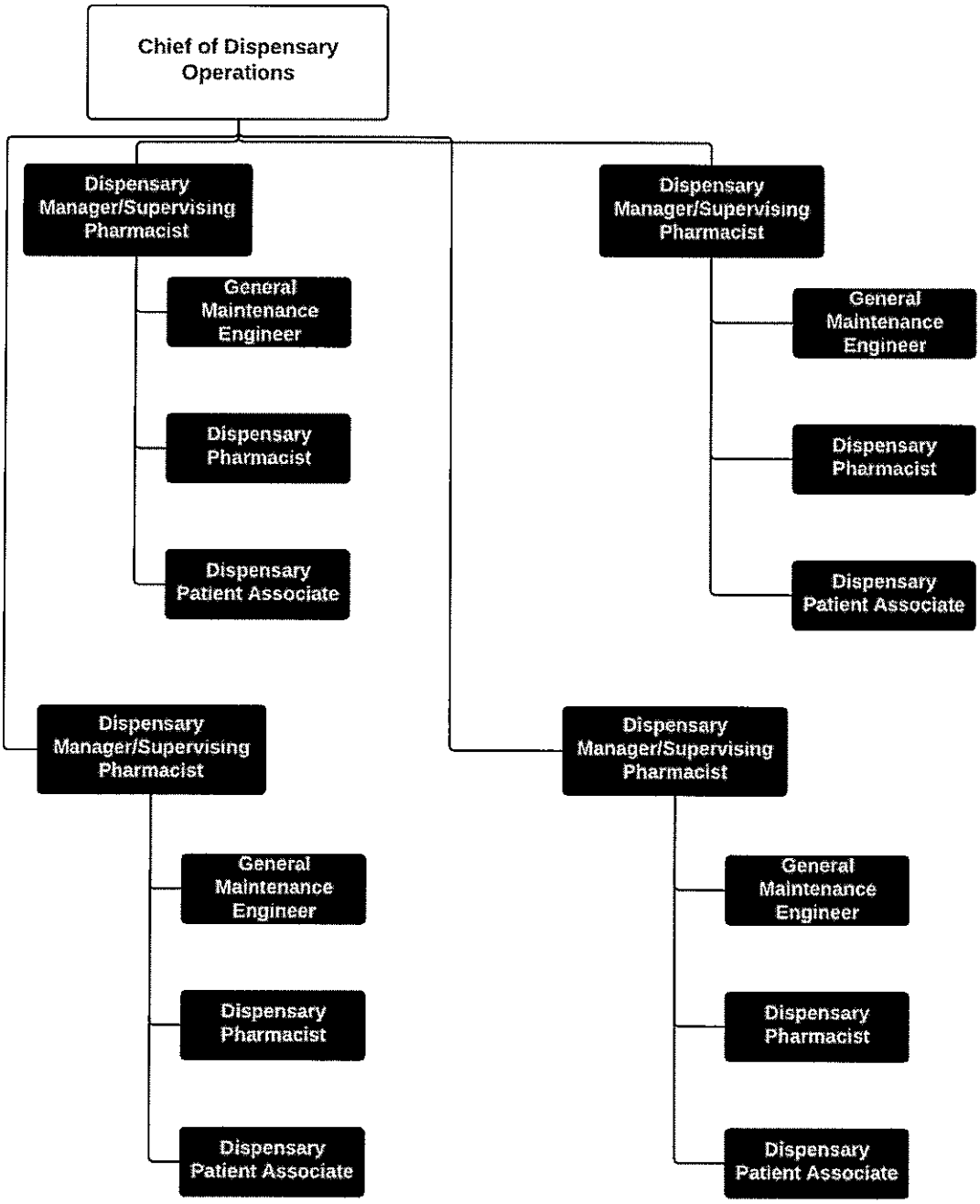
Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

Finance



Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

Pharmaceutical and Retail



Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

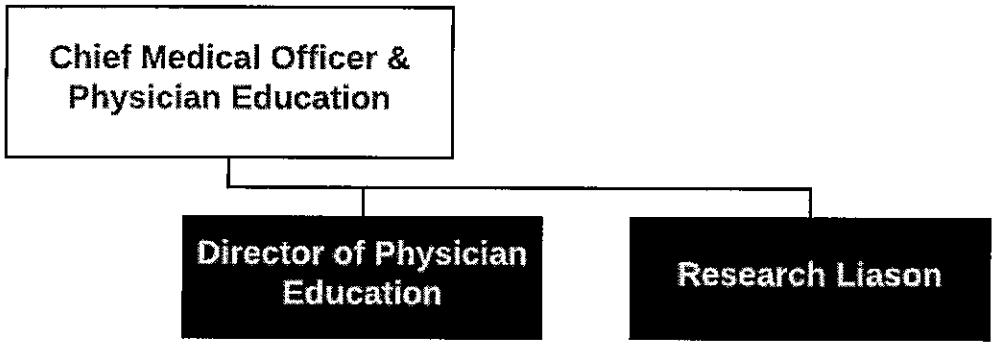
CITIVA MEDICAL

Human Resources

Director of Human Resources

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

Physician Education



CITIVA MEDICAL

Government Affairs

Director of Government Affairs

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

WORKFORCE ROLE REQUIREMENTS

JOB CLASSIFICATION	NAME	ROLE RESPONSIBILITY	REQUIRED SKILL	NUMBER REQUIRED ON STAFF	UNIT OF LABOR (FTE/PT/SAN)
President Chief Executive Officer	Kim Volman	Provide long-range strategic planning to lead the company through evolving legal and regulatory conditions. Manage and balance all stakeholder interests.	Prior experience as a CEO in a highly regulated and legally evolving manufacturing industry. Background in medical marihuana a plus.	1	FTE
Chief Operating Officer	Michael Caridi	Ensure efficiency and safety across all operational areas. Ensure directors, managers and supervisors properly follow DOH regulations in all areas of handling product.	Prior experience in a vertically integrated, manufactured, consumer packaged goods (CPG) industry.	1	FTE
Chief Financial Officer	Frank Turano	Ensure all aspects of financial operations are sound. Safeguard investor resources, ensure compliance with all NY State regulations and GAAP. Interface with outside investors and provide timely reporting.	Prior senior financial experience in a manufacturing environment. Full knowledge of GAAP and experience with outside audit.	1	FTE
Chief Marketing Officer	David Palmieri	Lead department to communicate about Citiva externally to suppliers, doctors and consumers. Ensure high service quality.	Prior experience in a senior marketing role for a significant, CPG company.	1	FTE
Chief Medical Officer and Physician Education	Dr. Jack D'Angelo	Provide leadership in communicating with medical professionals.	Public speaking, prior communications experience and a medical degree.	1	FTE

JOB CLASSIFICATION	NAME	ROLE RESPONSIBILITY	REQUIRED SKILL	NUMBER REQUIRED ON STAFF	UNIT OF LABOR (FTE/PT/SAN)
Director of Human Resources	TBD	Manage and oversee all employee-related affairs. Ensure hiring and termination processes adhere to all state and federal requirements. Negotiate and interface with union if one is elected.	Prior experience leading HR functions in a manufacturing, CPG environment. Experience in both union and non-union situations ideal.	1	FTE
Chief of Dispensary Operations	Kim Volman	Experience in NY State as a pharmacist.	NY State pharmacy license.	1	FTE
Director of Research and Development	Dr. Ralph Madeb	Research new packaging and medicinal applications.	Experience as a researcher in chemistry.	1	FTE
Director of Physician Education	Dr. Christopher Perez	Work with Chief Medical Officer to conduct physician outreach.	Experience as an MD or Pharmacist ideally in NY.	1	FTE
Director of Operations	Austin Gray	Oversee cultivation, extraction and packing of product.	Experience with Marijuana cultivation and processing.	1	FTE
In-house Counsel	TBD	In-house legal expertise.	Law degree (JD), ideally barred in NY State, and also ideally with experience in medical marihuana law.	1	FTE
Director of Compliance	TBD	Ensure corporate-wide compliance with regulations.	Law degree or deep experience with NY and federal marihuana and food regulations.	1	FTE
Director of Security	TBD	Oversee corporatewide security.	Ideally prior law enforcement experience.	1	FTE

CITIVA MEDICAL

JOB CLASSIFICATION	NAME	ROLE RESPONSIBILITY	REQUIRED SKILL	NUMBER REQUIRED ON STAFF	UNIT OF LABOR (FTE/PT/SAN)
Quality Control Officer	TBD	Ensure GAP's and GMP's are strictly adhered to corporatewide	Certification in GAP. Extensive quality experience in agricultural env.	1	FTE
Director of Government Affairs	TBD	Liaison with legislators. Inform legislators about industry issues and bring legislator concerns to company.	Previous experience as lobbyist or in government. NY experience preferred.	1	FTE
Controller	TBD	Oversee all accounting functions, ensuring compliance with GAAP and any other state or federal regulations.	Previous experience as controller or assistant controller in a manufacturing environment. CPA highly desirable.	1	FTE
A/P Clerk	TBD	Ensure timely payments to vendors.	Accuracy and attention to detail.	1	FTE
IT Manager	TBD	Ensure security and efficiency of systems functions.	Several years of experience in system maintenance in small-medium sized network environments.	1	FTE
Research Liaison	Kathleen Caridi	Conduct industry research to uncover business opportunities and threats.	Related experience in market assessment.	1	FTE
Customer Service Manager	TBD	Handle consumer complaints and interface with associated regulatory agencies.	General business experience in customer service or field marketing.	1	FTE
Website Manager	Amy Holdener	Maintain company website.	Prior experience in website design and maintenance.	1	FTE
GAP Sr. Staff Member	TBD	Ensure GAP is followed companywide.	Accreditation in Good Agricultural Practices	1	FTE
Maintenance Engineer – Plant Facility	TBD	Conduct preventative maintenance and repairs on all facility equipment	Prior experience in manufacturing maintenance; agricultural highly desirable.	1	FTE

JOB CLASSIFICATION	NAME	ROLE RESPONSIBILITY	REQUIRED SKILL	NUMBER REQUIRED ON STAFF	UNIT OF LABOR (FTE/PT/SAN)
Dispensary Pharmacist	TBD	Oversee the dispensary.	Active NY State Pharmacy license	4	FTE
Dispensary Manager / Supervising Pharmacist	TBD	Assist in overseeing the dispensary	Active NY State Pharmacy license	4	FTE
Dispensary Patient Associate	TBD	Assist patients in finding correct products for their needs and vending them.	Good customer service skills, patience and compassion in dealing with the public.	8	FTE
General Maintenance Engineer – Dispensary	TBD	Keep dispensary clean, working and orderly.	Prior experience as a janitor or equivalent.	2	FTE
Agriculture Engineers	TBD	Manage growth of marihuana plants. Direct leads and cultivators in correct handling and treatment of the plants.	Strong background and knowledge of medical marihuana. GAP accreditation desirable.	1	FTE
Lead Cultivator	Austin Gray	Lead the cultivators in proper handling and treatment of the plants.	Agricultural background. GAP accreditation desirable.	1	FTE
Cultivators	TBD	Grow and care for plants.	Some farming experience.	3	FTE
Director of Processing	Daniel Kosmal	Lead processors on extraction of substances from plant matter.	Prior experience in extraction or general organic chemistry, or equivalent.	1	FTE
Processors	TBD	Extract substances form plant matter.	Undergraduate degree in chemistry or equivalent.	1	FTE
Packaging Leads	TBD	Lead packers in assembling final packages of medicine for shipping.	Prior manufacturing experience in food or beverage or equivalent.	1	FTE
Packers	TBD	Pack medicine into final package for shipping.	Prior manufacturing experience desired.	2	FTE
Security Supervisors	TBD	Oversee security officers in both facility and dispensary security.	Prior experience in industrial security and training in DOH regulations	1	FTE

JOB CLASSIFICATION	NAME	ROLE RESPONSIBILITY	REQUIRED SKILL	NUMBER REQUIRED ON STAFF	UNIT OF LABOR (FTE/PT/SAN)
			regarding medical marihuana.		
Plant Security Officers	TBD	Secure the manufacturing facility.	Prior security experience desired.	5	FTE
Dispensary Security Officers	TBD	Secure the dispensaries.	Prior security experience desired.	4	FTE
Warehouse Supervisor	TBD	Secure and oversee the warehouse.	Prior warehouse supervision required.	1	FTE
Inventory Control Specialist	TBD	Fulfill orders and bring finished goods into the warehouse.	Attention to detail. Prior warehouse experience desirable.	1	FTE

(*Continued on next page.*)

CLASSIFICATION / SKILLS ASSESSMENT / EDUCATION

Key Personnel

To operate, the anticipated key executives of our organization include:

A. **President and Chief Executive Officer (CEO)**

Job Description Summary: The CEO will effectively lead, direct, and oversee operations to position the company at the forefront of the emerging cannabis industry. As the cannabis industry continues to evolve in an emerging global market, Citiva offers an outstanding opportunity to the proven executive who has successfully led a high-growth start-up. This individual will have a passion for leading companies in a start-up environment while exhibiting passion for the emerging cannabis marketplace. Establishes credibility throughout the organization as an effective developer of solutions to business operations and challenges. Provides leadership and management to ensure that the mission and core values of the company are put into practice. The CEO will be an individual with strong problem solving and communication skills, and an ability to identify and solve problems.

Minimum Education Requirements: Bachelor's degree, MBA a plus.

Minimum Experience Requirements: 10+ years' experience leading a company and successfully leading the day to day responsibility for an organization with profit and loss responsibilities across the enterprise. Must be 21 years of age or older and cannot have been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of Section 3364 of the Public Health Law.

B. **Chief Operations Officer (COO)**

Job Description Summary: The COO is primarily responsible for facilitating business growth and profitability by developing, implementing and achieving the operational strategy, plan and quality/financial metrics of the organization. The COO will provide leadership to the operations organization and will optimize the efficiencies of the organization's diverse teams. The COO provides business leadership, operational knowledge, and the resource management required to meet the needs of the associates and for the business unit's success. This individual will oversee all manufacturing and distribution. The COO will develop and implement new policies and procedures while also making improvements on operating procedures as needed along the way. Must be comfortable working in an ambiguous environment, as this industry changes quickly. Must also be comfortable scaling a company as it grows. Reports to the CEO and is a key member of the executive team.

Minimum Education Requirements: Bachelor's degree. A Master's degree in business administration or a related field a plus.

Minimum Experience Requirements: 5+ years of experience running specialty food / beverage company, and 10+ years of experience as COO, General Manager or other executive leader. Experience working with regulatory agencies (State cannabis governing body, FDA, OSHA, etc.). Must be 21 years of age or older and cannot have been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of Section 3364 of the Public Health Law.

C. **Chief Financial Officer (CFO)**

Job Description Summary: Responsible for directing the fiscal functions of the corporation in accordance with generally accepted accounting principles issued by the Financial Accounting Standards Board, the Securities, any other regulatory and advisory organizations and in accordance with DOH rules and regulations. This person manages the financial and administrative functions of this growing cannabis company. Directs and controls company employees and outsourced services within the finance and accounting, IT and legal. The Chief Financial Officer will have a significant impact on the company's success by maintaining a high level of financial control and analysis, developing programs to support a professional work environment to attract and retain high-caliber employees, and, enhance and maintain a fully functioning IT infrastructure to support the company's business needs. This is a "shirt sleeve" environment directly supervising employees in the accounting and finance department, and must be willing to perform all finance operations as needed. Reports to the CEO and is a key member of the executive team.

Minimum Education Requirements: Bachelor's degree in Accounting or Finance; CPA certification is highly desirable.

Minimum Experience Requirements: 7+ years of experience as a CFO and prior public accounting experience in a manufacturing or industrial distribution environment a plus.

D. **Chief Marketing Officer**

Job Description Summary: Reporting to the Chief Executive Officer, the Chief Marketing Officer will be responsible for building and leading a world class marketing team that enables Citiva to realize its mission of delivering best-in-class medicinal marihuana to patients. This individual will have strategic and operational responsibility for all aspects of marketing of Citiva's products. Key to the candidate's success will be a highly incorporated approach that brings true market insight to the discovery, development and delivery of Citiva's products. Such an integrated approach will require that the candidate have the ability and a passion to really understand and articulate the science and evolving medical marihuana treatment paradigms. Along these lines, this person will be responsible for solidifying and further developing relationships with key thought leaders in the market.

Minimum Education Requirements: Bachelor's degree in science, business or marketing related area is desired and having an MBA is a strong plus.

Minimum Experience Requirements: At least fifteen years of marketing leadership, with extensive experience product launches.

E. **Chief Medical Officer and Physician Education**

Job Description Summary: The Chief Medical Officer and Physician Education is responsible for developing the company's global product portfolio strategy to bring products to market in compliance with global regulatory, legislative and medical/health requirements. In addition the Chief Medical Officer and Physician Education will act as the primary spokesperson for the company with key opinion leaders at advisory boards. The Chief Medical will drive the advancement of patient safety by applying his or her scientific and medical expertise and use her credibility to inform and influence healthy growing practices, perform clinical studies, lead strategic

research activities on cannabis, research and develop new strains and ensuring patient's overall health goals are achieved.

Minimum Education Requirements: M.D. Board certified and active unrestricted license in U.S.

Minimum Experience Requirements: 10+ years of clinical experience, 4 years of people management experience, 1 year of project management experience, 1 year of budget management experience.

F. **Chief of Dispensary Operations**

Job Summary: Primary purpose of this position is to oversee the company's dispensary's operations. Frequent independent judgments are essential. The incumbent is also required to perform all tasks in a safe manner consistent with corporate policies and state laws.

Minimum Education Requirements: Bachelor's degree (BS), Doctoral degree (PHARM.D.), or equivalent in Pharmacy.

Minimum Experience Requirements: More than ten (10) years' experience in retail, and five (5) years' experience working with pharmacy systems. Must be 21 years of age or older and cannot have been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of Section 3364 of the Public Health Law.

G. **Director of Research and Development**

Job Summary: The Director of Research and Development will play a key leadership role in guiding new product development on Citiva's core businesses as well as driving new category innovation. This person will ensure R&D activities lead to achieving strategic objectives, improving sales and market position, and optimizing profitability. Reporting to the CEO, this person will lead the development and commercialization of line extensions, New-to-the-World Products and Categories, and drive process and plant efficiencies and improvements leading to sizable cost savings. This person will manage and help build the R&D department at Citiva and giving Citiva a competitive advantage in the businesses in which it competes.

Minimum Education Requirements: Bachelor's degree. Medical degree a plus.

Minimum Experience Requirements: 5-7 years of relevant experience in pharmaceuticals industry or medical field. 3-5 years of recent experience in research & development management. Must be 21 years of age or older and cannot have been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of Section 3364 of the Public Health Law.

H. **Director of Government Affairs**

Job Summary: The Director of Government Affairs will advance sound public health and legislative policies in areas of importance to Citiva at the State and national level. The Director will be responsible for directing administrative and legislative strategy and work collaboratively with other members of government affairs department, as well as other Citiva departments, in order that each department is aware of issues affecting Citiva's business, departmental activities are consistent with government affairs initiatives, government affairs initiatives are consistent with Citiva policy objectives, and help Citiva identify opportunities to work with government at the State and Federal level to advance its mission. Will also utilize expertise and knowledge from inside and outside Citiva to develop and craft policy positions. Focus in raising awareness and building support for the cannabis industry's issues. In addition, works with other national organizations to increase the cannabis industry profile. Assure timely and accurate actions/responses to legislative and regulatory requests.

Minimum Education Requirements: BA or BS degree and advanced degree preferred.

Minimum Experience Requirements: 5-7 years of relevant experience in state government, health-care industry, public health policy or related policy field. 3-5 years of management experience.

I. **Director of Physician Education**

Job Summary: The Director of Physician Education is responsible for setting strategy for physician training. Specifically, this will involve developing platforms for measuring and ensuring physician competence with the on-label use of company products. The Director of Physician Education will also develop assessments of physician cognitive skills and plans for physician development. The incumbent is responsible for overseeing and providing direction to the education and training team for training operations for all courses including but not limited to faculty selection and logistics; managing client relationships with faculty and field trainers, and insuring appropriate continuity between sales and physician training content and messaging. Reports to Chief Medical Officer and Physician Education.

Minimum Education Requirements: Bachelor's degree and advanced degree either in Education, Business, or Biological Sciences Experience.

Minimum Experience Requirements: 7+ years in management with direct reports from cross-functional teams. Experience in the cannabis industry is a plus.

J. **Director of Operations**

Job Summary: The Director of Operations is primarily responsible assisting the COO in facilitating business growth and profitability by developing, implementing and achieving the operational strategy, plan and quality/financial metrics of the organization. Assist in overseeing all manufacturing and distribution. Support COO in implementing new policies and procedures while also making improvements on operating procedures as needed along the way. Must be comfortable working in an ambiguous environment, as this industry changes quickly. Must also be comfortable scaling a company as it grows. Reports to the COO.

Minimum Education Requirements: Bachelor's degree. A Master's degree in business administration or a related field a plus.

Minimum Experience Requirements: 3+ years of experience running specialty food / beverage company, and 5+ years of experience as General Manager. Experience working with regulatory agencies (State cannabis governing body, FDA, OSHA, etc.). Must be 21 years of age or older and cannot have been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of Section 3364 of the Public Health Law.

K. **In-House Counsel**

Job Summary: In-House Counsel will be responsible for providing legal counsel and thought leadership to Citiva on a wide variety of commercial and strategic initiatives across the global organization. You will ensure that company operates within the law at all times, offer counsel on legal issues, create an effective guardian of the organization and facilitate business strategies development. This person will be able to ensure legal compliance and limit risk exposure. Responsible for negotiating, writing, reviewing, summarizing, researching and executing a wide variety of agreements for Citiva, and other general business contracts. The attorney will be responsible for negotiating, drafting and providing strategic counsel for projects representing millions of dollars of revenue and annual spend for Citiva. Reports directly to the CFO.

Minimum Education Requirements: J.D. and licensed to practice in New York.

Minimum Experience Requirements: 5+ years of relevant industry experience and 3+ years' experience at a law firm. 2+ years in management with direct reports from cross-functional teams. Knowledge and familiarity with cannabis laws is a plus. Must be proficient in US commercial and contract law and have experience negotiating and drafting a variety of contracts, including distribution, supply, licensing, collaboration, and strategic transactions (stock and asset purchase agreements).

L. **Director of Compliance**

Job Summary: The Director of Compliance will be responsible for the development, implementation and communication of the manufacturing compliance program, as well as the development, implementation and ongoing revision of policies and procedures to assist the business in their efforts to comply with all applicable State and Federal laws and regulations. The Director of Compliance is also responsible for the development and implementation of compliance training materials. Collaborates with Compliance Audit to support projects related to the Compliance Audit, Self-Monitoring, Data Mining and Risk Assessment programs for the relevant business.

Minimum Education Requirements: B.S. or B.A. degree is required. Law degree preferred.
Minimum Experience Requirements: At least 5 years solid working knowledge and work experience in quality management in a manufacturing environment or more years of experience in a business/legal compliance organization. Subject matter expertise in the following areas: current Good Manufacturing Practice (GMP), Good Agricultural Practice (GAP).

Staff Positions – Medical Marihuana Contact

On the preceding organization chart and for the positions for which the day-to-day job responsibilities necessitate coming into contact with or handling medical marihuana, or positions supervising those have been color-coded green. For all of those positions, Citiva requires compliance with §3364 of the Public Health Law that all such position holders to be 21 years of age or older and never to have been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances. Further requirements include (i) a senior staff member with a minimum of one year experience in good agricultural practices (GAP); (ii) a Quality Assurance Officer who shall exercise oversight of the organization's practices and procedures and who has documented training and experience in quality assurance and quality control procedures; and (iii) a requirement that all staff involved in the manufacturing be trained in and conform to general sanitary practices.

Pharmaceutical and Retail

A. **Dispensary Manager / Supervising Pharmacist**

Job Description Summary: Reporting to the Director of Pharmaceutical and Retail, the primary purpose of this position is to train store staff and assist in the oversight of company's dispensary's operations. Frequent independent judgments are essential. The incumbent is also required to perform all tasks in a safe manner consistent with corporate policies and State laws.
Minimum Education Requirements: Bachelor's degree (BS), Doctoral degree (PHARM.D.), or equivalent in Pharmacy
Minimum Experience Requirements: More than five (5) years' experience in retail, and three (3) years' experience working with pharmacy systems. Must be 21 years of age or older and cannot have been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of Section 3364 of the Public Health Law.

B. **Dispensary Pharmacist**

Job Description Summary: Reporting to the Dispensary Manager / Supervising Pharmacist, the primary purpose of this position is educate and assist patients in the purchase of therapeutic marihuana. Frequent independent judgments are essential. The incumbent is also required to perform all tasks in a safe manner consistent with corporate policies and State laws.
Minimum Education Requirements: Bachelor's degree (BS), Doctoral degree (PHARM.D.), or equivalent in Pharmacy
Minimum Experience Requirements: More than two (2) years' experience in retail, and one (1) years' experience working with pharmacy systems. Must be 21 years of age or older and cannot have been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of Section 3364 of the Public Health Law.

C. **Dispensary Patient Associate**

Job Description Summary: Reporting to the Dispensary Pharmacist, the primary purpose of this position is to provide general support at company's dispensary. Frequent independent judgments are essential. The incumbent is also required to perform all tasks in a safe manner consistent with corporate policies and State laws.

Minimum Education Requirements: High School Diploma or GED. Bachelor's degree a plus.

Minimum Experience Requirements: More than two (2) years' experience in retail, and one (1) years' experience working with pharmacy systems. Must be 21 years of age or older and cannot have been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of Section 3364 of the Public Health Law.

D. **General Maintenance Engineer - Dispensary**

Job Summary: Under the direction of the Dispensary Manager / Supervising Pharmacist, this position is responsible for performing janitorial duties for modular buildings and related areas. Quality customer service will be provided to the client at all times. Knowledge or willingness to learn proper cleaning techniques is essential.

Minimum Education Requirements: High School Diploma or GED.

Minimum Experience Requirements: More than two (2) years' related experience. Must be 21 years of age or older and cannot have been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of Section 3364 of the Public Health Law.

Operations

A. **Packaging Lead**

Job Description Summary: Operate packaging equipment in production facility. Lead and train new packers in proper use and safety practices of the equipment.

Minimum Education Requirements: High School Diploma or GED.

Minimum Experience Requirements: More than two (2) years' related experience. Must be 21 years of age or older and cannot have been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of Section 3364 of the Public Health Law.

B. **Packers**

Job Description Summary: Operate packaging equipment in production facility.

Minimum Education Requirements: High School Diploma or GED.

Minimum Experience Requirements: More than two (2) years' related experience. Must be 21 years of age or older and cannot have been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of Section 3364 of the Public Health Law.

C. **Director of Processing**

Job Description Summary: Knowledge & understanding of the Extraction process and capability to perform extractions from plant material. Lead and train new Processors in proper use and safety of extraction equipment.

Minimum Education Requirements: Bachelors Degree.

Minimum Experience Requirements: Min of 5 years' related experience. Must be 21 years of age or older and cannot have been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of Section 3364 of the Public Health Law.

D. **Processors**

Job Description Summary: Perform extractions from plant material in the production facility.

Minimum Education Requirements: High School Diploma or GED.

Minimum Experience Requirements: More than two (2) years' related experience. Must be 21 years of age or older and cannot have been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of Section 3364 of the Public Health Law.

E. **Warehouse Supervisor**

Job Description Summary: Primary responsible party for receipts of finished goods from the production line into the warehouse and fulfillment of loads of finished goods out to the dispensaries.

Minimum Education Requirements: High School Diploma or GED.

Minimum Experience Requirements: More than two (2) years' related experience. Must be 21 years of age or older and cannot have been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of Section 3364 of the Public Health Law.

F. **Inventory Control Specialist**

Job Description Summary: Assist the Warehouse Supervisor in all matters relating to the warehouse.

Minimum Education Requirements: High School Diploma or GED.

Minimum Experience Requirements: More than two (2) years' related experience. Must be 21 years of age or older and cannot have been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of Section 3364 of the Public Health Law.

G. **Agricultural Engineers**

Job Description Summary: Lead all aspects of plant cultivation, genetics control, grafting, and other functions.

Minimum Education Requirements: B.S. in Biology or equivalent.

Minimum Experience Requirements: More than two (2) years' related experience. Prior experience in marihuana cultivation is essential. Must be 21 years of age or older and cannot have

been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of Section 3364 of the Public Health Law.

H. **Lead Cultivator**

Job Description Summary: Grow and cultivate the plants. Lead and train new Cultivators in proper techniques and use of apparatus related to the growing areas.
Minimum Education Requirements: High School Diploma or GED.
Minimum Experience Requirements: Prior experience in marihuana cultivation is preferred. More than two (2) years' related experience. Must be 21 years of age or older and cannot have been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of Section 3364 of the Public Health Law.

I. **Cultivators**

Job Description Summary: Grow and cultivate the plants.
Minimum Education Requirements: High School Diploma or GED.
Minimum Experience Requirements: Some related experience. Must be 21 years of age or older and cannot have been convicted of any felony of sale or possession of drugs, narcotics, or controlled substances in accordance with the requirements of Section 3364 of the Public Health Law.

Quality

A. **GAP Senior Staff Member**

Job Description Summary: Ensure GAP (Good Agricultural Practices) are strictly followed at the production facilities. Design and lead training programs in GAP and sanitary manufacturing practices for all manufacturing staff. Assist Quality Assurance Officer in all matters related to product quality.
Minimum Education Requirements: B.S. in related field. Certification in good agricultural practices.
Minimum Experience Requirements: Minimum one (1) year post GAP certification working in agricultural field.

Staff Position – All Others

On the preceding organization chart and for general staff positions below, those have been color-coded blue. For all of the blue color-coded positions, there is no general requirement to comply with §3364 of the Public Health Law, in terms of fingerprinting and background checks.

Operations

A. **Maintenance Engineer – Plant Facility**

Job Summary: Under the direction of the COO, this position is responsible for performing preventative maintenance and repairs of facility equipment.
Minimum Education Requirements: High School Diploma or GED.
Minimum Experience Requirements: More than two (2) years' related experience.

Sales and Marketing

A. **Website Manager**

Job Description Summary: Administer the company website.
Minimum Education Requirements: High School Diploma or GED.
Minimum Experience Requirements: Demonstrated ability to maintain websites.

B. **Customer Service Manager**

Job Description Summary: Handle consumer complaints and interface with associated regulatory agencies. Participate with Event Coordinator in spreading good name of company publicly.
Minimum Education Requirements: High School Diploma or GED.
Minimum Experience Requirements: General business experience in customer service or field marketing.

Finance and Accounting

A. **IT Manager**

Job Description Summary: Ensure security and efficiency of systems functions.
Minimum Education Requirements: B.S. in Computer Science or equivalent.
Minimum Experience Requirements: Several years of experience in system maintenance in small-medium sized network environments.

B. **Controller**

Job Description Summary: Oversee all accounting functions, ensuring compliance with GAAP and any other state or federal regulations.
Minimum Education Requirements: B.S. in Accounting; CPA preferred.
Minimum Experience Requirements: Previous experience as controller or assistant controller in a manufacturing environment.

C. **A/P Clerk**

Job Description Summary: Process and pay bills.
Minimum Education Requirements: High School Diploma or GED.
Minimum Experience Requirements: Some prior accounting experience.

(*Continued on next page.*)

CITIVA MEDICAL

BIOS OF KEY PERSONNEL

President and Chief Executive Officer (CEO)

Kim Volman has over 20 years of leadership experience in the pharmaceutical industry. He earned a Bachelor of Science on Pharmacy at St John's University, where he graduated in 1997. In 2001, Kim ventured into his start up pharmacy company S & K Pharmacy. [redacted]

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

[redacted] He has extensive experience in Pharmaceutical Compounding and implemented various new compounding techniques in order to diminish patient tolerance to opioids. He has actively worked with many Managed Long Term Care Plans in New York State, Nursing, Home Health Care Aid Organizations, JASA, and FEGS creating cost saving services such as Medication Blister Packing. Thus, improving patient medication compliance and safety, while decreasing health care costs to the patient. Mr. Volman is an active member of PSSNY and SUN B which helps make a difference for seniors in the community. He continues to work in the Pharmacy industry developing better and more cost effective methods of providing optimum patient health care while diminishing patient drug dependence to certain medications.

Chief Operations Officer (COO)

Michael Caridi's career started as a [redacted]. As a hands-on employee, he learned the business from the bottom up. Mr. Caridi earned a Bachelor of Science Degree in Business Administration from Wagner College, and for over 26 years he had worked in all operational phases of the company.

Mr. Caridi's expertise and enthusiasm were rewarded in [redacted]

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

Caridi was elected to the Kozy Shack Board of Directors in 2008. [redacted]

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

Today Mr. Caridi is the [redacted] He is also very active in community affairs in New York. He sits on the Board of Trustees Executive committee of Staten Island Hospital. He also is a Board of Trustee of the North Shore – Long Island Jewish Health System and is a member of the Audit and Corporate Compliance committee. Caridi is also extremely proud to serve as the

Chairman for the Vincent Gruppuso Foundation. This organization currently provides grants to Children's organization for education and health care. He also sits on the Board for the St. George Theater where he was appointed Treasurer in October 2009. This organization is dedicated to the restoration of the historic St. George Theatre and its development as a cultural and performing arts centre for the community. Additionally Mr. Caridi is on the sports committee of his local parish.

Chief Financial Officer (CFO)

Frank Turano is a native New Yorker, [redacted]. Mr. Turano earned a Bachelor of Science in Economics, with a dual concentration in Accounting & Finance from the Wharton School at the University of Pennsylvania, where he graduated Magna Cum Laude in 1990.

Upon graduation, [redacted]

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

Chief Marketing Officer

David Palmieri is a [redacted]. As a native New Yorker, Mr. Palmieri studied at Wagner College and Polytech University of New York and earned a Bachelor of Science Degree from The State University of New York. He earned a Doctorate of Chiropractic degree from New York Chiropractic College and developed a multi-discipline approach to spinal pain working with a number of well-respected rehabilitation, neurological and orthopedic physicians in his community.

Since 1988, David Palmieri has developed and managed multidisciplinary medical teams in the implementation of new emerging medical technologies that meet the needs of suffering patients in New York State. He always had a special interest in human biological systems, clinical healthcare and emerging medical technologies, [redacted] his interest in newly developing non-narcotic, non-invasive technologies grew significantly. He has spent countless hours researching standard protocol treatments as well as new emerging treatments for related illnesses. Always working closely with medical doctors and personnel to provide individualized health care to patients.

In 2004, Mr. Palmieri published a book, *A Last Stand, An American Tragedy*, under the pen name David James. It told a personal journey of his search to help a dying family member which threw him into the world of the politics of cancer research and the trial and tribulations that independent scientists and emerging clinical innovation must endure to bring new treatment protocols into mainstream healthcare. [redacted] and continued his interest in non-invasive and non-narcotic clinical interventions for suffering patients. [redacted]

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

Chief Medical Officer and Physician Education

Dr. Jack D'Angelo [redacted]. He received his undergraduate degrees in Theology and Biology at Lafayette College in Easton, PA. Dr. Jack (as he is commonly known), completed a pediatric residency at Georgetown University, a fellowship in pediatric physical medicine at the National Children's Medical center and a residency in Physical Medicine and Rehabilitation at the George Washington University Hospital and the National Rehabilitation hospital – all located in Washington D.C. In 2009, he received his M.B.A. from the George Washington School of Business in Washington D.C. He has been in active member of the non-profit community on Staten Island serving as the President of the Richmond County Medical Society, President of the Staten Island Heart Society and was a founding board member of the Community Health Center of Richmond. He has been the recipient of the Staten Island Chamber of Commerce, Louis B. Miller, Award, 2011 and the South Shore Democratic Club, Community Service Award, 2011. Dr. D'Angelo is board-certified and is a Diplomat of the American Academy of Pediatrics. [redacted]

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

Chief of Dispensary Operations

Kim Volman has over 20 years of leadership experience in the pharmaceutical industry. He earned a Bachelor of Science on Pharmacy at St John's University, where he graduated in 1997. In 2001, Kim ventured into his start-up pharmacy company S & K Pharmacy. [redacted]

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

[redacted] He has extensive experience in Pharmaceutical Compounding and implemented various new compounding techniques in order to diminish patient tolerance to opioids. He has actively worked with many Managed Long Term Care Plans in New York State, Nursing, Home Health Care Aid Organizations, JASA, and FEGS creating cost saving services such as Medication Blister Packing. Thus, improving patient medication compliance and safety, while decreasing health care costs to the patient. Mr. Volman is an active member of PSSNY and SUN B which helps make a difference for seniors in the community. He continues to work in the Pharmacy industry developing better and more cost effective methods of providing optimum patient health care while diminishing patient drug dependence to certain medications.

Director of Research and Development

Complementing the skills, talents and experiences of Company's other principals are those of another skilled and experienced professional – Dr. Ralph R. Madeb ("Dr. Madeb"). Dr. Madeb will serve as Director of R&D. Dr. Madeb will guide Company's production and testing of pharmaceutical grade medical marijuana and medical marijuana products.

Dr. Madeb is a urologist who received his medical degree from Technion Institute of Technology in Israel. He completed a surgical internship, surgical residency and urology residency at Strong Memorial Hospital in Rochester, New York, culminating as the Chief of the urology residency program at Strong. Dr. Madeb has received numerous honors and awards and has published articles in various peer-reviewed journals.

Director of Physician Education

Dr. Christopher Perez is a native of [redacted] He received his undergraduate degree in biology at Brooklyn College. He completed an Internal Medicine internship at Staten Island University Hospital and a residency in Physical Medicine and Rehabilitation at UMDNJ-New Jersey Medical School and the Kessler Institute of Rehabilitation in West Orange New Jersey.

Dr. Perez is board-certified and a Diplomat of the American Board of Physical Medicine and Rehabilitation. [redacted] He has also been an active participant in the lecture circuit and is a speaker for Forest Laboratories. He specializes in neuropathic pain and offering patients non-invasive, non-narcotic treatment options for chronic pain patients. [redacted]

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

Director of Operations

Austin Gray is the Director of Operations for Citiva Medical. Austin has more than a decade of hands-on experience in growing and supplying cannabis for the California medical cannabis program. His work in California involved every aspect of cannabis production from facility design and set up to growing and processing. Through his company, [redacted] As an outspoken advocate of medical cannabis, he has worked closely with legislators, patients, and fellow advocates to highlight the potential benefits of this amazing plant. He also owns a blog, Cannabis Considered, where he addresses current topics in the field of cannabis.

From the very beginning of Austin's involvement in the medical cannabis industry, it was clear to him that cannabis had great potential to help many individuals with otherwise intractable conditions. He would be working with Citiva Medical to make that promise a reality. Austin is committed to growing a consistent quality product that can be used to help those in need around the world.

STAFFING PROCEDURES AND POLICIES

Staffing Procedures

Citiva shall have a comprehensive plan in place for hiring the best possible candidates possible for employment while maintaining a diverse and competent workforce. We have developed a staffing plan that includes an outline of the hiring process. Below are its key elements:

- Authority must be obtained by the Executive Team to fill a position.
- Job descriptions will be created for each position and updated as necessary.
- Selection criteria will be determined based on requisite qualifications.
- Want ads will be published to attract applicants and present equal employment opportunities.
- An interview committee will be established to review applications and employ standard interview questions.
- Top candidates will be identified.
- Once a determination has been made, references will be checked.
- If an existing employee is interviewing for a new position, the employee's personnel file shall be reviewed.
- Once a finalist is selected, salary approval must be obtained by the Executive Team.
- A letter is sent to applicant confirming an employment offer.
- All hires for staff positions which will be involved in activities related to cultivation, manufacturing and dispensing of medical marijuana, as well as staff with oversight responsibilities of such activities will meet the requirements of NYCRR §1004.5(b)(18)(i)-(v).
- If the prospect is approved, they will be hired. All other candidates will be notified whether they were not selected or not.
- Any changes to the status of employment will be immediately notified to DOH.
- Citiva will collect a copy of the employee's identifying documents as required, which will be kept in the employee's confidential file.

General Hiring Policies

Citival Medical will never make any hiring decisions based whatsoever on an applicant's age, sex, race, religion, or sexual orientation. All staff of Citiva must be 21 years of age or older as of that worker's start date. Unless and until the DOH provides guidance to the contrary, this rule will be in place for all full-time employees, part-time employees and unpaid interns.

All applicants who will come in contact with medical marihuana will be in compliance with §3364 of the New York Public Health Law. No applicant to such position with a job description that involves any contact whatsoever with medical marihuana and whose background check reveals to have been convicted of a felony of sale or possession of drugs, narcotics, or other controlled substances shall be hired for that position.

In the event that employees vote to bargain collectively, any number of policies in effect with HR regarding performance, discipline, staffing hours, etc. may be subject to negotiation and change. We will work collaboratively with our friends at Local 338-RWDSU/UIRCW, but the requirements to be 21 years or older and, in the case of those that come in contact with product never to have been convicted of a drug related felony are non-negotiable, governed as they are by NY State and DOH laws and regulations.

Citiva intends to have an organized corporate governance and reporting structure to operate efficiently. The Executive Team will monitor, director, and manage set company-wide goals and benchmarks and ensure patients' and community stakeholder's interests are well served.

(Continued on next page.)

CITIVA MEDICAL

APPLICANT'S KNOWLEDGE OF FEDERAL LAWS

Federal Laws Relating to Marihuana

Possession, cultivation, or distribution of marijuana for any purpose is strictly illegal under federal law. Marijuana is currently classified as a Schedule I substance under the 1970 Controlled Substances Act, meaning that it meets all three of the following criteria:

- The drug or substance has a high potential for abuse.
- The drug or other substance has no currently accepted medical use in treatment in the United State.
- There is a lack of accepted safety for use of the drug or other substance under medical supervision.

Currently, only four people in the United States are authorized to possess marijuana. All are participants in the federal government's Compassionate Investigative New Drug (IND) program and are sent 300 prerolled marijuana cigarettes every month by the National Institute on Drug Abuse, ostensibly as part of a research program (although no research has ever been conducted on the participants). This program was closed in the early 1990's by President George H. Bush, but existing patients were grandfathered in. The four current participants are the only ones still alive.

The only other people authorized to possess marijuana under federal law are those who have had research studies approved by the National Institute on Drug Abuse (NIDA). Even then, the only legal source of marijuana for these studies is produced by NIDA at a research farm at the University of Mississippi. Privately cultivated marijuana may not be used in research under federal law under any circumstances.

NORML has detailed information regarding federal penalties on their website, which can be found here: http://norml.org/index.cfm?wtm_view=&Group_ID=4575. Highlights from the link are as follows:

- Possession of marijuana is punishable by up to one year in jail and a minimum fine of $1,000 for a first conviction. For a second conviction, the penalties increase to a 15-day mandatory minimum sentence with a maximum of two years in prison and a fine of up to $2,500. Subsequent convictions carry a 90-day mandatory minimum sentence and a maximum of up to three years in prison and a fine of up to $5,000.
- Distribution of a small amount of marijuana, for no remuneration, is treated as possession. Manufacture or distribution of less than 50 plants or 50 kilograms of marijuana is punishable by up to five years in prison and a fine of up to $250,000. For 50-99 plants or 50-99 kilograms the penalty increases to a possible 10 years in prison and a fine of up to $500,000. Manufacture or distribution of 100-999 plants or 100-999 kilograms carries a penalty of 5-40 years in prison and a fine of up to $2,000,000. For 1000 plants or 1000 kilograms or more, the penalty increases to 10 years - life in prison and a fine of up to $4,000,000.
- Distribution of greater than 5 grams of marijuana to a minor under the age of 21 doubles the possible penalties. Distribution within 1,000 feet of a school, playground, public

housing, or within 100 feet of a youth center, public pool or video arcade also doubles the possible penalties.

- The sale of paraphernalia is punishable by up to three years in prison.
- The sentence of death can be carried out on a defendant who has been found guilty of manufacturing, importing or distributing a controlled substance if the act was committed as part of a continuing criminal enterprise – but only if the defendant is (1) the principal administrator, organizer, or leader of the enterprise or is one of several such principal administrators, organizers, or leaders, and (2) the quantity of the controlled substance is 60,000 kilograms or more of a mixture or substance containing a detectable amount of marijuana, or 60,000 or more marijuana plants, or the if the enterprise received more than $20 million in gross receipts during any 12-month period of its existence.

Knowledge of Federal Employment and Labor Laws and Policies

Our most important resource is our employees. It is our policy to comply with all applicable laws and regulations, including those concerning hours, compensation, opportunity, human rights and working conditions. Citiva strictly prohibits discrimination or harassment against any employee because of the individual's race, color, religion, gender, sexual orientation, national origin, age, disability, veteran's status or any status protected by law.

In compliance with local laws and regulations, we prohibit the employment of people under the age of 21 in the manufacture of any product, or any component of a product, by or for any of our businesses. Forced or compulsory labor of any workers is also prohibited.

It is our policy that all employees work in a clean, orderly and safe environment. The Company requires full compliance with applicable workplace safety and industrial hygiene standards mandated by New York law.

Lastly, Citiva shall be in compliance with all applicable federal and state laws protecting the rights of persons with disabilities, including but not limited to the Americans with Disabilities Act ("ADA"), 42 U.S.C. §§12131-12134; Title 4 of NYCRR.

MAINTENANCE OF CONFIDENTIAL EMPLOYEE INFORMATION POLICY

Employee files will generally be on paper. The only information digitized will be that necessary to process payroll. So security of employee files is of a physical nature. Only the Director of HR and the HR Coordinator will have keys to the file cabinets containing the employee files. The room in which these file cabinets are located will be continuously attended. The HR Director and Coordinator, if they both leave the room, are required to lock it, providing a second physical barrier to unauthorized access to the files. Any employee may inspect his/her file, as may any in the direct reporting chain above him/her, and any manager overseeing a position to which the employee has applied. Otherwise, employee files will be strictly confidential.

WORKPLACE TRAINING REQUIREMENTS

Training will be a critical piece of our staffing plan, and will ensure that the stringent regulations, policies and procedures that we developed to ensure the security and safety of the operation, staff and cardholders are strictly adhered to. Our staff will not only learn the skills they need to perform their daily jobs, but will have the soft skills necessary to bring passion to their work and compassion to the cardholders we will serve. Each department is responsible for designing and implementing the training required for its scope. Copies of training courses successfully passed will be retained in employee files.

Individual department heads are responsible for functional-specific training in their respective areas, which of practicality will be customized somewhat depending on the relative amount and nature of experience of any particular job applicant.

However, all employees coming onboard in any department will be trained in (1) NY and federal regulations concerning marihuana and (2) good manufacturing and sanitary practices in programs designed by the Sr. GAP Staff Member. Even for employees not in positions coming into contact with the product, these broad areas are beneficial to be trained in.

ONGOING EVALUATION OF STAFF PERFORMANCE

Ongoing feedback and coaching is a key to creating a year-round performance management system as opposed to an annual event. Creating a system that keeps track of critical incidents over the entire evaluation period helps managers avoid this trap. Managers should offer employees ongoing performance feedback as soon as they can after the fact, be as specific as they can, and describe the impact of a certain action on the department or organization. This approach can strengthen the feedback's influence on future performance.

It is best to develop a system that allows the manager to let the paper documentation remember so that the manager can forget.

Keeping some type of file that tracks both positive and negative events throughout the year for each employee allows a manager to evaluate the entire 12-month period, not just the past 60 days. A manager may prefer to enter comments on the performance assessment form throughout the year, so when the time comes for the formal review, notations have already been made.

This "recentness error" is prevalent in many evaluation ratings because everyone tends to give more weight to something that happened recently.

PROGRESSIVE DISCIPLINARY PROCEDURES

Purpose

Citiva's progressive discipline procedures are designed to provide a structured corrective action process to improve and prevent a recurrence of employee misconduct, work rule violations and/or underperformance. They have been designed consistent with Citiva's organizational values and effective HR practices. Outlined below are the steps of our progressive discipline policy and a procedure for supervisors and managers to follow as a

reference. Some of the factors that will be considered in determining the appropriate level of discipline, in each instance, should be: (1) whether the misconduct or performance issue has reoccurred despite coaching, counseling and/or training; (2) the employee's past work record, and; (3) the impact the misconduct and/or performance issues have Citiva's business operations. Citiva reserves the right to combine or skip steps depending upon facts of each situation and the nature of the offense. The level of disciplinary intervention may also vary.

Formal Disciplinary Measures and Related Procedures

Step 1: Formal Counseling and Verbal Warning

A formal verbal warning is generally appropriate for first-time offenses, issues that do not relate to NHMMP compliance or patient service issues, issues that the immediate supervisor considers to be relatively minor, and/or issues that s/he believes are unlikely to reoccur. Step 1 creates an opportunity for the affected employee's immediate supervisor to schedule a meeting with an employee to bring attention to the existing performance, misconduct or attendance issue. The supervisor should discuss with the employee the nature of the problem or violation of company policies and procedures. The supervisor is expected to outline expectations and steps the employee must take to improve performance or resolve the problem. Formal verbal warnings are to be tracked using our Verbal Warning Tracking form; these forms do not need to be signed or viewed by the employee in question, though the employee may request to receive a copy. The form must be kept in the employee's personnel folder. Copies of each formal verbal warning that is documented using the Verbal Warning Tracking form should be passed along to the Dispensary Manager for Dispensary Technicians the Director of Operations for cultivation staff, and the HR Manager for all staff (including administrative staff). This should be done within 3 days of the date of the supervisor's meeting with the affected employee.

Step 2: Formal Written Warning

While it is hoped that the performance, conduct or attendance issues that were identified in Step 1 have been corrected, we recognize that this may not always be the case. A formal written warning involves a more formal documentation of performance problems, workplace misconduct or attendance issues, as well as their consequences. Formal written warnings are generally appropriate in circumstances in which an employee's misconduct is determined to be intentional, in which it reflects a pattern, where the work rule violation is related in any way to DOH non-compliance, where the misconduct implicates patient service issues, or when the misconduct or work rule violation demonstrates negligence. Please note that every work rule violation that relates to potential DOH non-compliance must result in an automatic formal written warning. Step 2 procedure requires that the affected employee meet with his or her immediate supervisor and a division manager or director, for a discussion of the specific issue, a review of any other incidents or issues, and summary of proposed corrective actions. Management will outline the consequences for the employee of his or her continued

failure to meet performance and/or conduct expectations. As part of the Step 2 procedure, a formal performance improvement plan (PIP) requiring the employee's immediate and sustained corrective action may be issued. A Step 2 warning must state that the employee may be subject to additional discipline, up to and including termination, if immediate and sustained corrective action is not taken. Formal written warnings are documented using Citiva's Employee Discipline Warning Notice form. The affected employee's immediate supervisor, as well as a division manager or director is expected to meet with the employee and deliver the formal warning, giving the employee an opportunity to fill in the "Employee Comments" section. This form must be kept in the employee's personnel folder. Copies of each Employee Discipline Warning Notice should be passed along to the Dispensary Manager for Dispensary Technicians, the Director of Operations for cultivation staff, and the Director of Human Resources for all employees (including administrative employees). This should be done as soon as possible following the supervisor's meeting with the affected employee.

Step 3: Suspension and Final Written Warning

Performance, workplace misconduct, safety incidents or work rule violations may be so problematic and serious that the most effective action may be the temporary removal of the employee from the workplace. When this action is necessary as a form of corrective action, in order to complete a workplace investigation, or pending a decision whether an employee should be subject to termination, Citiva may suspend the affected employee following consultations with his or her immediate supervisor. Depending upon the seriousness of the issue, the affected employee may be suspended without pay in full-day increments consistent with federal, state and local wage-and-hour employment laws. Nonexempt/hourly employees may not substitute or use an accrued paid vacation or sick day in lieu of the unpaid suspension. Due to Fair Labor Standards Act (FLSA) compliance issues, unpaid suspension of salaried/exempt employees is reserved for serious workplace safety or conduct issues. Human Resources can provide guidance so that the discipline is administered without jeopardizing an affected employee's FLSA exemption status. When an immediate supervisor believes that an employee should receive a suspension, they should contact the Director of Human Resources. Ultimately, suspension decisions will only be made by the CEO or the CFO in consultation with the Director of Human Resources. A formal performance improvement plan (PIP) requiring the employee's immediate and sustained corrective action may be issued in conjunction with this Step 3 procedure. Suspensions are documented using Citiva's Employee Discipline Warning Notice form. The HR Manager and affected employee's immediate supervisor shall meet with the employee and deliver the formal suspension, giving the employee an opportunity to fill in the "Employee Comments" section. Step 3 suspension documentation must be accompanied by a final written warning to the affected employee that expressly states that any future misconduct/work rule violations or performance issues will result in termination of employment. The Employee Discipline Warning Notice form must be kept in the employee's personnel folder.

Step 4: Termination of Employment

The most serious step in the progressive discipline procedure is termination. Generally, Citiva will exercise the progressive nature of this procedure by providing warnings and/or suspension from the workplace before proceeding to termination. However, Citiva reserves the right to forego these steps and proceed to an immediate termination depending upon the circumstances of each situation, the nature of the misconduct, work rule violation or performance issue, and the employee's past employment record. Furthermore, employees may be terminated without any prior notice or disciplinary action. It is important to identify what misconduct or work rule violations are not typically subject to Citiva's standard progressive discipline procedures. Under some circumstances, it is important for Citiva to respond to issues consistently to demonstrate that there is zero tolerance for serious problems. Representative examples of serious problems include:

- Illegal activities on the premises (including theft of product);

- Reporting to work impaired due to being under the influence of drugs or alcohol;
- Bringing a weapon on to the premises;
- Physical or sexual assault of Patients or co-workers;
- Destruction of property;
- Purposeful conduct intended to result in NHMMP noncompliance;
- Misrepresenting facts on a resume to secure employment;
- Serious violations of Citiva's confidentiality agreement;
- Ongoing unexcused absences.

General Guidelines when Implementing Progressive Discipline

For purposes of implementing Citiva's progressive discipline procedures, the following guidelines are recommended to managers and supervisors:

- Be prepared to investigate the misconduct/work rule violation/performance issue(s) and identify relevant facts that require investigation prior to acting to implement any step(s) of progressive discipline. This may include interviewing other employees or witnesses who may know about an issue/misconduct/incident.
- Document in writing. When documenting progressive discipline, identify key information about the misconduct/violation/issue(s), the dates on which issues/incidents occurred, and any corrective action that must be taken by the employee. The manager/supervisor should also identify any action that he/she should take (e.g., identifying training that the employee may need). Managers/Supervisors are required to closely follow the documentary procedures identified above.
- Be consistent and be fair. When deciding on the level of discipline that is appropriate to the misconduct/violation/issue(s), consider Citiva's past practice and get guidance as needed. Fairness involves implementing the same step(s) of progressive discipline for the same violation. Do not hesitate to contact the HR Manager for assistance when determining the level of discipline.
- Implement the discipline promptly. Once the misconduct/violation/issue(s) has been discovered or an incident has occurred, do not delay. Promptly investigate and implement any necessary progressive discipline.
- Monitor improvement. Once progressive discipline has been implemented, continuously monitor an employee's performance and/or behavior for improvement.
- Maintain records. Any documentation relating to progressive discipline that has been implemented should be kept in a locked file in accordance with Citiva's confidentiality Standard Operating Procedures.

CITIVA MEDICAL

ATTACHMENTS: HR FORMS

CHECKLIST
DOCUMENTS – EMPLOYEES' PERSONNEL FILE

Some or all of the following documents should be maintained in an employees' personnel file.

Section 1 Forms and Items are to be turned into Human Resources Department along with this "Checklist" on or before Employee "Start Date".

Employee Name: _____
Start Date: ____ / _____ / ____

Section 1 Checklist started by: _____ on: _____

Pre-hiring

- ☐ Resume
- ☐ Employment Application
- ☐ New Hire Form which includes:
  - o Position Title, Salary, Management Approval
- ☐ Documented Verification of References

Hiring Intake

- ☐ Employee Contact and Emergency Information
- ☐ I-9 Form (Employment Eligibility Verification) and Copy of Documents Verified
- ☐ Copy of a New York Driver's License or State ID
- ☐ W-4 Form
- ☐ W-4NH Form
- ☐ ADP Direct Deposit Enrollment Form with VOIDED Check Attached
- ☐ Health Insurance Forms Filled Out (even if coverage is waived)
- ☐ Medical Marijuana Registry Card
- ☐ Employee Handbook Acknowledgement Signed
  - o Documentation of Training Included
- ☐ Confidentiality Policy for Employees document signed

Setup checklist					
Task	**Payroll** (EzLabor, Dir Dep., PTO, badge…)	**Email / Network Access**	**Health Ins. sent**	**Security Access**	
Date:					
By:					

Section 2 Forms or Items are to be turned into the Human Resources Department no later than 10 days following "Start Date".

Section 2

- ☐ Documentation of Background Checks
- ☐ Documentation Results of Drug Tests
- ☐ Copy of Current Dispensary Registry Identification Card

Section 3 Forms or Items are to be turned into the Human Resources Department when Applicable.

Section 3

- ☐ Employee Change Status Form
  - o Records reflecting a change in payroll rate, change in full time/part time status, employee benefits, and other changes such as name changes, and employee separation.
- ☐ 401(k) Form (When Applicable)
- ☐ Documentation of Periodic Performance Evaluations
- ☐ Documentation of Disciplinary Actions

Section 4 Forms and Items upon Employee Separation are to be turned into the Accounting Department no later than 3 days following the employees last day of hours worked.

Section 4

- ☐ Letter of Resignation or Dismissal Notice
- ☐ Exit Interview Notes
- ☐ Passcode Key
- ☐ Company Property (keys to facilities, computers, cell phone, etc).
  - o Notify State / Health Insurance + COBRA

When applicable all following forms are to be in Employees' Personnel File

- ☐ Unemployment and Workers Compensation Documents
- ☐ Wages Attachments or Garnishment Notices

CITIVA MEDICAL

EMPLOYMENT APPLICATION **AN EQUAL OPPORTUNITY EMPLOYER**

GENERAL INFORMATION

NAME: LAST_____ FIRST_____ MIDDLE_____

ADDRESS_____ APT _____ CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER: (_____) _____ - _____

POSITION DESIRED:_____SALARY REQUIREMENTS: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO [ ] YES [ ] IF YES, EXPLAIN BELOW:

_____

_____

OTHER LANGUAGES SPOKEN:_____

HANDICAP/DISABILITY: PLEASE REVIEW THE ATTACHED JOB DESCRIPTION. ARE YOU ABLE TO PERFORM ALL THE TASKS LISTED ON THE JOB DESCRIPTION WITH ACCOMMODATION OR WITHOUT ACCOMMODATION?_____

IF YOU REQUIRE ACCOMMODATION, PLEASE SPECIFY WHAT YOU WOULD REQUIRE. _____

_____

FAILURE TO SPECIFY WILL NOT PREJUDICE YOUR APPLICATION. HOWEVER, IF YOU ARE HIRED, ACCOMMODATION ISSUES MUST BE REVIEWED BEFORE BEGINNING WORK.

EDUCATION BACKGROUND

NAME AND ADDRESS OF SCHOOL	HIGHEST GRADE COMPLETED	YEAR GRADUATED
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT HISTORY - LIST IN ORDER OF LAST EMPLOYER FIRST.

DATES EMPLOYED: MO._____ YR._____ TO MO._____ YR._____

NAME OF COMPANY _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION TITLE _____ SUPERVISOR'S NAME AND TITLE_____

MAY WE CONTACT? NO [ ] YES [ ] IF YES, TELEPHONE NO. _____

REASON FOR CONSIDERING CHANGE _____

STARTING SALARY_____ FINAL GROSS SALARY _____

DATES EMPLOYED: MO._____ YR._____ TO MO._____ YR._____

NAME OF COMPANY _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION TITLE _____ SUPERVISOR'S NAME AND TITLE_____

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

CITIVA MEDICAL

MAY WE CONTACT? NO [ ] YES [ ] IF YES, TELEPHONE NO. _____

REASON FOR CONSIDERING CHANGE _____

STARTING SALARY_____ FINAL GROSS SALARY _____

EMPLOYMENT APPLICATION **AN EQUAL OPPORTUNITY EMPLOYER**

DATES EMPLOYED: MO.____ YR.____ TO MO.____ YR.____

NAME OF COMPANY _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

POSITION TITLE _____ SUPERVISOR'S NAME AND TITLE_____

MAY WE CONTACT? NO [ ] YES [ ] IF YES, TELEPHONE NO. _____

REASON FOR CONSIDERING CHANGE _____

STARTING SALARY_____ FINAL GROSS SALARY _____

REFERENCES - LIST THREE (3) PROFESSIONAL REFERENCES WHO ARE NOT RELATIVES

NAME	ADDRESS	TELEPHONE NUMBER	RELATION-SHIP

THE ABOVE INFORMATION IS COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT EVEN AFTER HIRE, DISCOVERY OF ANY MISREPRESENTATION OR OMISSION OF FACT HEREIN MAY RESULT IN MY IMMEDIATE DISMISSAL.

I AUTHORIZE ALL PERSONS, SCHOOLS, CORPORATIONS, LAW ENFORCEMENT AGENCIES AND CREDIT BUREAUS TO RELEASE ANY INFORMATION CONCERNING MY BACKGROUND, AND I HEREBY RELEASE THEM FROM ANY AND ALL CLAIMS OF LIABILITY IN LAW AND IN EQUITY THAT MAY ARISE OUT OF OBTAINING SUCH INFORMATION.

I UNDERSTAND THAT THIS STATEMENT DOES NOT CONSTITUTE AN EMPLOYMENT CONTRACT BETWEEN **NAME** AND ME, AND THAT MY EMPLOYMENT IS FOR NO FIXED DURATION AND CAN BE TERMINATED AT ANY TIME WITH OR WITHOUT NOTICE OR CAUSE FOR ANY REASON NOT OTHERWISE PROHIBITED BY LAW.

_____ _____

APPLICANT'S SIGNATURE DATE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY:_____ DATE:_____

(CHECK AS APPLICABLE)

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

[ ] REJECTED
[ ] ACCEPTED PENDING BACKGROUND CHECK
[ ] REJECTED FOLLOWING BACKGROUND CHECK
[ ] FINAL ACCEPTANCE

POS:_____ WILL REP. TO:_____ SALARY/WAGE: _____

APPROVED: _____
SIGNATURE TITLE

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

On Boarding Form			
		Started	Completed
Name			
Cell / Home Phone Number			
Email Address			
Home Address			
DOB			
Position			
Position Location			
Full/Part Time			
Rate of Pay			
Benefit Eligible			
Verbal Offer Accepted			
Drug Test Results			
State Card			
DHHS Form			
Background Check			
Start Date			
Offer Approved			
Rate Approved			
Supervisor			

CITIVA MEDICAL LLC

ATTACHMENT NO. 3

OPERATING PLANS FOR ACTIVITIES

CITIVA MEDICAL LLC

MEDICAL MARIHUANA PROGRAM

ATTACHMENT D

OPERATING PLAN – TABLE OF CONTENTS

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

CITIVA MEDICAL LLC

MEDICAL MARIHUANA PROGRAM

ATTACHMENT D

OPERATING PLAN – SECTION 1 – Manufacturing

CITIVA MEDICAL

SECTION 1

Manufacturing

Citiva Medical LLC

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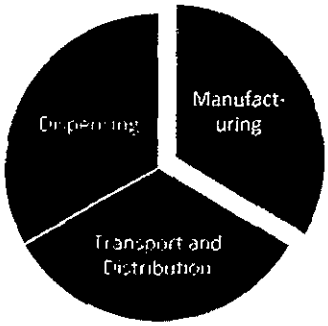
2 MANUFACTURING



2.1 INTRODUCTION

Citiva Medical's first commitment has always been, and always will be, to the patient. This means that the product Citiva Medical produces for its patients will always be of the highest quality. The plants, the intermediate products, and the final approved medical marihuana products are tested by Citiva Medical's Quality Control at each step in the manufacturing process to ensure the safety, purity, and potency of the final brand and form.

Located in the State of New York, Citiva Medical is a vertically integrated medical marihuana business operating in full compliance with New York State laws and regulations and local municipality laws. Our mission is to provide certified New York patients with the highest quality final approved medical marihuana products at a reasonable cost. Citiva Medical's combination of experience in the regulated medical marihuana business across several states, the business expertise of principals from the food and drug industry, and state-of-the art Quality Assurance provides confidence that we will achieve our mission to serve the patients of the State of New York.

2.2 OVERARCHING APPROACH

"Manufacturing" is a multistep continuous process: Marihuana is cultivated, harvested, extracted and processed into feedstock oils, prepared into approved medical marihuana brands and forms, and packaging for sale at the Dispensaries. The feedstock oils are blended to make finished bulk oils that meet stringent regulatory specifications for each of the five (5) brands allowed by the State. Bulk oils are packaged into deliverable medications in three forms, vaporization oil, tincture for sub-lingual administration, and capsules, compliant with State regulations.

Citiva Medical's approach to manufacturing starts with three (3) guiding principles: Positive Controls for Quality, Quickness to Manufacture, and Risk Management through the Manufacturing Process:

1) POSITIVE CONTROLS

a) At each manufacturing stage, monitoring, recording and control over manufacturing

events is paramount to security, safety, consistency and quality. Normal events proceed in accordance with Standard Operating Procedures (SOPs). Adverse events comprise their own SOPs which comply with our Quality Assurance and Quality Control Plans. Monitoring provides the measurements for our records. These measurements are compared to our established thresholds for control decisions. Monitoring equipment must be "spot" calibrated to catch deviations. A recorded and monitored chain-of-custody is established between each employee to create positive control at a fine level of operational granularity. If thresholds are exceeded this plan allows early detection and subsequent corrective action.

2) QUICK TO MARKET

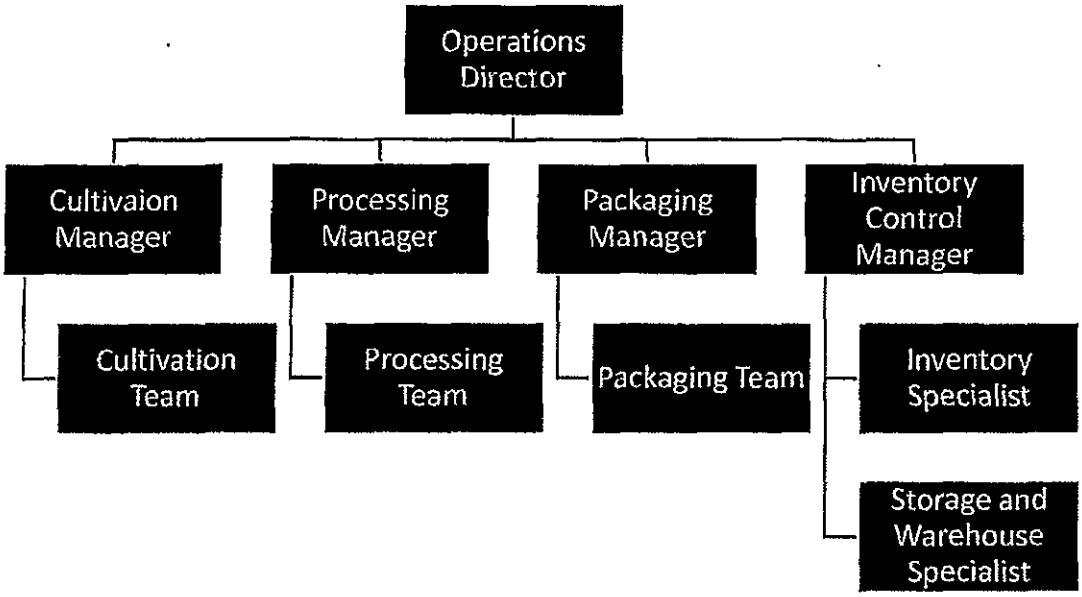
a) Within six (6) months of the date of issuance of our registration, Citiva Medical must begin operations in compliance with regulation 1004.9(a). After careful consideration, it was determined that the most reliable option for meeting regulations in the winter months of 2015 would be to carry out our first cultivation cycles in an Indoor Cultivation Facility versus our planned greenhouses. Greenhouses can take more time to scale-up in winter months, although they ultimately offer a lower cost of medical marihuana products, and arguably higher levels of whole plant oils that may have medicinal value. With this plan we will be able to begin cultivation operations within a few weeks of receiving our selection as a Registered Organization (RO), in a tightly controlled environment that ensures success. Following this, our Greenhouse Cultivation Facility will be built and scaled-up during the winter of 2015 and spring of 2016 and greenhouse operations will begin in late spring of 2016.

b) This Indoor Cultivation Facility will later be repurposed to inventory and processing operations as the Citiva Medical business expands. Virtually all of the equipment in the Indoor Cultivation Facility will be incorporated into our Greenhouse Cultivation Facility as it expands over the first year of operation.

3) RISK MANAGEMENT

a) Citiva Medical will utilize a quantitative methodology to evaluate risks as they relate to redundancy, disaster recovery and contingency planning. For example, critical pieces of equipment will have fail-over planning, so that the Manufacturing Facility can continue to operate, if at a slightly lower output, in the event of a failure, providing business continuity and a continuous supply of products to the certified patients of New York.

2.3 ORGANIZATION CHART



2.4 DESCRIPTION OF ACTIVITIES FOR MANUFACTURING

2.4.1 CULTIVATION

Cultivation includes all stages of growing marihuana plants from initial clones to final harvest and drying, before being sent to the Processing Facility. This intensive agriculture relies on three elements for success: strong biosecurity, integrated recordkeeping and fully-trained and supported staff knowledgeable in Good Agricultural and Good Handling Practices (GAP/GHP)

1) STRONG BIOSECURITY

a) The key to a consistently healthy crop can only be accomplished by controlled environment agriculture. Towards that end we will construct a world class Greenhouse/Head house Cultivation Facility. It is specifically designed it to meet the needs of medicinal marihuana cultivation. An integral part of both the design and operation of the Cultivation Facility is Biosecurity. Crop biosecurity is defined as a set of preventive measures to reduce risk to the crop from insects and microorganisms (fungi, bacteria and viruses).

2) INTEGRATED RECORDKEEPING

a) The State of New York will select the "Seed-to-Sale" software for tracking, record keeping, record retention and surveillance systems, relating to all medical marihuana at every stage including cultivating, possessing of marihuana, and manufacturing, delivery, transporting, distributing, sale and dispensing by Citiva Medical. We will comply with all laws and regulations to ensure that our recordkeeping meets and

exceeds the New York regulations.

3) STAFF KNOWLEDGEABLE IN GAP/GHP

a) Citiva Medical will invest in its workforce to ensure that the practices defined by the US Department of Agriculture as GAP/GHP are used in all aspects of indoor and greenhouse cultivation of the medical marihuana. This will help ensure that the plants that are grown meet the highest standards for health, safety and purity.

2.4.2 PROCESSING

Processing comprises the events whereby dried plant material is selected and converted through an extraction process to feedstock oils that are blended to create finished bulk oils. The processing methods have been designed around the following criteria:

1. SECURITY OF WASTE PLANT MATTER

a. Our method of processing reduces plant matter to a material with no value of diversion
b. Our dust collection method includes a monitor point and returns dust to processing

2. LOT TRACEABILITY, MONITORING, RECORDING AND CONTROL

a. A harvest's provenance follows it through the manufacturing process and into final retail units. This allows for precise control over recall events.

3. SCALABILITY

a. Our method allows for fast scale-up as patient demand increases

4. SAFETY OF WORKERS

a. Our method uses lower pressures, multiple safety measures and control of all volatile gases.
b. Our method minimizes risks of spillage. Material is decanted from stage to stage in a closed system as much as possible. Tests are performed at each step to monitor yield and composition.

5. CONSISTENCY OF QUALITY MEDICINE

a. Our method does not depend on the incoming material for the final composition of the medicine. Feed-stocks are produced to use in the final blending process. This allows for exacting consistency of each lot of final oil.

6. MANUFACTURING THROUGHPUT AND EFFICIENCY

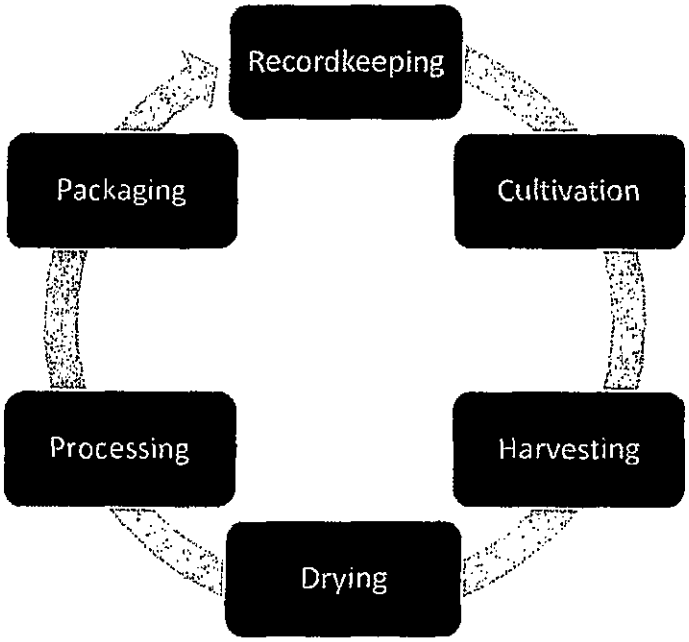
a. Our method allows for approximately five (5) times the throughput of CO2 extraction

alone with greater flexibility and much higher efficiency of extraction.

2.4.3 PACKAGING AND SEALING

Citiva Medical's approach to packaging and sealing is summed up in our policies and procedures on Quality. We have instituted a Quality Assurance Program to aid our efforts to prevent abuse, diversion and other illegal or unauthorized activity. Constant monitoring by our integrated surveillance program and security officers combined with spot checks ensure that the medical marihuana products are properly packaged and not diverted in an unlawful manner. Our Quality Control Program ensures that all lots, forms and brands are tested for quality, purity and potency and that samples are retained for future tests, audits and archiving. With an active Quality Program, under the direction of our Chief Quality Assurance Officer and the State-selected Seed-to-Sale software for recordkeeping, we will deliver safety-assured packaged and sealed approved medical marihuana to the Dispensaries for sale.

2.5 WORK FLOW DIAGRAM



2.6 FACILITY-WIDE SECURITY PROTOCOLS

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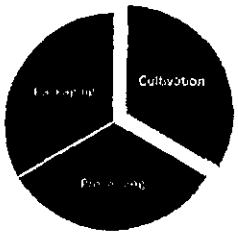
3 CULTIVATION



3.1 INTRODUCTION

Citiva Medical is committed to delivering the necessary brands and forms of approved medical marihuana products to the registered patients of the State of New York. We will implement a phased approach to manufacturing that enables "selection-to-medicine" in the required six (6) month timeframe. This forward-looking approach will allow Citiva Medical to be ready with brands and forms of medicine for sale to the registered patients of New York on January 5, 2016 – meeting the required "selection-to-medicine" period of six (6) months. Our long term plans include a 90,000 sq. ft. glass greenhouse and headhouse, but the timeline for the building of and cultivating in that facility would prevent us from meeting the six-(6)-month deadline for production of approved medical marihuana products. Citiva Medical has committed funds right now to solve the challenging schedule deadline to produce medicine in a timely manner. Prior to selection as a Registered Organization (RO), Citiva Medical will construct a 20,000 sq. ft. Indoor Cultivation Facility that will be ready to start cultivation when Citiva Medical is selected as an RO in July. This aggressive

approach will ensure that we meet the six-(6)-month deadline for delivery of medicine. In this risk-mitigating advanced preparation step, we will build the Indoor Cultivation Facility at the same location that the larger glass Greenhouse Cultivation Facility will be built. When construction on the greenhouse is initiated after Citiva Medical's selection as an RO, plants will already be in cultivation in the adjacent Indoor Cultivation Facility. By December, when the new greenhouse is finished and just starting cultivation, the first crop of medical marihuana will be harvested from the Indoor Cultivation Facility. The plant material will be processed on site, in the Citiva Medical Processing Facility and products will be ready for sale and distribution by January 1, 2016.

The phased strategy to establish the Citiva Cultivation Facilities is a conservative approach to ensure that products are available in the near term, with the capability for expansion as demand for approved products increases. 2015's Phase 1 of the Citiva Medical plan for cultivation facilities includes the construction of the 12,000 sq. ft. Indoor Cultivation Facility before RO selection, followed by early operations as soon as the RO selection is made. Next in line, is the construction of the 20,000 sq. ft. Greenhouse Cultivation Facility with its 30,000 sq. ft. Headhouse that supports all cultivation operations and the Processing Facility, in a separate building adjacent to the Cultivation Facilities. The greenhouse and processing buildings will take about five (5) months to complete. The drying room and the Processing Facility will be ready when the first harvest is made from the Indoor Cultivation Facility. A second phase of greenhouse construction will take place, Phase 2 of Cultivation Facility development, will take place in 2016 and beyond with the build-out and completion of the remaining 40,000 sq ft. of greenhouse facilities to create a total of 60,000 sq. ft. of greenhouse cultivation and 12,000 sq. ft. of indoor cultivation, an ample space to provide the approved medical marihuana products for the Citiva Medical customers across the State of New York.

3.2 GENERAL DESCRIPTION OF WORK ACTIVITIES

Our facility emphasizes Biosecurity through dedicated cultivation work flow and cultivation staff protocol to ensure no outside contaminants enter the cultivation portion of the building. This is essential in order to ensure year round crop success and a safe, clean product to the end user.

Supplemental lighting has been implemented and the amount of supplemental light has been calculated by quantifying Daily Light Integral (DLI) based on the specific geographical location of Citiva Medical's Cultivation Facility to ensure consistent illumination year round.

There are nine (9) stages of growth for medical marihuana plants and the Cultivation Facility is optimized to aid the plants at each step of their growth. The stages will be discussed in later sections:

- Cloning stage 1
- Cloning stage 2
- Vegetative stage 1
- Vegetative stage 2
- Vegetative stage 3
- Flower room 1
- Flower room 2
- Flower room 3
- Flower room 4

Each flower room is staggered two (2) weeks apart which enables us to harvest every two (2) weeks. This is essential in keeping a consistent number of employees working around the clock by effectively spreading out all major tasks (i.e. transplanting, harvests, etc.). This approach also ensures there is never a void in the facility. Each stage of growth has the exact space required for maximum use of space and time.

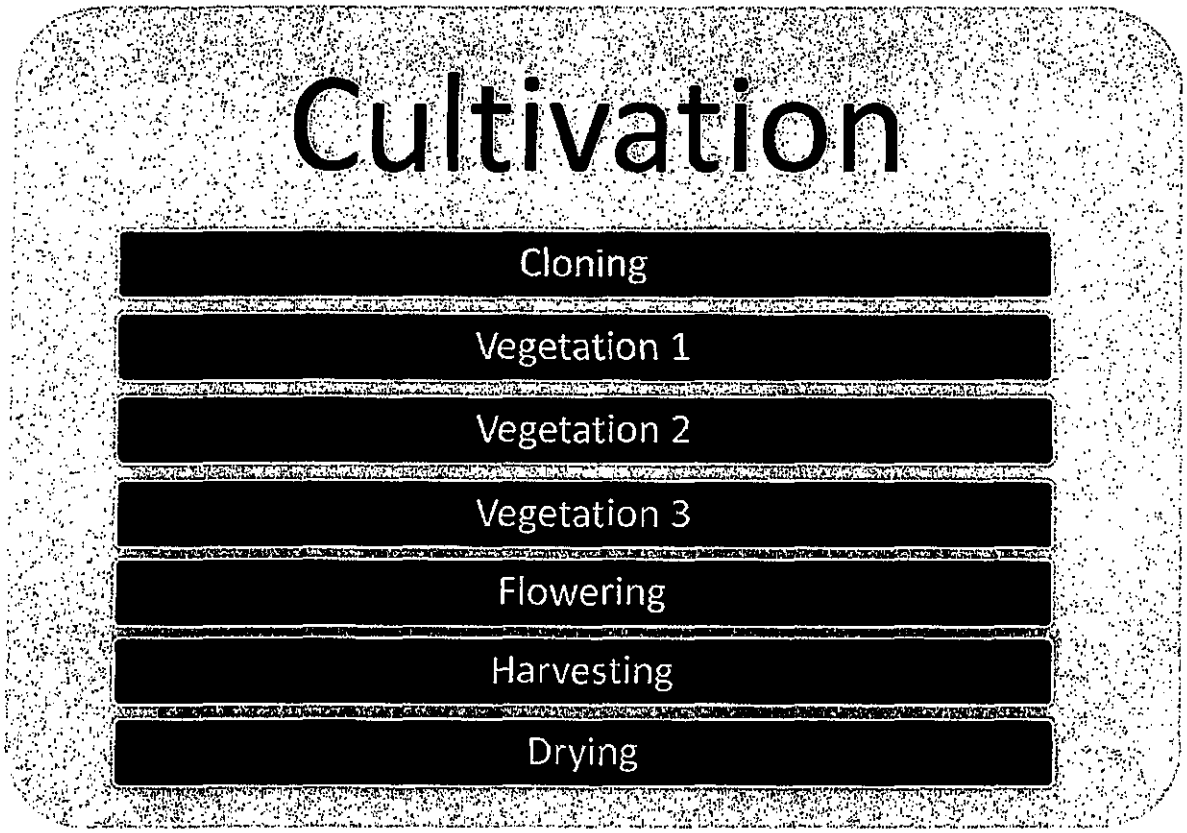
We have implemented rolling tables that allow us to utilize the maximum available space within each stage of growth while still meeting egress and all local code requirements.

Chiller systems have been implemented as the heating, ventilation and air conditioning (HVAC) source with many redundancies built in as fail-safes. Chiller systems operate more efficiently than traditional HVAC systems and have the ability to operate in much lower ambient temperatures without failing, e.g., 20 ^{0}F.

Automated fertigation injection systems fuel the top feed drip system which ensures the plants get exactly what they need for maximum productivity in each of the nine (9) stages of growth. Inline ozone generators increase the dissolved oxygen in the nutrient solution and remove any anaerobic bacteria which also improves productivity and crop success.

Our irrigation approach is considered a recirculating system which decreases water and nutrient consumption by as much as 70%. This not only saves water, but also minimizes water drainage from the greenhouse.

3.3 WORK FLOW DIAGRAM



3.4 CULTIVATION FACILITY POLICIES AND PROCEDURES

3.4.1 INTRODUCTION

The Production facility will be open for operations generally between the hours of 6:30am to 7:00pm seven (7) days a week. These hours are subject to change from time to time as necessary. Citiva Medical has identified particular steps for opening and closing procedures to ensure the success of this operation. These steps have been identified as critical to the daily operation and managers will be provided with a checklist to ensure these procedures are completed each day. Failure to properly complete or execute the daily procedures may result in disciplinary action.

3.4.2 OPENING PROCEDURES

A shift leader will be designated to perform the following opening procedures each day:

1. Disarm security system
2. Turn on all common area lights to include front hallways, break-room and vegetative room.
3. Inspect outside of building for anything unusual or out of the ordinary (Entrance door ajar, unfamiliar cars parked in parking lot, any bystanders, etc.)
4. Inspect inside of building. (Check for anything out of place, check lights in veg and flower

rooms, quick inspection of plants.)

Other shift leader tasks at the beginning of a shift include:

1. Check e-mail and become informed of the previous shift's significant activities
2. Prepare daily task itinerary
3. Confirm attendance of scheduled personnel
4. Facilitate pre-shift meeting and distribute to employees the shift itinerary along with any other pertinent information

3.4.3 CLOSING PROCEDURES

A shift leader will be designated to perform the following opening procedures each day:

1. Put away all tools and equipment
2. Sweep and spot mop all floors in cultivation area (Veg/flower/dry room)
3. Ensure that all valves and spigots are closed so that no tanks are filling/draining
4. Ensure that all doors are locked (Inside doors as well as outside doors in all flower rooms and any other exits, including garage bay door)
5. Ensure that all staff has left the facility
6. Turn off all overhead lights (Veg/flower/dry rooms & hallway)
7. Set the security alarm
8. Exit the facility

3.4.4 DAILY OBSERVATIONS

Shift leaders are responsible for recording several daily plant/environmental observations. These observations will be recorded on the daily observations worksheet and entered into the computer database.

- Flower Rooms, Veg Room, Clone Roomsand Dry Room:
  - Temperature – max/min
  - Humidity
- Small and Medium Reservoirs:
  - Water temp
  - pH
  - Volume
  - PPM's
- Plants
  - Wilting, horning, discoloration, mold, pests, etc.

3.4.5 DAILY INVENTORY COUNT

All live and hanging plants will be counted by a production assistant twice daily and recorded on the

daily plant count sheet. Flower rooms will be counted and tracked by strain. The dry room count will just be total number of plants in room. Plant count sheets must contain date, time and initials of individuals performing the count.

3.4.6 PLANT FEEDING

Feeding schedules will be determined by the residual moisture content which will be checked twice per day.

Production staff will refer to the Citiva nutrient regimen for specific requirements. The nutrient regimen is subject to change at any time with or without notice. Shift leaders are responsible for obtaining the most current nutrient regimen from the Cultivation Manager prior to administering a feeding.

3.4.7 NUTRIENT REGIMEN

The nutrients used for our hydroponic cultivation of Marihuana are listed below for both the Vegetative and Flower stages. The brand names, amounts and schedule of application are not included, but are available upon request.

3.4.7.1 VEGETATIVE NUTRIENTS

1. Veg.Base A NPK: 4-0-1
2. Veg.Base B NPK: 1-2-5
3. Silica solution such as silica supplement
4. Root stimulant containing of vitamins, trace minerals and microbes
5. Calcium/Magnesium solution of calcium and magnesium nitrate
6. Carbohydrate solution comprised of simple and complex sugars
7. Enzyme solution containing cellulase to break down dead roots to prevent disease
8. Beneficial Bacteria as a root disease preventative
9. Compost Tea as a root disease preventative
10. pH down to maintain pH in the optimal range for the plants, pH 6.0 to 6.5
11. pH up to maintain pH in the optimal for the plants, pH 6.0 to 6.5

3.4.7.2 FLOWER NUTRIENTS

1. Base A NPK :2-0-3.
2. Base B NPK: 1-3-6.
3. Silica solution such as silica supplement, such as Rhino skin.
4. Root stimulant containing of vitamins, trace minerals and microbiologicals.
5. P/K booster a source of Phosphate and Potassium for the plant during late flowering .
6. Bloom enhancer 1, A p/k booster with amino acids used in early and mid flower stages.
7. Bloom enhancer 2, A p/k booster used in the latter half of flowering for ripening and yield.
8. Calcium/Magnesium solution of calcium and magnesium nitrate such as Cal/Mag.
9. Carbohydrate solution comprised of simple and complex sugars such as Carboload.
10. Enzyme solution containing cellulase to break down dead roots to prevent disease.

11. Beneficial Bacteria as a root disease preventative.
12. Compost Tea as a root disease preventative.
13. pH down to maintain pH in the optimal range for the plants, pH 6.0 to 6.5.
12. pH up to maintain pH in the optimal for the plants, pH 6.0 to 6.5.

3.4.8 Foliar Spray

Use RO water at room temperature and carefully measure/mix the appropriate nutrients provided on our nutrient foliar regiment. Keep a lot of pressure in pump sprayers to ensure a fine mist. Spray the undersides of the leaves throughout the canopy and just a fine mist on the tops of the leaves. All foliar sprays should be done with the lights off. Keep fluorescent lights on so as not to disturb the photoperiod. Turn lights back on after the plants have dried off. Plants in V1 and clones should be treated at half strength. Foliar sprays can be used throughout the vegetative stage and weeks 1-4 in flower.

3.4.9 CLONING

Coco Coir Prep: 15ml Clonex per gallon of R/O water; pH to 5.2; Soak coco coir for a minimum of 20 minutes. The tray which holds the coco coir will have slats or holes permitting water in and out.

Rooting Hormone Prep: Dip N Grow low strength factory recommendation. The bottom 1" of the clone should be soaked in the solution for 3 seconds, then immediately placed in the coco coir.

Taking Cuttings: Cut from plant with sterilized scissors; 3" tall cuttings are preferred; once removed from donor plant, slice end of cutting at 45 degree angle with a sharp razor then make 2-4 incisions along the stem of the cutting beginning 1" from the 45 degree slice. Every five (5) minutes cuttings will be sprayed with low strength Liquid Karma until clone room is placed.

Coco coir Insertion: Be sure to make a snug fit with about 3/4" of the stem planted within the coco coir. If necessary, make a hole that is a hair smaller than the diameter of the cuttings stem.

Clone Maintenance: Check the moisture level of the coco coir daily by picking the clone tray up and weighing them. Once the tray feels noticeably lighter it's time to water. Fill a clone tray reservoir with Clonex solution at 15ml per gallon 3/4" - 1". Take clone tray and place it in the clone tray reservoir for 2- 5 minutes and ensure that the coco coir has wicked the solution.

Removal from the Clone Room: Once cuttings have rooted and have 1" or more of vegetative growth cuttings will be inspected for root growth. Once removed from the clone room, cuttings will be sprayed every 15 minutes for 3+ hours with low strength Liquid Karma in order to acclimate to the lower relative humidity.

3.4.10 PRUNING

Pruning is essential to the overall health and quality of Citiva Medical's product. Production assistants should maintain discipline and attention to detail while pruning. Pruning will be conducted several times throughout the flowering cycle as directed by the shift leader.

There are two (2) different types of pruning:

- **Small branches and flower sites:** Performed at each transplant through veg stages (lightly), and in week one (1) of flower (lollipopping). By removing the small branches and lower flower sites that would manifest sub-optimal flowers we are ultimately increasing our yields and will have more consistent quality and size of flowers.
- **Fan leaf removal:** Performed in week 3 (lightly) and week 6-7 of flower. By removing fan leaves you are doing two (2) things: 1) allowing for more light penetration through the canopy so that the lower leaves/flowers get the light necessary for optimal growth, and 2) allowing more air flow through the plants, which will help prevent the start of any mold/decay.

3.4.11 TRANSPLANTING

All plants will be transplanted three (3) times during the grow cycle. Transplanting can be a repetitive and mundane task, however it is extremely important to the health of the plan that transplanting be conducted properly. Transplanting will vary slightly at each stage of growth.

3.4.12 RESERVOIR CHANGE

All reservoirs will be changed weekly. The schedule will be staggered in a manner that all reservoirs will not be changed at the same time or on the same day. The shift leader is responsible for recording all reservoir change activity on the appropriate logs.

1. Unplug and remove recirculating pump and air-stones
2. Soak air-stones in a bucket of clean water
3. Pressure wash the air stones while in the bucket to clean off any buildup
4. Rinse recirculating pumps in mop sink thoroughly, making sure all the coco and other debris gets flushed out of the pump
5. Drain reservoir using plumbed drain as well as a submersible pump
6. Clean inside the reservoir(s) using the pressure washer, making sure to clean the entire inside of the tank
7. Unplug and remove submersible pump
8. Use a wet-vac to remove leftover water and debris that the submersible pump left behind
9. Place recirculating pump and air- stones back in the reservoir
10. Close drain valve
11. Open fill valve, and plug in the pump from the corresponding holding tank and fill tank to appropriate level
12. Veg 1 – 500 gal
13. Veg 2 & 3 – 600 gal
14. FR1 & 2 – 500 gal
15. FR3 & 4 – 625 gal
16. Shut off pump and close fill valve when appropriate water level has been reached
17. Plug in the recirculating pump and air-stones
18. Empty wet-vac in the mop sink
19. Disconnect and store the pressure washer and hose
20. Coil and store the submersible pump and hose
21. Clean the top of the reservoir tank as well as the opening of the tank with a rag

22. Add nutrients according to appropriate week on the Citiva nutrient regimen
23. Check and record pH and PPM (Do not make adjustments at this point)
24. Mop the floor around the tanks/drains to remove any excess water or spilled nutrients

3.4.13 END OF CYCLE CLEANING

At the end of each flowering cycle, the flower room must be cleaned and de-contaminated prior to next use. Shift leaders are responsible for the proper cleaning and inspection of flower rooms.

1. Take all pots out to one of the dumpsters behind the flower rooms and empty the coco out of the pots
2. Once emptied, stack the pots and bring them out to the veg room where they are stored
3. Use a rag to wipe down each individual hose to remove any coco or any other debris
4. Sweep and/or vacuum thoroughly under all tables and around reservoir tanks
5. Go around to each tray and shop vacuum any coco/leaves/standing water or any other debris
6. Place all hoses in the center of the tray so that when the pump is turned on all hoses are contained within the trays
7. Remove recirculating pump and air stones from reservoir tanks
8. Place air stones in five (5) gallon bucket full of water
9. Rinse out recirculating pump in the mop sink thoroughly
10. Open drain valve and allow tanks to empty
11. Put a submersible pump in the tanks to get any water/debris that didn't drain
12. Unplug and remove submersible pump
13. Close drain valve
14. Fill tanks with 300 gal of water
15. Add one 30 gal barrel of bleach per tank to create a 10% bleach solution
16. Cycle the bleach water through each table, one (1) at a time, as if feeding
17. Allow for tables to properly drain before moving on to next table
18. Scrub trays with brushes/sponges/Scotchbrite pads to remove any residue/buildup that may be in the trays
19. Open drain valve(s) and allow both tanks to fully drain
20. Close drain valve(s)
21. Open fill valve and fill tank(s) with 300 gal H2O
22. Cycle the fresh water through each table, one at a time, as if feeding
23. Allow for tables to properly drain before moving on to next table
24. After each table has been rinsed with fresh water, open the drain valve(s) and allow tanks to fully drain
25. Repeat the process until you have successfully run three (3) cycles of fresh water rinse through all tables
26. Completely drain the tanks with a submersible pump
27. Vacuum out any standing water in the bottom of the tanks
28. Close drain valve
29. Place recirculating pump and air stones back in the tank(s) and leave unplugged
30. Coil up and store hose(s) and submersible pump
31. Mop the floor, paying special attention to any stains, around reservoir tanks, and under the tables

3.4.14 PLANT TAGGING

All plants will be fitted with a tag at the beginning of Veg Stage 1. Each tag will contain a unique code to identify the plant and also a number which represents the client for which the plant is designated.

Individual tracking numbers will be assigned by the inventory manager and maintained in conjunction with the Plant Inventory Tracking Log.

Once tracking numbers are assigned, Production Shift leaders will supervise the application of plant tags and promptly communicate any deficiencies with the Inventory Manager. The tags are standard nursery tags that attach at the base of the plant around the central stem.

Plant tags will remain intact with the plant until processing. Once the flowers/buds are removed from the plant stalk/stem, the perforated portion of the tag will be removed and affixed to the bag in which the flowers/buds will be placed.

3.4.15 MOLD DETECTION

Mold is one of the issues that should be looked for in the daily observations. Mold is most commonly found on the tops of the plants in the central cola. The mold that affects our cannabis plants is gray to white in color depending on the exact type. If there is a questionable spot in a plant, a loupe or handheld magnifier should be used to determine whether there is a problem. About one (1) week prior to harvest the largest colas should be inspected for mold, or if the environmental conditions are unfavorable (high temps, high humidity's for extended periods of time in late flower. The vegetation around the moldy area will experience discoloration. It will turn yellow/ brownish and eventually die off. Use a magnifying glass for positive I.D. if necessary. Prune off tops of plants or infected branches being careful not to spread the spores, and dispose of properly. Infected parts of plants should be contained in a plastic bag before removal to prevent mold spores dispersal.

3.5 CULTIVATION PROCESSES INTRODUCTION

3.5.1 CLEANLINESS & SAFETY

Cultivation areas should be kept clean at all times. At a minimum, standing water and trimmed leaves should be removed ASAP. Trays should be wiped down daily. Workstations should be cleaned after each use. Floors should be swept throughout the day and mopped at the end of each shift. Grow tools should be kept sterile when not in use and used in only one (1) grow area. Employees should wash hands (change gloves) frequently throughout the day, and whenever moving from one (1) grow area to another or returning from a break. All pots, clone trays, measuring cups, etc. should be cleaned, rinsed, and dried after each use. (Reusable items should always be stored clean.) Food should never be allowed in cultivation areas, and drinks should only be permitted when equipped with a spill-proof cap.

Cleaning stations with broom, dustpan, waste bin, clean towels (or shop towels) and organic cleaners should be set up in each grow area.

3.6 PROPAGATION PROTOCOLS AND PROCEDURES

Propagation is the first critical step that must be performed as carefully and meticulously as possible to ensure that the entire growing process starts with healthy, vigorous plant material. For this reason, it is important to make sure that the environment and all necessary equipment are kept as clean as possible and that the protocol is followed as carefully as possible.

It is also important to consider scheduling from the very beginning. The propagation process itself will take three (3) weeks from cutting to transplant, two (2) weeks in vegetative stage 1, two (2) weeks in vegetative stage 2, two (2) weeks in vegetative stage three (3) then are moved to 1 of 4 flower rooms for the final stage. The flower process itself will take eight (8) weeks from transplant to harvest for our selected varieties. This means that as plants go into the flower transition, new plants should be propagated right away to replace them immediately after harvest. This way, the growing area will always remain full and productive without any gaps in schedule.

When following this protocol, Citiva Medical employees should be able to achieve a near 100% success rate. This means that almost every single cutting taken will root and become a useable plant. However, plants when cloned respond slightly different to each cuttings micro-climate. As a rule, at least 50% more cuttings than needed should be taken to allow the grower to cull any that are even slightly unhealthy or slow to root. Because new clones are relatively cheap to create, this is the best opportunity to choose the healthiest plants and discard the rest.

3.7 PREPARATION

1. Soak coco coir 1.5" cubes in clone solution until saturated. (Clone solution is prepared by adjusting water to a pH value between 6.2 and 6.5);
2. Pour a small quantity of rooting hormone gel (~1Tbsp) into a small, shallow container. Many such products are widely available and are all equally effective. Gel products such as "Clonex" and "Rootech" are ready to use and typically contain 3% Indole Butyric Acid (IBA). Other products including rooting powders or liquids are also effective and should be used as directed for vegetative cuttings;
3. Fill the bottom two (2) inches of a small cup with clone solution; and
4. Assemble tools to include a clean, shallow clone tray with humidity dome, sharp shears (clean/ sterilized thoroughly with alcohol) and a clean razor blade;

3.8 PROCESS

1. Choose healthy, pest free, vigorously growing shoots from the chosen plant and take cuttings which include at least two (2) lateral meristematic nodes and a healthy terminal node, cutting them with clean, sharp shears and placing them directly into the clone solution cup, keeping the cut end wet;
2. Take each cutting from the cup one at a time and remove the leaves and shoots from the bottom-most meristematic node (or two (2)) by cutting vertically along the stem with the razor blade;
3. Next, make a clean cut at a roughly 45 degree angle through the stem just below the freshly cut node and immediately dip the fresh cut into the rooting hormone gel;

4. Allow the cutting to imbibe the rooting hormone for 15 to 30 seconds before removing it and inserting the cut end into a prepared coco coir cube, making sure that at least one (1) freshly cut meristematic node is embedded within the coco coir and at least one (1) healthy remaining node (preferably two (2) or three (3) including the growing tip) remains above the surface of the coco coir;
5. Place the now finished cutting in its coco coir cube into the clone tray and repeat the process until the tray has been filled with the intended number of cuttings;
6. Immediately cover the tray with the humidity dome.
7. Move to environmentally controlled clone room and remove humidity dome.

3.9 MAINTENANCE

The coco coir must stay evenly moist at all times and the propagation environment should be maintained between 72 and 78 degrees Fahrenheit with a relative humidity level above 70 percent for optimal results. New clones should be kept under low intensity lighting. T5 fluorescent fixtures with a mixture of 6400k and UVB lamps are ideal for this purpose and should be placed 24 inches above the clone trays.

The coco coir cubes should be watered with clone solution as needed. This can be achieved most efficiently by flooding the tray to wet all of the cubes at once and then fully draining run off solution to ensure an aerobic environment at the root zone. Cutting a drain hole in side of the tray may help to drain it effectively.

Make sure that:

1. The tray is completely drained to ensure the perfect ratio of water to air at the root zone (aerobic). The coco coir cubes should never be left in standing water; and
2. If clone tray(s) are removed from clone room, the dome on the tray is replaced to maintain high humidity.

Typically, roots will protrude visibly from the coco coir within 14 days. However, it is important to note that these results may vary depending on the conditions in the propagation environment. Fastest and healthiest results will be achieved through maintaining the most consistent environment possible with regard to temperature, humidity and light intensity. When the cuttings have roots that are visible, remove the humidity dome and begin watering with a low concentration vegetative nutrient (EC 1.2, pH 5.6-6.2) instead of clone solution to keep the new roots moist until transplant.

3.9.1 CLONE STAGES 1 AND 2

The entire cloning period lasts 21 days. Each stage lasts between seven (7)-10 days.

Clones will begin in the clone stage 1 room with the humidomes on and completely sealed for about the first week. After that the vents can begin to be slowly opened. The clones require very little care in this stage and will most likely not need to be watered. Clones should be moved into the clone stage two (2) room where they will be acclimated to the outside environment. The vents on the humidomes will slowly be opened over the course of a week and eventually removing the humidome altogether. If the clones ever show signs of stress and wilting they should be misted with a mild

nutrient solution and humidomes placed back on if necessary. The plants are very sensitive and susceptible to stresses so they need extra care and attention. The nutrient solution used for feeding in this stage is different than in clone 1 and is more concentrated, always use RO water at room temperature. Any dead leaves should be removed to prevent mold. If a clone dies remove it from the coco coir tray to prevent the spread of mold and root fungus. Water clones when they are noticeably light before the coco coir dries out.

1. Disinfect all trays, humidomes, Fiskars, razorblades and cutting surfaces with bleach, and thoroughly rinse with water
2. Soak coco coir in Clonex solution, 15 ml/ gal of RO water at room temperature, pH to 6.0. Soak for a minimum of 15-20 minutes. Poor off solution until only a slow trickle remains
3. Mix up Dip N Grow (rooting hormone) using the low strength line about a ¼" from bottom of vial. Mix up new solution after exposed to light for 2 +/- hours
4. Taking cuttings from donor plant, preferably from the lower branches, and trim them down to about 3" in height and reduce the leaf size
5. Use a razor blade to slice the stem on a 45^0 and then make 2-4 small incisions into the vascular cambium, most outer part of stem, about a ¼" in length
6. Dip bottom of stem into rooting hormone and let it soak for 6 seconds then place it in the coco coir cube. Place the lower ¾" of the stem into the coco coir cube, it helps to make a hole slightly smaller than the diameter of the stem to ensure a snug fit
7. Spray clones with a mild nutrient solution every 5 minutes or so to prevent wilting
8. Once the tray is full place the humidome on, properly label with strain, date, harvest # and flower room
9. Place under 2 T5 bulbs

3.9.2 VEGETATIVE

- ***Transplanting:*** Carefully remove clones from clone trays. Fill one (1) gallon pots ¾ full with pure premium coco coir. Tuck clone into the coco. Provide 2" of space between the top of the one (1) gallon pot and the coco surface. Make sure that the top of the coco coir cube is flush with the surface of the coco. Water with 100% run off to ensure the coco is fully saturated with the Stage 1 vegetative nutrient formula. Mist with Rhizotonic at 15mL per gallon.

- ***Nutrients and Feed Schedule:*** Refer to Citiva nutrient regimen. Feed schedule will be determined by the residual moisture content which will be checked twice per day. When adding nutrients, always shake containers vigorously, measure carefully and accurately, double check against nutrient regimen before adding to reservoir. (Never pour nutrients back into the container. Over-pours should be stored in a separate clean container for future use.)
- ***Foliar Feedings:*** Every three (3) days; Refer to Citiva foliar regimen. All foliar feedings should be applied with the grow lights turned off. The bottoms of the fan leaves should be misted heavily and the top of the plant misted lightly. When finished spraying set a timer for 30 minutes and turn grow lights back on when the timer goes off.
- ***Pruning:*** At each transplant; Week two (2) of vegetative; Day one (1) of flowering; Week three (3) of flowering. All plants will be inspected for potential shoots and flower sights that would manifest sub-optimal flowers which would ultimately lead to lower yields and less consistent quality and size of flowers. The first pruning should be a "lollipop" only.

3.10 STAGE 1 VEGETATIVE PROTOCOL

After three (3) weeks, the clones are ready to move to Vegetative stage 1. These systems consist of a top fed drip irrigation connected to an automated fertigation injection device. At this point, the clones will be placed into 4" coco coir cubes.

Reservoirs should never be stagnant. Each one should have a small pump and at least one (1) air stone to ensure constant circulation and aeration of the nutrient solution.

3.10.1 PREPARATION

1. Thoroughly clean the vegetative system. This means that all surfaces inside the tray and reservoir are scrubbed free of any residue, all tubing has been replaced, and all pumps, fittings and airstones are removed and scrubbed clean;
2. Program the fertigation injection system according to the vegetative stage one mixing protocol;
3. Place one (1) 4" coco coir cube for each clone into pH adjusted water until saturated;
4. Prepare plant labels noting strain, transplant date and any other information for all clones to be transplanted; and
5. Gather all trays containing clones to be transplanted.

3.10.2 PROCESS

1. Place the soaked coco coir cubes into the clean veg. tray;
2. Trim excess root material from the bottom of each clone and place it directly into the hole in the coco coir cube. The square clone cube will be slightly large for the round hole in the 4" cube. Carefully press the clone into the hole without damaging the plant material.
3. Install drip irrigation lines into each coco coir cube.
4. Run the feed pump to ensure that the system will run correctly before setting it on its normal schedule. A standard protocol for watering drip irrigation is three minute intervals of 375 ml per cycle. According to transpiration rates you can water as often as twice an hour or a little as twice a day.

3.10.3 MAINTENANCE

1. Program the fertigation injection system to run our standard protocol, modified if necessary by the Cultivation Manager. Check the pump and fertigation computer daily to make sure they are running on schedule;
2. Maintain EC in the system reservoir at 1.4 to 1.5 and pH between 5.7 and 6.2. These levels should be checked and adjusted daily;
3. Inspect plants daily for pests. If pests are observed, follow the appropriate procedure based on the species of pest present;
4. After two (2) weeks, the plants should have observable new growth and a thorough spray with an organic, neem-oil-based pesticide should be done whether pests have been observed or not. All stems and leaves should be thoroughly coated on all surfaces.

After two (2) weeks under fluorescents in this stage of veg, the plants should be thriving and growing rapidly.

At this point, they are ready to be moved to the second stage of vegetative growth.

3.11 STAGE 2 VEGETATIVE PROTOCOL

At this point, the new plants have rooted into their coco coir cubes and should have significant new growth. These plants are now five (5) weeks into the process from the beginning of the propagation protocol. They will now spend two (2) weeks in this stage of vegetative growth before heading into Vegetative Stage 3.

Due to the increase in growth, the plants now require more space. Vegetative Stage two (2) provides twice the space of Vegetative Stage one (1) and will require a transplant into 20 liter coco coir disposable grow bags. Refer to replant protocol for coco coir preparation.

3.11.1 PREPARATION

1. Thoroughly clean the veg system with 10 % chlorine bleach solution. This means that all surfaces inside the tray and reservoir are scrubbed free of any residue, all tubing has been replaced, and all pumps, fittings and airstones are removed and scrubbed clean;
2. Program fertigation injection system in accordance with Vegetative Stage two (2) regimen, as presented in the sub-section above.
3. Carefully inspect each plant and root zone for pests. If pests are observed, treat according to the appropriate pest control protocol.

3.11.2 PROCESS

1. Move all plants from Vegetative stage one (1) into vegetative stage two (2) and begin transplanting into 20L coco coir disposable grow bags. Refer to replant protocol for coco coir preparation.
2. Insert all drip lines to coco coir grow bags and run system manually to ensure that the system will run correctly before setting it on its normal schedule of our standard protocol, modified if necessary by the Cultivation Manager;
3. At this point, treat plants again with a thorough spray of an organic, neem-oil-based pesticide. Coat all leaf and stem surfaces to ensure the plants begin this stage pest free.

3.11.3 MAINTENANCE

1. Program fertigation injection system to feed according to our standard protocol, modified if necessary by the Cultivation Manager. Check the pump and fertigation computer daily to make sure they are running on schedule;
2. Maintain Electrical Conductivity in the system reservoir at 1.5 to 1.6 and pH between 5.7 and 6.2. These levels should be checked and adjusted daily;
3. Inspect plants daily for pests. If pests are observed, follow the appropriate protocol based on the species of pest present;
4. Lamps should be maintained at a distance of 18 to 24 inches above the tops of the plants; and

5. The plants should be pruned weekly to maintain an even canopy and remove lower growth that does not receive direct light.

After two (2) weeks in vegetative stage two (2), the plants should be quite large and vigorous. The roots will have filled the coco coir bags to 1/3 capacity.

3.12 STAGE 3 VEGETATIVE PROTOCOL

At this point, the new plants have rooted into their coco coir bags and should have significant new growth. These plants are now seven (7) weeks into the process from the beginning of the propagation protocol. They will now spend two (2) weeks in vegetative stage three (3) prior to going into one (1) of the four (4) flower rooms.

Due to the increase in growth, the plants now require more space. Vegetative stage three (3) provides twice the space of Vegetative stage 2.

3.12.1 PREPARATION

1. Thoroughly clean the veg system. This means that all surfaces inside the tray and reservoir are scrubbed free of any residue, all tubing has been replaced, and all pumps, fittings and airstones are removed and scrubbed clean;
2. Program fertigation injection system in accordance with Vegetative stage 3 regimen.; and
3. Carefully inspect each plant and root zone for pests. If pests are observed, treat according to the appropriate pest control protocol.

3.12.2 PROCESS

1. Move all plants from Vegetative stage two (2) into vegetative stage stage (3);
2. Insert all drip lines to coco coir grow bags and run system manually to ensure that the system will run correctly before setting it on its normal schedule of our standard protocol, modified if necessary by the Cultivation Manager; and
3. At this point, treat plants again with a thorough spray of an organic, need based pesticide. Coat all leaf and stem surfaces to ensure the plants begin this stage pest free.

3.12.3 MAINTENANCE

1. Program fertigation injection system to feed according to our standard protocol, modified if necessary by the Cultivation Manager. Check the pump and fertigation computer daily to make sure they are running on schedule;
2. Maintain EC in the system reservoir at 1.8 to 2.1 and pH between 5.7 and 6.2. These levels should be checked and adjusted daily;
3. Inspect plants daily for pests. If pests are observed, follow the appropriate protocol based on the species of pest present; and
4. The plants should be pruned weekly to maintain an even canopy and remove lower growth that does not receive direct light.

After two (2) weeks in vegetative stage three (3), the plants should significantly larger and in an even more rapid state of growth. The roots will have filled the coco coir bags to 3/4 capacity.

3.13 FLOWER SYSTEM PROTOCOLS

During flowering phase tall, leafy plants will stretch and begin to produce resinous flowers. The plants must be cared for meticulously from this point until harvest.

Once again, scheduling is a critical factor to consider at the beginning of this stage. Our plants have spent 21 days in propagation trays, 14 days in Veg 1, 14 days in Veg 2 and 14 days in Veg 3 in order to be ready for this transition. This gives us a total of 9 weeks, or 63 days to generate a batch of plant material that is ready to flower. Because the flower process will take eight (8) weeks (56 days) to complete, one should always start a new batch, beginning at the "Propagation Protocol" one (1) week before starting this Flower Protocol. This way, new plants will be ready to replace the current ones precisely when they are harvested. (Note: It may take a day or two (2) to clean hydroponic systems and move plants within the Greenhouse or Indoor Cultivation Facilities. Thus, some of these time periods may vary slightly. It is important to complete these transitions as quickly as possible to ensure that growing space never sits empty for more than a day or two (2) and that a system consistent schedule is maintained.)

Each table within each of the four (4) flower rooms measure 5' X 19' containing 24 plants each. There are 72 tables in each of the four (4) flower rooms, 72 tables in Veg 3, 44 tables in Veg 2 and 22 tables in Veg 1 for a total of 426 tables containing 11,970 plants (excluding clones). Each plant once in there corresponding flower room will have four (4) square feet of canopy. Determining actual planting density is a subjective process left up to the Cultivation Manager. Different strains and different growing environments may cause the ideal planting density vary. The critical element is ensuring that a dense canopy of plant material ultimately covers all table space.

3.13.1 REPLANT PROTOCOL: (FIRST DAY OF SCHEDULE)

1. Place the grow bags at the correct estimated density in roughly their final positions;
2. Place one sprayer stake in each bag and position it such that the spray will wet as much of the compressed coco medium as possible. Connect any extra sprayers in the "off" position;
3. Partially fill the reservoir with 50 gallons of water and adjust the pH to between 6.0 and 6.2;
4. Run the irrigation pump for 90 seconds;
5. As the sprayers water, check each one, making sure that it is wetting the surface of the coco block. Reposition sprayers as necessary to ensure even wetting of each coco block;
6. Repeat steps four (4) and five (5) until all bags are filled with expanded coco coir;
7. Break up the coco in each bag with your hands by squeezing it from the outside and re-apply the watering stake so that it will wet the surface of the medium;
8. Run the pump for one (1) last 60-second application of pH adjusted water before moving plants;
9. Remove the plastic wrapper from each coco coir cube and inspect the root zones thoroughly for pests or disease and apply the appropriate pesticide protocols if necessary;
10. Inspect the foliage and stems of the plant for any other pests that may be present and apply appropriate pesticide protocols if necessary;

11. Move each plant to the flower space and plant its cube into one (1) of the prepared coco bags. It may be necessary to remove some of the coco coir in order to accomplish this task. When finished, the surface of the coco coir cube should sit flush with the surface of the coco in the bag;
12. Reset the sprayer stake in the coco so that it will wet as much surface area as possible;
13. Program fertigation injection system according to specifications;
14. Run the pump for one (1) minute and check that all sprayers are thoroughly wetting the surface of their bag. Some of the sprayers may need to be replaced or adjusted at this time;
15. Set the timer to run the pump for our standard protocol, modified if necessary by the Cultivation Manager. Remember to set the timer to "auto" after setting the watering times; and
16. Begin following the Daily Maintenance Protocol every day and completing each work protocol as it appears on the schedule.

3.13.2 FLUSH PROTOCOL (ONE (1) WEEK BEFORE HARVEST)

The flush is a necessary final step for production in any type of hydroponic medium. It is the process of removing the built-up nutrient salts in the growing medium, allowing the plants to metabolize the remaining salts in their tissues. This brings the levels of phosphorous and potassium to a minimum. Making sure the plants are flushed thoroughly is critical to producing high quality marihuana.

1. All pest control procedures should be complete by the first day of flush. Make sure that the Final Pest Assessment Protocol has been completed the Friday before this protocol and that any final pest control protocols are completed before the flush begins on Monday;
2. Empty the reservoir by running the irrigation pump briefly or pumping the existing nutrients into another reservoir;
3. Refill the reservoir with fresh water and adjust the pH to between 6.0 and 6.5;
4. Run the irrigation pump and check and adjust each sprayer for maximum application just as in the Daily Maintenance Protocol. The sprayers should run for a period of 60 to 90 seconds while you do this;
5. Check the EC value of the runoff for each table;
6. Repeat steps 4 and 5 until the EC value of the runoff for all tables falls below 1.4. It may be necessary to water certain tables by hand to bring all tables to an equally low EC value; and
7. Continue maintaining the system normally until harvest, keeping the reservoir topped up with fresh water adjusted to a pH of 6.0 to 6.5, and checking that all pots are being watered thoroughly every day. Continue recording runoff values as well, (which should continue to fall from 1.4) and following the Daily Maintenance Protocol.

3.14 PRODUCTION ROUTINE MAINTENANCE

3.14.1 BULB CHANGES/DISPOSAL

Bulb changes should be performed every six (6) months. Latex gloves should be worn while handling the new bulbs to avoid getting any oils from your fingers/hands on the glass. When you replace a bulb make sure to mark the box that you put the old bulb into with a date so that the bulb

doesn't mistakenly get used again. Dispose of any old bulbs in accordance with your town's disposal procedures.

3.14.2 MAXX FANS

It is essential that the Maxx fans are in good working condition to ensure proper airflow in the rooms and to keep the lights at optimal temperature. A daily visual check is recommended. If a Maxx fan isn't functioning properly it can easily be taken down to be inspected. The blades of the fan should move freely with slight pressure. If there is any significant resistance there is likely a malfunction and a new Maxx fan would need to be installed.

3.14.3 BALLASTS

Ballasts require very little maintenance. Every cycle the electrical wires and plugs should be inspected to ensure that everything is plugged in and functioning properly. If a ballast is making any buzzing or humming noises it may be malfunctioning and should be attended to as soon as possible. Unplug the ballast and do a thorough inspection of the unit. Try troubleshooting by swapping out any electrical cords or have a licensed electrician inspect the unit.

3.14.4 CLONE ROOMS

Temperature and humidity in the clone rooms needs to be closely monitored and recorded. Temperatures will vary but should be between 70-85 degrees, and humidity should be above 60%. In between cycles the Uline racks need to be taken out of the rooms and the floors need to be swept/mopped. The walls need to be sprayed and wiped down with either a 10% bleach solution or cleaning vinegar.

3.14.5 VEG AREA

Veg reservoir tanks are changed weekly. The tanks are drained, cleaned and refilled with fresh water and nutrients. Veg area needs to be swept and spot mopped daily. All trays in Veg get vacuumed and cleaned in between cycles with a 10% bleach solution flush. Temperatures and humidity levels must be monitored and recorded daily. If temperatures are not within the acceptable range you must check the control panel to see if there are any alarms. Calling an HVAC technician may be necessary.

3.14.6 FLOWER ROOMS

Flower room reservoir changes take place weekly. All floors are to be swept and spot mopped daily, provided that activities in the room took place that warranted cleaning (pruning, nutrient spills, overflows, etc.). Temperatures must be recorded and monitored daily. If temperatures are not within the acceptable range you must check the control panel to see if there are any alarms. Calling an HVAC technician may be necessary. Bulbs must be changed out every two (2) cycles or every six (6) months because as time goes on they draw the same amount of power but output less lumens.

3.14.7 DRYING ROOM

When the dry room is occupied it is essential to check the temperature daily. Refer to Drying Procedure for details on temperature and humidity settings. After a dry room takedown, when the room is completely empty, the room gets a thorough cleaning. This consists of spraying all of the walls and wiping down the cables with either a 10% bleach solution or cleaning vinegar, and sweeping/mopping the floor.

3.14.8 RESERVOIRS

Each reservoir gets changed weekly. This includes draining, cleaning, refilling and adding nutrients to the tanks. At the end of every harvest each reservoir gets flushed with 10% bleach solution to sterilize and kill any residual bacteria.

The Ecolab blue lights will be employed in the head house to attract and destroy any flying insects that may enter through the front door despite the Biosecurity precaution.

The air ducts filters will use Merve8 filters capable of effectively blocking out fungal spores and pollen.

4 BIOSECURITY PLAN

4.1 DESCRIPTION AND APPROACH TO BIOSECURITY

At Citiva Medical we believe that the road to a safe, pure and consistent, approved medical marihuana product begins with consistently grown healthy plants. The key to a consistently healthy crop can only be accomplished by Controlled Environment Agriculture (CEA). CEA encompasses all phases of growth and provides 100% environmentally-controlled conditions for plant growth through flowering and harvest. The Cultivation Facility's internal environment is set within specific tolerances and monitored with very tight controls to ensure consistent regulated environmental conditions optimized for plant health. Citiva Medical will start its cultivation in an Indoor Cultivation Facility, while its Greenhouse Cultivation Facility is under construction. Both Cultivation Facilities will be Close Environment Agriculture facilities using the latest capabilities in Biosecurity to ensure crop health. They are both specifically designed to meet the needs of medical marihuana cultivation. An integral part of the design and operation of the Cultivation Facilities is Biosecurity. Crop Biosecurity is defined as a set of preventive measures to reduce risk to the crop from insects and microorganisms (fungi, bacteria and viruses). An overall goal of the approach is to reduce the incidence of Cultivation Facility pests and disease to an absolute minimum. Included in the Biosecurity measures is an Integrated Pest Management (IPM) approach An integrated pest management (IPM) strategy consistent with the USDA National Organic Program (NOP) guidelines will be used in this project to prevent and control plant pests and pathogens. When it is necessary to deal with disease and pests in the Cultivation Facilities, our approach is based solely on control agents certified by OMRI (Organic Materials Review Institute) and the State of New York. As a registered organization (RO), Citiva Medical will identify pesticides, fungicides and herbicides we wish to use, if needed, and obtain New York State approval prior to use. Only State-certified applicators will be used or contracted to apply the OMRI-certified agents, if necessary. We base our

approach on our Five (5) Principles for Biosecurity. Our Five (5) Principles for Biosecurity in our Cultivation Facilities are described in detail below.

4.1.1 FIRST PRINCIPLE – PREVENTION

The First Principle of our Biosecurity Plan focuses on prevention measures. Biosecurity is built into our "state of the art" Greenhouse/Head house structure of the Greenhouse Cultivation Facility and structures related to the Indoor Cultivation Facility (with adjustments due to indoor conditions).

a. The Greenhouse Facility design is made of glass to allow partial spectrum ultraviolet (UV) light into the greenhouse to continually disinfect plants and all interior surfaces. This is closest to the natural spectrum that plants receive from the Sun and provides the most efficient starting point for healthy plants. This is superior to plastic covered greenhouses which block out UV. Indoor facilities are lacking this important part of the solar spectrum, so we will augment the Biosecurity Plan to accommodate this difference).

b. The Greenhouse Facility has a standard clean room air shower entrance which actively removes particles, dust, spores, pollens and various contaminants from the cultivation garments of the workers upon entrance to the growing area.

c. The Greenhouse Facility and the Indoor Facility environments are tightly controlled to minimize the population of pests and disease organisms.

   i. Humidity is maintained in the 40%-50% range to inhibit fungal and bacterial growth on surfaces.

   ii. Temperature is maintained at +/- 2 degrees Fahrenheit. The stable temperature is held to minimize the temperatures that foster growth of microorganisms. Swings in temperature cause inconsistent plant growth and will be eliminated with this control.

   iii. Advanced climate control system is implemented with a positive pressure system, rather than the typical negative pressure system found in almost all existing greenhouses and cultivation facilities. This means that there is a slight positive air pressure that flows outward from the Greenhouse Facility's doors.

      1. The positive pressure creates a barrier to insect entrance because of outward air flow thru the door upon entrance and any imperfect seals in the structure.

      2. Positive pressure air delivery allows a more uniform temperature across the floor of the green house minimizing cold damp zones that are conducive to the growth fungi. The high temperature uniformity of each growing area in this structure enables a more uniform crop growth which is important for consistent and effective product.

d. The Greenhouse Facility uses a unique patented Ventilated Latent Heat Converter (VLHC) from Agam LLC. This system not only solves humidity related problems, but has been estimated by the manufacturer to reduce airborne viable microbial spore levels by 80%. It was chosen for this added measure of Biosecurity.

e. The Greenhouse Facility HVAC system has been specially outfitted with Merv 8 filters capable of capturing particles down the 3-10nm. This will scrub the air of mites and mold spores, as well as pollen will be used in the air recirculation system.

f. The Greenhouse and Indoor Cultivation Facilities floors will be painted white to assure that minor spills of growth media and green patches of algae do not go unnoticed and are cleaned up promptly. It will also foster a higher level of facility hygiene.

4.1.2 SECOND PRINCIPLE – FACILITY HYGIENE

The Second Principle of our Biosecurity Plan focuses on facility hygiene procedures, as well as personal worker hygiene. Facility Hygiene includes sanitation of propagation surfaces, disinfectant footbaths at the exit from the changing room and the greenhouse entrances, use of insect screening at air intake, appropriate plant spacing, careful plant pruning practices to prevent injury and wounds to the plants, as well as prompt disposal of plant litter material. Sanitation is achieved through hydrogen peroxide-based methods, as it has been demonstrated by university research to be generally as effective, but less damaging to surfaces than chlorine bleach. OMRI Certified Hydrogen Peroxide Solution formulations obtained from BioSafe Systems LLC will be used for disinfection of surfaces and footware. Upon entrance to the Cultivation Facilities, workers will change into greenhouse clothing which will consist of hospital scrubs, hair covers, blue nitryl hypo-allergenic gloves and dedicated greenhouse shoes. All these elements will be provided by Citiva Medical. Citiva Medical will also be responsible for washing the uniforms, hair covers, shoes and supplying disposable blue nitryl gloves to minimize the possibility of microbial contamination.

4.1.3 THIRD PRINCIPLE – ACTIVE OBSERVATION AND SCOUTING

The Third Principle of our Biosecurity Plan is an aggressive observing and scouting by all members of the Cultivation Team who are regularly on the greenhouse/indoor cultivation floor. They will be trained to recognize and report pests, fungal and microbial diseases, as well as to identify plants stressed by nutrient and environmental conditions. Evidence of pest and disease stress can be confused with nutrient stress. So, the workers will be fully training in Biosecurity and in how to assess plan health. In addition, blue and yellow sticky traps will be used to trap and monitor the flying insect population such as adult white flies, fungus gnats and thrips. The cultivation team will use Cornell University's Greenhouse ScoutTM mobile app software for identifying and reporting pests and diseases. This software provides the grower with a readily accessible source of general information on biocontrol of common greenhouse insects. It provides an interactive interface for collecting scouting data and recording product application and recordkeeping with a graphical presentation of scouting data. Electronic reporting is preferred over reporting on paper. The results will be implemented into the Citiva Medical recordkeeping system to create a permanent record.

4.1.4 FOURTH PRINCIPLE – INTEGRATED PEST MANAGEMENT (IPM)

The Fourth Principle of the Biosecurity Plan is the Integrated Pest Management (IPM) system. The IPM will include the release of beneficial organisms that will be used whenever possible to minimize insect pest populations. Beneficial insects will be purchased from reliable sources such as IPM Laboratories located 50 miles away from the Cultivation Facilities in Locke New York. An IPM consultant will be hired to assure the optimal effectiveness of this approach. Beneficial organisms used for controlling insect pests include predators, parasites, as well as bacteria and fungi. There are dozens of possible pests and diseases that are effectively addressed with IPM, obviating the need for chemical approaches. Examples of how beneficial insects can be used in control are given below.

a. Whiteflies can be controlled using parasitic wasps such as Parasite/Predator *Eretmocerus eremicus* or by fungi such as *Beauvaria bassiana.*

b. Aphids will be controlled by lady beetles, Coccinellidae and lacewings, *Chrysoperla rufilabris.*

c. Spider Mites will be prevented by the predatory mite *N. californicus* can survive a long time in the absence of prey. These have proven highly effective in a greenhouse environment. Lady Beetles serve as an addition means of control.

d. Thrips can be controlled by the predatory mite *Amblyseius cucumeris and* the fungus *Verticilllium lecanii* which is a specific insect parasite.

e. Fungus gnats can be treated with the bacterium *Bacillus thuringiensis* subspecies *israelensis* and the nematode Steinernema *feltiae.*

f. Powdery Mildew can be treated with Serenade TM the active ingredient in Serenade is a bacterium, *Bacillus subtilis,* helps prevent the powdery mildew from infecting the plant.

g. Gray Mold, *Botrytis cinerea,* can also be treated with Serenade.

h. Root Rot caused by fungi such as *Phytophthora and Pythium* can be controlled by agents such as the mycoparasite, *Gliocladium virens.*

4.1.5 FIFTH PRINCIPLE – USE OF NOP AND OMRI-CERTIFIED SUBSTANCES

The Fifth Principle of the Biosecurity Plan calls for the judicious use of substances allowable in the US National Organic Program (NOP) and that are OMRI-certified for extreme cases plant health crisis. These materials will be used only in an "as-needed" basis, and will use only substances allowed by the National Organic Program (NOP) guidelines. Citiva Medical will limit its selection of pesticides to those certified by OMRI and previously approved by the State of New York. Citiva Medical will employ, as a member of the Cultivation Team, a New York certified pesticide applicator. This individual will be responsible for the application of all control agents, as well as the purchase orders of sprayers, foggers and clothing needed for their job. If a single plant shows signs of infection or infestation it will be trimmed of damaged material or removed from the Cultivation Facility entirely and disposed of in the same manner as the rest of the unused plant material, according to the New York regulations and laws. In the ideal, we will use no pesticides what-so-ever. We believe that routine use of Principles 1 through and 4 will be sufficient to control pest populations adequately. However, should the need arise, agents such as hydrogen peroxide, sulfur, hydrated lime and sodium and potassium bicarbonate may be used for insect and disease management. OMRI-approved botanical inputs include substances derived from plants including cold pressed neem oil, pyrethrum (from chrysanthemums) and essential oils. Citiva Medical does not plan to routinely use pesticides. In the event of an intractable disease or pest, prior to a crop emergency, there may instances in which an OMRI-certified agent will be used to aid the health of the crop.

4.2 PEST ASSESSMENT PROTOCOL

Throughout the life cycle of the plants, workers shall conduct Pest Assessments regularly. The schedule will be determined by the Cultivation Manager. The Pest Assessment shall consist of the following procedure, in compliance with 1004.11(e)(5,6):

1. Worker uses a 30x magnifying loop to carefully inspect each plant thoroughly.
2. Inspect and Assess each plant for:
   a. Mold

b. Mildew
c. Insects
d. Pests of any sort
e. Rot
f. Evidence of rot
g. Evidence of gray mold
h. Evidence of gray plant material
i. Evidence of black plant material
j. Evidence of insect damage
k. Evidence of insects

3. Any plants found unsatisfactory, with evidence of any of the above items in the list, will be carefully culled and removed.
4. Such material shall be moved to a separate secure area for temporary storage of any medical marihuana or medical marihuana product that needs to be destroyed.
5. Such unsatisfactory plants will be dealt with as waste material according the New York laws and regulations.

4.3 EXAMPLE DISEASE AND PEST CONTROL PROTOCOLS

If disease or pest control problems occur that cannot be addressed within the first four Biosecurity Principles, Citiva Medical, will take conservative, but necessary, steps to ensure crop health through the judicious, careful and regulated use of approved OMRI-certified agents. In these severe instances, we plan to use an OMRI-certified agent to control the problem and aid the health of the crop. Here we present typical examples of each class of control agent we may use, in such a situation. It should be noted that each shift will have at least one (1) in-house State-certified commercial-grade pesticide applicator on duty, as the application of some of these agents will require a certified applicator.

Rodent control and elimination will be contracted to a local municipality company, should the need arise.

4.3.1 DISINFECTION OF SURFACES BY SANIDATE (OMRI)

1. Always follow manufactures application and safety instructions.
2. Dilute product by 1 to 100 for routine use as a daily surface disinfectant.
3. Apply with clean cloth and let dry.
4. The product decomposes to harmless water vapor within moments of application there is no need to rinse off.

4.3.2 PYGANIC DRENCH PROTOCOL (OMRI)

1. Fill a 5-gallon bucket with nutrients from the reservoir of the scheduled or affected system. (Note: make sure that the nutrients have correct pH between 6.0 and 6.5);
2. Add 75mL of Pyganic EC 5.0 II to the entire bucket;
3. Stir the bucket thoroughly until the Pyganic is evenly dissolved; and

4. Apply roughly one (1) Liter of solution to each pot of growing medium, making sure to completely wet the top surface before moving to the next pot. Each five-(5)-gallon bucket should treat 24 plants.

4.3.3 PYGANIC SPRAY PROTOCOL (OMRI)

1. Fill a sprayer or atomizer with clean water;
2. Adjust the pH of the water so that it is between 6.0 and 6.5;
3. Add 15 mL of Pyganic EC 5.0 II per gallon of water; and
4. Stir thoroughly until the Pyganic is evenly dissolved in the water;

4.3.4 AZATROL (AZADIRACHTIN) PROTOCOL (OMRI)

1. Fill a sprayer or atomizer with clean water;
2. Apply Azatrol to the tank at a rate of 45mL per gallon of water;
3. Add three (3) drops of ordinary dish soap;
4. Stir the tank thoroughly until the Azatrol evenly dispersed; and
5. Apply the spray or fog to all scheduled or affected plants thoroughly. Be sure to coat all leaf surfaces on top and bottom as well as stems. Everything above the growing medium should be wet.

5 HARVESTING

5.1 HARVEST PROCESS OVERVIEW

1. Perform Final Pest Assessment Protocol for insect damage, insects and mold
2. Cut plants out of trellis netting starting with the bottom layer
3. Cut plant at base of stem and make sure plant tag is still attached to the stem
4. Hang plants on rack and transport to dry room
5. Weigh and record wet weight on data sheet
6. Cut top of plant out and remove some of trellis netting
7. Hang both sections of the plant next to each other on line. Keep equal number of plants on each line and keep them organized to allow for easy counting
8. Collect all lose buds that fall on ground or in trays and dry them in the hanging nets

** If mold is found on a plant during the harvesting and drying process the entire plant should be weighed and properly handled according to New York State laws and regulations

5.2 FINAL PEST ASSESSMENT PROTOCOL

Before harvest, the Final Pest Assessment shall consist of the follow procedure, in compliance with 1004.11(e)(5,6):

1. Worker uses a 30x magnifying loop to carefully inspect each plant thoroughly.
2. Inspect and Assess each plant for:
   a. Mold

b. Mildew
c. Insects
d. Pests of any sort
e. Rot
f. Evidence of rot
g. Evidence of gray mold
h. Evidence of gray plant material
i. Evidence of black plant material
j. Evidence of insect damage
k. Evidence of insects

3. Any plants found unsatisfactory, with evidence of any of the above items in the list, will be carefully culled and removed.
4. Such material shall be moved to a separate secure area for temporary storage of any medical marihuana or medical marihuana product that needs to be destroyed.
5. Such unsatisfactory plants will be dealt with as waste material according the New York laws and regulations.

5.3 HARVEST DETAILED PROCEDURES

5.3.1 INITIAL STEPS

1. Set the irrigation timer to "off" by pressing the "auto/on/off" button twice. This ensures that the irrigation pump will not run during the harvest process;
2. Cut each plant at the base, just above the growing medium using heavy shears. Quickly remove the largest leaves and hang the plant on the scale to determine its total wet weight;
3. Record the weight and strain both in the harvest notes and on the plant's individual tag. Numbering the plants in the order that they are harvested and noting the strain and weight in two places allows for easy double-checking of weights and strain stats;
4. Hang each plant by its base in the dry/cure chamber at room temperature and a relative humidity of 40%. A fan should provide gentle airflow within the chamber at all times while plants are drying;
5. Plants should be checked for moisture content daily after the first 48 hours. When the plants' stems begin to crunch or snap when bent, each plant should be cut down and processed into small individual branches so that it can be placed entirely in a large brown paper bag. Make sure to include the plant's tag so that it can continue to be tracked; and
6. Trim the plants as soon as possible and place the finished product in sealable, airtight containers. Any paper bags that must sit longer than three (3) days after being filled should be placed together in large plastic trash bags to prevent over-drying.

5.3.2 SYSTEM PREPARATION PROTOCOL: (DAY AFTER HARVEST)

1. Empty and clean the reservoir. For large reservoirs, it may be necessary to climb inside to clean them thoroughly. Make sure all surfaces are clean and check both pumps for residue and signs of wear;
2. When everything inside the reservoir is clean, add 10 to 15 gallons of water to the reservoir and adjust the pH to 4.5 while allowing the circulating pump to run;

3. Run the irrigation pump, flushing the irrigation tubing and sprayers with the low-pH solution;
4. After the irrigation equipment has been flushed, thoroughly clean all tables. This includes all table surfaces, gutters and drains. When finished, empty all drain buckets; and
5. Once per year, replace the reflectors within the 1000w dual ended HPS lamps to ensure maximum reflectivity of light source.

5.3.3 DRYING STAGE

The temperature in the dry room should be set to 75^{0}F and the humidity set to 45%. Once the humidity drops and holds below 50% the temperature should be dropped to 68^{0}F and the humidity set to 50%. The dry room needs to be monitored daily and adjusted as needed. The lights should be kept off when no one is in the room. Prior to hanging any medicine in the room, the entire room needs to be disinfected with a diluted bleach or vinegar solution. This includes the walls, lines, beams and floor.

5.3.4 CULLING/DISPOSAL

All vegetative plant matter (not containing flower sites) will be handled according the New York State laws and regulations for appropriate, regulated disposal. This includes fan leaves and plants culled from the veg. room. No weights are necessary. Remove plant and I.D. number from inventory list with reason why it was culled or disposed of, dated and initialed.

All plant matter containing flower sites needs to be discarded in accordance with the waste disposal guidelines in New York State law and regulations.

5.3.5 ROUGH TRIM

1. Weigh and record dry plant weight on data sheet
2. Cut branches off of main stem
3. Remove all leaves that contain no medicinal value using your fingers
4. Break or trim buds off of stems and place into "turkey roasting bag" one (1) plant at a time
5. Seal "turkey bag" and make sure plant I.D. tag is attached
6. Weigh and properly dispose of all leaves, stems and trimmings/ waste according to New York State laws and regulations

Goal is to keep all dried dead leaves out of bags and curing process

6 AIR MITIGATION PLAN

6.1 BEST MANAGEMENT PRACTICES FOR COMMERCIAL MEDICAL MARIHUANA CULTIVATION FACILITIES

The emerging medical cannabis cultivation industry has many opportunities to enhance its public image and protect the environment by incorporating best management practices to reduce or eliminate odors and other adverse environmental impacts from operations.

Citiva Medical plans on employing key protocols to mitigate and largely do away with any potential problems with air quality and/or contamination. Among them are carbon filtration systems and potentially the use of negative ion generators well as commercially-available Merv 8 positive pressure filtration devices that effectively remove all airborne pathogens.

6.2 VENTILATION AND ODOR CONTROL

The odor from marihuana cultivation operations is potentially a nuisance and can easily migrate in and around the marihuana cultivation site. Citiva Medical will employ ventilation and odor control that is adequate for the size of its proposed operation. Citiva Medical has designed its cultivation modules so that ventilation system takes into consideration the square footage and number of plants per module. A properly sized, installed and maintained ventilation system resolves two (2) issues. First, having the cultivation modules properly sealed will inhibit odors from escaping. Secondly, the addition of a dehumidifying system to control mold and pathogens will be installed. Relative humidity in the grow modules will by carefully monitored and controlled so that potential growth of molds is minimal.

Citiva Medical will employ a primary odor control technology that has been proven effective in controlling odors from cultivation sites and is also exploring the use of a secondary technique, negative ion generation.

1. ACTIVATED CARBON FILTRATION – This technique involves forcing the air circulating within the HVAC system through an activated carbon filter in order to filter out odors and pathogens that may pose a public health risk. This method is highly effective and can be used in combination with other technologies such as an electrostatic precipitator. Carbon filtration is the least energy intensive of the three technologies. In most cases, the energy required to run the filtration system is already accounted for in the air handling and exchange system. The excess energy necessary to force air through the filter is negligible and, depending on the size of the discharge and intake, often only slightly alters the speed of the exchange. The use and disposal of the filters creates the most physical waste; however, the carbon can typically be regenerated for reuse.
2. NEGATIVE ION GENERATION – These machines, sometimes called electrostatic precipitators, will use a negative charge to attract positively charged particles in the air. The charged particles are attracted to the metal filters, which over time, will become concentrated with particles and require cleaning with water on a regular basis. The negative ion generators can improve indoor air quality to a greater degree than some of the other technologies. The environmental impact of this technology is also dependent upon size and use. They are typically powered by a single wall outlet and can run 24 hours a day, seven (7) days a week. They will also need to be cleaned which usually requires removing the metal panel and washing it to remove the particles. Otherwise, they require very little maintenance and their energy consumption is typically negligible and lower than many fans.

Citiva Medical's preventative maintenance and replacement plan will be established for these systems to ensure optimum operation and continuous odor control.

7 PROCESSING

7.1 INTRODUCTION

Citiva Medical is committed to preparing quality-assured, third-party-tested, accurately-labeled brands and forms of approved medical marihuana products for its certified patients. The Citiva Medical Processing Facility will be adjacent to the Cultivation Facility in Romulus, New York. The Facility will be built and operated on land that was once a US Army Depot. Infrastructure to support the Facility exists now and construction will begin as soon as Citiva Medical is awarded the Registered Organization (RO) designation by the State of New York. Already using Good Agriculture Practices and Good Handling Practices (GAP/GHP) in it Cultivation Facility, Citiva Medical will also implement Current Good Manufacturing Practices (CGMP), throughout its Processing Facility.

7.2 PHYSICAL ATTRIBUTES

The Citiva Medical Processing Facility will house processing and extraction capabilities, as well as quality control testing in facilities/areas featuring clean room attributes to ensure safe, consistent and accurate medical marihuana products. In our state-of-the-art Processing Facility, we will prepare final approved medical marihuana products, such as tinctures, vaporization oils, and capsules in accordance with New York laws and regulations.

7.3 EXPERTISE

The Citiva Medical team is experienced in the regulated medical marihuana environment. We have principals and staff that have direct, hands-on experience in other states with medical marihuana facilities, such as Rhode Island, Maine, Colorado and Nevada. In addition, Citiva Medical's principals and staff have more than 40 years combined experience operating USDA and FDA compliant manufacturing facilities. We believe the combination of marihuana and USDA/FDA manufacturing experience is a winning combination for success. Citiva Medical has the expertise today to implement a successful enterprise in New York.

7.4 PROCESSING METHODOLOGY

"Manufacturing" shall include, but not be limited to cultivation, harvesting, extraction (or other processing), packaging and labeling. "Processing" comprises the events whereby dried plant material is selected and then converted to feedstock oils, which feedstock oils are blended to create finished bulk oils. Citiva Medical's processing methodology is designed around the following criteria:

(I) SECURITY OF WASTE PLANT MATTER

Citiva Medical's method of processing reduces plant matter to a material with no value of diversion. Our dust collection method includes a monitor point and returns dust to processing.

(II) LOT TRACEABILITY, MONITORING, RECORDING AND CONTROL

A harvest's provenance follows it through the manufacturing process and into final retail units. This allows for precise control over recall events. Sufficient quantities of each retail lot will be produced to ensure that patients will not receive more than two (2) distinct lots for any 30 day supply dispensed, compliant with regulation 1004.12.j.

(III) SCALABILITY

Citiva Medical's methodology allows for fast scale-up as patient demand increases.

(IV) SAFETY OF WORKERS

Citiva Medical's CO2 extraction methodology uses lower pressures, multiple safety measures and control of all volatile gases. Our methodology minimizes risks of spillage. Material is decanted from stage to stage in a closed-loop system, and tests are performed at each step to monitor yield and composition.

(V) CONSISTENCY OF QUALITY MEDICINE

Citiva Medical's methodology does not depend on the incoming material for the final composition of the medicine. Feed-stocks are produced for use in the final blending process. Such allows for exacting consistency of each lot of final oil.

(VI) MANUFACTURING THROUGHPUT AND EFFICIENCY

Citiva Medical's methodology allows for approximately five (5) times the throughput of CO2 extraction alone with greater flexibility and much higher efficiency of extraction.

7.5 EXTRACTION METHODOLOGY

Citiva Medical will use an extraction method that utilizes CO2 gas, in large part due to its extremely effective and safe nature, in a professional grade, closed-loop gas extraction system in compliance with all applicable fire, safety and building codes and other New York laws.

CO2 is an inert, non-flammable, colorless, odorless, water-soluble gas that has been used across many industries, including food and medicine. Since it is non-flammable and inert, there is limited risk for explosions and fires if used properly. Moreover, Citiva Medical will initiate appropriate standard operating procedures, follow all safety and storage precautions, and supply its extractors with proper safety equipment.

Specifically, the extraction process uses a liquid CO2 pump (Haskel, Burbank, CA or Hydraulics Intl., Chatsworth, CA) and thus the system uses recirculated chilled water to cool and liquefy CO2 gas at 600 psi. This cooled liquid CO2 is pumped into and through the extraction vessels (which contains the medical marihuana) at 1200 psi and 50F and then flows into the primary collector vessel that is maintained at 760 psi and 165F. This is where the extract-laden cold liquid CO2 is flashed to a gas, leaving behind the extracted material in the collector vessel. The CO2 gas thus formed passes through a secondary collector that is maintained at a lower temperature (that functions as a trap for water and blow-through oil), and then through a filter vessel that contains activated charcoal and alumina that serves to remove odor, oils and water from the CO2 gas before it is liquefied once again and pumped through the extraction vessels in a recirculating fashion.

Citiva Medical will only use certified safe components in its system. All components of the system, including all pressure vessels (reservoir vessels, extraction vessels, separator vessels, filter, vessel transfer lines, valves, pump gauges, etc.) are certified to operate at the pressure conditions required. Each extractor vessel is "code stamped" following the guidelines of the American Society of Mechanical Engineers (ASME) and manufactured in a facility that is certified to manufacture pressure vessels. It is important to note as well that this method uses a "closed-loop" system for added safety.

Liquid CO2, to meet purity regulations in 1004.11b, can be obtained in 50 lb or 60 lb liquid CO2 tanks with educator tubes from a local provider that supplies the beverage marketplace or a welding supply company. This CO2 will be utilized in the process and is introduced into the system via a series of transfer lines, valves and pumps. This is not a difficult or dangerous activity, but all safety precautions, including recommended eye protection, will be standard operating procedure.

Citiva Medical's method of extraction will be standardized for each strain in compliance with regulations 1004.11.

7.6 SPECIFIC FEATURES AND CHARACTERISTICS

7.6.1 PROCESSING AND EXTRACTION FACILITY

Citiva Medical shall establish the design, type, installation, implementation, handling and/or use of equipment, processes and methodologies for processing and extraction as follows.

Facility: Design, construction and build-out of a high performance Processing Facility (see facility and clean room diagrams and equipment provided in Section 1.1.3);

OSHA: OSHA compliance;

Equipment: Necessary processing and extraction equipment including CO2 extraction machines, code-stamped vessels, CO2 pumps and circulating chiller systems;

Packaging: Labeling processes, materials, design, protocols and sourcing;

Training: Training relating to alternative dosage form processing and extraction;

SOP's: Standard operating procedures;

Staffing: Optimum staffing plans;

Specificity: Tailoring products/branding to compliance with New York law;

Method: Extraction process methodologies, training, guidance and assistance involving:

Step I: extraction utilizing CO2 in the liquid phase (1200 psi and 55F) and in a recirculating fashion;

Step II: removing water and waxes, removing solvents, collecting terpenes and decarboxylation; and

Step III: finalization of effective oil for use for all alternative dosage form products.

7.6.2 QUALITY CONTROL TESTING FACILITY

Citiva Medical will design, install, implement, handle and utilize equipment, processes and methodologies for high performance quality control testing as follows:

Facility: Design, construction and build-out of the quality control testing facility featuring all laboratory (profiling) equipment and testing;

OSHA: OSHA compliance;

Equipment: High Performance Liquid Chromatography to conduct cannabinoid profiling by way of quantitative analysis for the following cannabinoids: delta 9 THC; delta 9 THC Acid; CBD; CBD Acid; CBN; and other active cannabinoids (i.e., THCV, CBC, CBG) and other active ingredients (i.e., terpenes) as standards become available;

Training: Training and modules with respect to quantitative analysis to be perform with respect to quality control testing;

SOP's: Standard operating procedures manual preparation and updating;

Staffing: Optimum staffing plans.

7.6.3 HEALTH AND CONSUMER PROTECTION

Citiva Medical shall operate in compliance with Good Manufacturing Practices for Food, including sanitation, food protection and labeling. Labeling practices will indicate:

mg amount of active constituents (THC and CBD);

as in the Nutritional and Dietary Supplement Facts, the amount of calories, grams fat,

sugar, etc.;

list of ingredients; and

all other matters and/or items required under State law.

7.6.4 RESEARCH AND DEVELOPMENT

Citiva Medical's expertise will allow the company to benefit from innovative products, and research and development activities, all leading to best practices and developments that may include:

CBD's: Sourcing, extracting and working with CBD-exclusive or dominant products;

Delivery: New delivery devices and systems such as modification to vaporizes in accordance with best practices and new development;

Molecular: Isolation, alteration and recombination activities at the molecular level with items such as THC, CBD's and terpenes to tailor alternative dosage forms for specific ailments, diversity, quality and the like.

Studies: Participation in studies and trials involving alternative dosage form products relating to chemotherapy advances, opiate dependency abatement or otherwise.

7.6.5 FORMS AND BRANDS

Forms and brands will be in strict compliance with New York laws and regulations. The Citiva Medical brands and forms, with example names that will require State approval, are shown in the table below.

7.6.6 SAFETY AND SECURITY

Citiva Medical shall provide proprietary safety and security plans specific to its processing, extraction and quality control testing facilities, including measures preventing unauthorized access, employee safety and security policies, personal safety matters and OSHA requirements.

7.6.7 TRACKING PROGRAM AND PROCEDURES

Citiva Medical will work with the State of New York to implement the State-mandated and State-selected "Seed-to-Sale" recordkeeping system. An Inventory Manager will be in charge of ensuring that all materials that are grown and processed into final approved medical marihuana products ready for transport to Dispensaries are tracked, recorded and traceable all along the supply chain. All records related to every individual plant from origin to final product as a component in a tincture, vaporization oil, or a capsule will be recorded and traceable, aiding in audits and recalls, if required. Citiva Medical will utilize the tracking systems to provide information related to:

Effective Database: supplying necessary database, record-keeping and reporting features;

Patient Matters: useful with legal compliance, data, marketing, outreach and communications;

Inventory Control: featuring effective control procedures.

7.7 DESIGN AND CLEAN ROOM ATTRIBUTES

7.7.1 FACILITY DESIGN AND MATERIALS/EQUIPMENT (AND DIAGRAMS)

The Citiva Medical Processing Facility will be designed with the best practices and design from clean room technology and implementation. Implemented in high-tech industries, such as aerospace and semi-conductor chip makers, this "clean room" concept will aid our goal of preventing any problems in Quality before they start. Implementing the Facility as a high-tech-style "clean room" means that we will eliminate all of the traditional sources of contamination in the structure and facility. This approach, combined with the experienced leaders and trained staff working in the Facility, gives us high confidence that a high level of Quality Assurance and Quality Control are inherently in built into all of our processes. The figure below shows the conceptual diagram of the Citiva Medical Processing Facility.

Figure 1: The Extraction/Processing area provides a safe, secure environment for preparing the approved products

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

Table 2: This Fixture and Equipment schedule has a tag column that maps to the location of the specific piece of equipment in the room diagram in the Figure above.

FIXTURE AND EQUIPMENT SCHEDULE

TAG	FIXTURE	MANUF./MODEL	REMARKS
A	CHILLER	NESLAB HX-750	each requires 208V; 3 phase; 45 amps. Requires cooling by air, H20 or refrigerant
B	GAS RECIRCULATOR	TAKAGI	recirculating on demand hot water heater (operating at up to 240,000 BTU/hr)
C	ROTARY EVAPORATOPS	-	-
D	VACUUM OVEN	-	-
E	EXTRACTOR (4)	-	20l extraction vessel (code-stamped)
F	PRE-SEPARATION COLUMN (1)	-	5L (code-stamped)
G1	COLLECTOR VESSEL (1)	-	20L vessel (code-stamped) as primary separator (operates hot)
G2	COLLECTOR VESSEL (1)	-	20L vessel (code-stamped) as primary separator (operates cool)
H	FILTER (1)	-	20L vessel (code-stamped)
I	PRE-EXTRACTOR RESERVOIR	-	-
J	LIQUID CO2 PUMP	1440 ASFD PUMP (HYDRAULICS INTERNATIONAL)	air driven pump operating at ca.8L/min
K	ROTARY SCREW AIR COMPRESSOR	-	60cfm; 208V; 3 phase; 30 amps
L	PUMP RESERVOIR	-	-
M	REFRIGERATED DRYER / FILTER	-	-
T-1	SST TABLE	TBD	30" x 96"
T-2	SST TABLE	TBD	30" x 72" featuring sinks/water
CH-1	LAB STOOL	TBD	

- *NOTE* ISO 8, CLASS 100,000 CLEANROOM ATTRIBUTES TO OVERLAY THE FACILITY AS DETAILED IN EXHIBIT B.

7.7.2 CLEAN ROOM ATTRIBUTES AND MATERIALS/EQUIPMENT (AND DIAGRAMS)

Citiva Medical will develop the Processing/extraction Facility with clean room attributes as described below:

a. ISO 8, Class 100,000 clean room with 15-20 air changes per hour in the manufacturing area, and half such amount of air changes in clean room gowning area featuring appropriate furniture;

b. A properly pressurized clean room (pressurized to .02"-.04" W.G. so as to prevent pestilence and outside debris from entering the process, and thus ensuring a "pure" product.

c. A more "laminar" flow of clean, conditioned air within the space will wash the production area with clean air and prevent debris from entering the process.

d. Proper placement of low wall returns will capture any particulate that may enter through personnel or process, and will provide a layer of protection for the product.

e. Clean conditioned air will provide comfort for personnel within the space so as to minimize particulate and bio burden (i.e.: sweat, skin squams) that can be absorbed by the product.

f. By nature, extraction is a dirty process characterized by oils and other debris entering the air stream. By supplying air through HEPA Filters of Fan Powered HEPA units (FFU's), and recirculating the conditioned air (recirculating includes mixing the return air with fresh outside air), much of the impurities (oil, duct, etc.) will be removed from the space creating a cleaner environment.

g. A clean room environment will also provide less waste in the process as a clean (and easy to clean) space will allow for any spilled product to be easily contained and recycled for use.

h. Carbon/MERV filters on the air handing unit will also remove many odors associated with the process and prevent any disturbance to nearby neighbors.

i. The walls will be clean room wall panels (walls coated with a smooth faced FRP (glassboard) material as in the below attachments) to create a smooth, progressive and easy to clean surface that the New York State Department of Health will appreciate. Such material is FDA-compliant and has been tested against some of the harshest cleaning compounds found in the Pharma industry. Since the extraction process will involve heat and moisture, in addition to the presence of organic substances, mold growth potential is a risk. However, these walls can easily be cleaned to prevent the growth and spreading of mold.

j. A properly designed air delivery system will also help with controlling mold.

k. A clean room ceiling system (900 square feet of clean room ceiling grid with vinyl faced tiles) together with gaskets and sealed light fixtures (8 to 10) will prevent any particulate or

pestilence from entering the space. The ceiling tiles will be vinyl faced gypsum with sealed edges and can be easily "swiffered" for cleaning.

l. The same walls and ceiling system in the kitchen would be well received and provide an aseptic look to the kitchen that will be well received by the New York State Department of Health.

The following basic schematic shows the air path through a clean room:

Figure 2: The Clean Room design for the Extraction and Processing Facility will ensure a clean and dust free environment at all times.

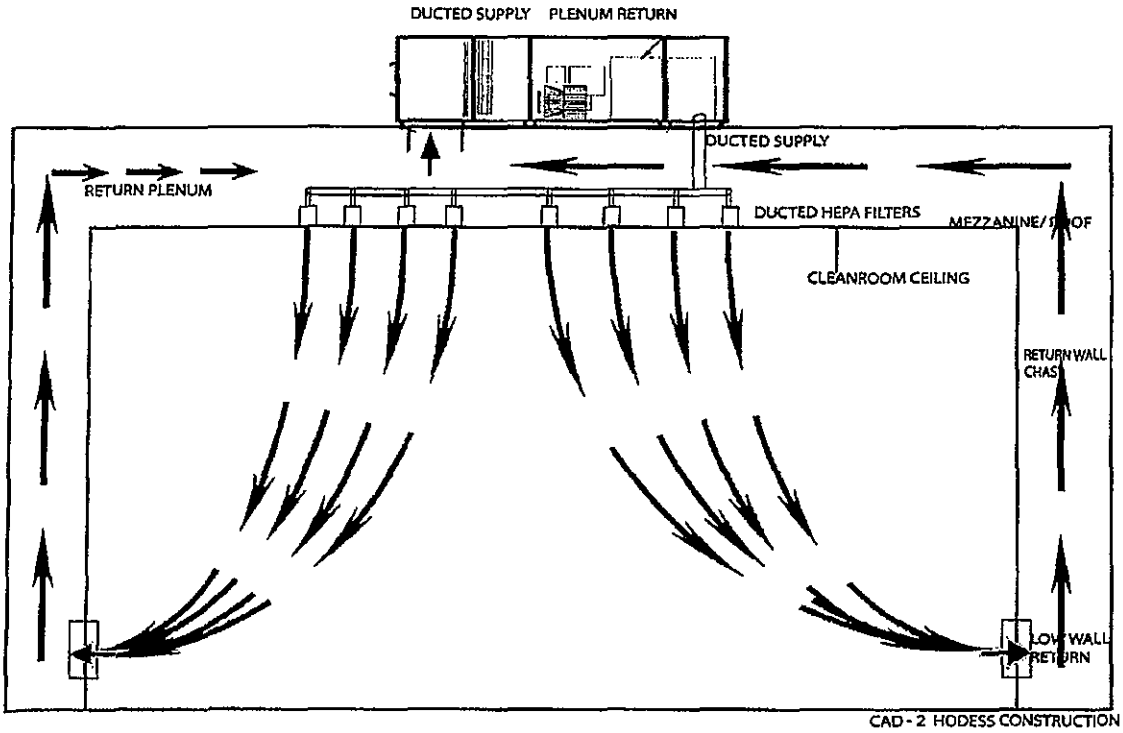


Figure 3: Example photo of the floor space of the planned interior of the Citiva Medical Processing Facility. The area will be a clean room environment with safeguards in place to prevent contamination of the products.

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

Figure 4: Example photo of the clean and orderly laboratory setting of the Processing Facility.
Redacted pursuant to N.Y. Public Officers Law, Art. 6

Figure 5: Quality, safety and security are of paramount importance. Worker safety is demonstrated in the example photo, highlighting fall prevention measures with barriers up to ensure that OSHA and New York State laws and regulations are met.

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

Figure 6: The Citiva Medical Processing Facility is specifically designed for our quality-assured equipment and processes. This example photo shows the approach Citiva Medical will take to build in design features and fixtures to accommodate the equipment. All building design starts with a clear understanding of the requirements of the extraction process.

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

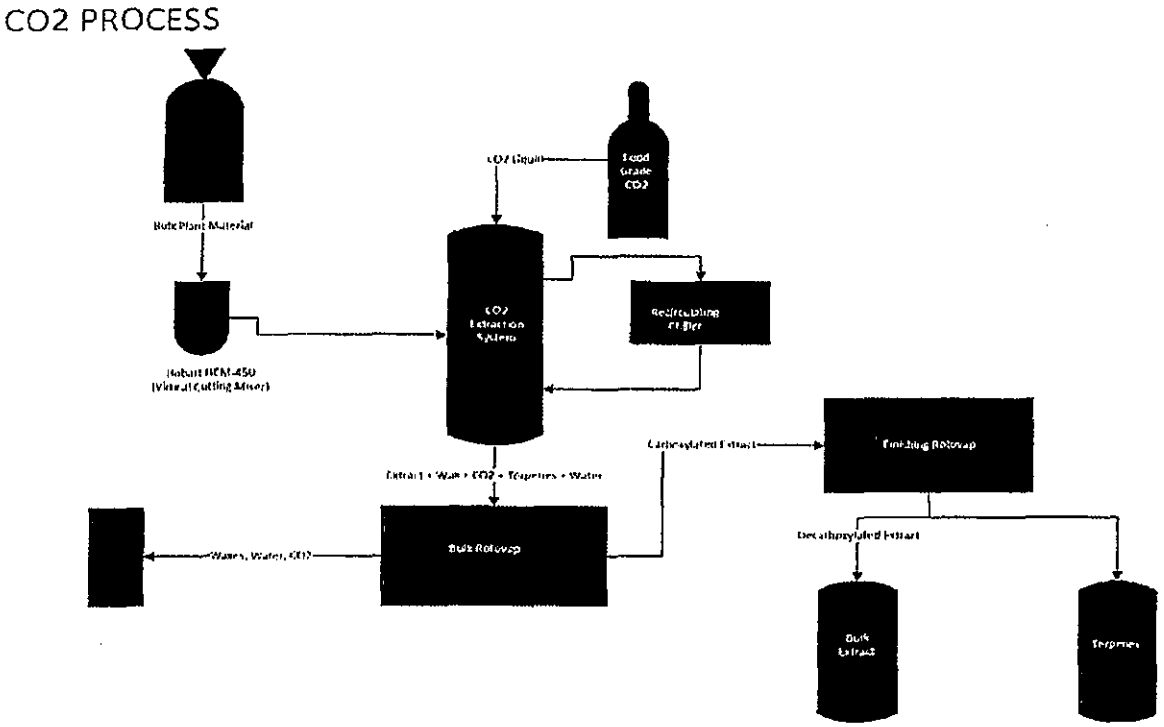
7.8 PREPARATION, PROCESS AND PRODUCTS

7.8.1 INTRODUCTION

In this sub-section we describe our planned process for creating the approved medical marihuana products. We will use the CO2 extraction process to obtain bulk oils from a single strain of plant materials. The extracted sub-lot of oil will be tested and have a laboratory certification of its safety and components. Sub-lots of tested oil will be mixed to prepare the final lot of oil that will be used for the brands and forms of approved medical marihuana products. In this way, we will ensure that each lot is quality controlled and meets the regulations of consistency and purity (1004.11(a)(2)). We prefer to ensure meeting the standards in this manner, if the New York State Department of Health approves (blend homogenous sub-lots to create a final consistent homogenous retail lot). If the Department of Health does not approve, we will follow the guidance from the New York State Department of Health to create the specific lot for the brand and form, such as blending dried, tested, plant matter prior to extraction

7.8.2 CO2 PROCESSING SCHEMATIC

Figure 7: Citiva Medical will use a CO2 extraction process, shown to be clean, safe and reliable to produce extracts and oils for preparation of the five (5) brands and associated forms of approved medical marihuana products.



The above schematic captures the key components of the CO2 extraction process which is further detailed in sub-sections below. First, a Hobart HCM vertical cutting mixer is used to cut and reduce the particle size of the dried plant material to approx. 20 mesh to 40 mesh. One hundred pounds of the size-reduced plant material is then taken to further processing being defined as one sub-lot.

The CO2 extraction process functions in a recirculating fashion such that the extracted material along with waxes, water, terpenes and some amount of CO2 are contained within a collector. These components are then dispensed into a container en masse for further handling/processing.

The next step is to remove water from the initial bulk extract through the use of a rotary evaporator, and then to remove the waxes through a de-waxing step involving dissolution of the de-watered bulk extract into a solvent (such as ethanol), chilled to -20C for 12 hours and filtered. The filtrate is completely removed of any solvent using a rotary evaporator (that is used specifically for solvent removal). These two (2) steps remove water and waxes which are then discarded.

Finally, the oil (de-watered and de-waxed) is activated by decarboxylation of the acid forms of the cannabinoids under a vacuum and high temperature (up to 295F), and the terpenes are recovered in the process. The result is fully activated marihuana-extracted oil in one container and the terpenes in another container.

7.8.3 PREPARATION – CLIPPINGS AND PARTICLE SIZING

Clippings

After the harvesting and drying procedures, Citiva Medical will remove from the dried plant matter all active plant material, buds and fine leaves. Such removed material will be inventoried in accordance with the specific strain and harvest.

Particle Sizing

Active plant material, buds and fine leaves are reduced to approximately 1mm particle size. Dust is collected, weighed and added back to the reduced material before proceeding to CO2 extraction.

7.8.4 PROCESS – STEPS AND EQUIPMENT

a. Step I - Extraction Process and Material/Equipment

i. Equipment and Matters Utilized

All pressure vessels including extraction vessels, reservoir vessels, collector vessels, filter vessel and heat exchangers are designed, engineered and fabricated to our exacting specifications by Royal Welding, Fullerton, CA. All workers of Royal Welding are certified to ASME standards, and its machine shop is certified for the BioPharma, Nuclear and Aerospace Industry

The equipment and matters necessary with respect to Step 1 of the extraction process consists of the following:

- 100 lbs of dry ground marihuana.

- Six 20 L Extraction Vessels.
  –see Exhibit A attached hereto at end.

- Primary Collector.
  –see Exhibit B attached hereto at end.

- Secondary Collector.
  –see Exhibit B attached hereto at end.

- Filter.
  –see Exhibit B attached hereto at end.

- Rotary-screw Air Compressor (120 cfm; 120 psi) with Refrigerated Dryer. – see Exhibit C attached hereto at end.

- Recirculating Chiller (40 kW capacity at 50 F).
  -see Exhibit D attached hereto at end.

- Air-driven Liquid CO2 Pump (Haskel or Hydraulics Intl.) (8 L/min capacity).
  -See Exhibit E attached hereto at end.

- Reservoir of Liquid CO2 (Pump Reservoir).
  -See Exhibit F attached hereto at end.

- Recirculating Hot Water (40kW capacity at 165F).

- Pre-extractor Reservoir.
  -See Exhibit G attached hereto at end.

- Heat exchangers to convert gas CO2 to liquid CO2.
  -See Exhibit D attached hereto at end.

ii. Extraction Process

This step utilizes CO2 in the liquid phase (approx. 1200 psi and 50F) in a recirculating fashion to extract a substance/mixture of heavy oils containing the active ingredients (i.e. cannabinoids) from the marihuana plant material. The extracted substance/mixture, in addition to containing active ingredients, contains water, waxes, terpenes, etc. The CO2 extraction process typically takes one (1) hour per feed pound of marihuana feedstock, and results in a relatively clean product (final percentage purity of the cannabinoids is typically in the range of 60% to 75% purity of total cannabinoid content).

We will use an air driven liquid CO2 pump; and a recirculating chiller in order to cool and thus liquefy the CO2 from a gas at 600 psi to a liquid at 600 psi. The compressed air is supplied by a rotary screw air compressor supplying the dry compressed air to drive the liquid CO2 pump at a rate of 8 liters per minute. The bulk density of the finely chopped and ground (20 mesh to 40 mesh) medical marihuana material is 0.35 kilograms per liter; as such, a 20

liter vessel contains 7 kg of medical marihuana. The cool pressurized liquid CO2 extracts out of the plant material the cannabinoids along with terpenes, waxes and other heavy oils. The liquid CO2 at 1200 psi then passes through a collector that is maintained at 165 F and a lower pressure of 760 psi, resulting in the extract being deposited into that vessel. (This extract is what is collected and taken for further processing – see below *Step II –Post-Extraction Process).* The hot CO2 gas then passes through a cool secondary collector trapping out any aerosols, water and blow-through oil. After the secondary collector action, the now-cooled CO2 gas passes through a filter to remove water and odors. The now cool clean CO2 gas is at 600 psi and is re-liquefied (by the chilled heat exchangers) so that the liquid CO2 pump can again pump it through the system.

The result of the process thus described will produce ca. 9 kg of bulk extractables from 100 lbs of feedstock that is taken to the next step.

b. **Step II – Post-Extraction Process and Materials/Equipment**

i. Equipment and Matters Utilized

- Rotary Evaporator
- Ethanol
- Freezer
- Stainless Steel Tables
- Lab Stools

ii. Post-Extraction Process

Extract collected from *Step I* (that is, the nine (9) kgs) contains water, waxes, terpenes, cannabinoids and heavy oils. In *Step II*, this mixture is handled with a proprietary process to (i) remove water ("de-watering"); (ii) remove waxes ("de-waxing"); (iii) remove solvents; and (iv) decarboxylization of the "acid" form of the cannabinoids into their "active" decarboxylated form by using heat, resulting in the conversion, for example, of THC Acid into fully activated decarboxylated THC, and the removal of terpenes.

The processes of de-watering, de-waxing, solvent removal and decarboxylization are more fully described below:

I. De-watering

De-Watering increases the stability of the final product. Extract collected from CO2 extraction contains water, waxes, terpenes, cannabinoids and some plant oils. Such material is rotary evaporated to remove water and some low boiling-point terpenes. This process results in a 10-15% reduction in the bulk oil mass through the removal of water.

(a) De-waxing

This step uses alcohol of purity defined in 21 USC 321. De-waxing improves the tincture and vaporization performance of the final products. Wax increases viscosity, and can cause blockages in vaporization cartridges. Wax reduces the stability of the tincture emulsion or

increases the requirement for excipients, such as surfactants and emulsifiers. The resulting bulk oil mass from de-watering is placed into a food-grade container. For each one-(1)-kilogram of bulk oil mass, three-kilograms of ethanol are added and mixed with gentle stirring. The resulting blend is placed into an explosion-proof freezer at -20 C for at least six (6) hours, and thereafter the blend of bulk oil, ethanol and precipitated waxes is vacuum filtered to remove the waxes.

(b) Solvent and Terpene Removal

The filtrate obtained above – containing bulk oil and ethanol – is placed into the rotary evaporator to remove all the alcohol from the filtrate distillation. After the alcohol is removed by this process the terpenes are collected thus leaving the oil both ethanol and terpene free. Terpenes are collected separately to be added back in a final step for adjustment of viscosity.

(c) Decarboxylation

At this point all of the terpenes have been removed and the temperature of the rotovapor bath (in the rotary evaporator) is increased from 200 F to approximately 295 degrees Fahrenheit for 7-10 minutes to complete the decarboxylation of the cannabinoids in the oil. This step is perhaps the most crucial as it renders all of the cannabinoids in the material into a completely activated form.

c. **Step III – Final Form, Testing and Storage and Materials/Equipment**

i. Equipment and Matters Utilized

- Gas Chromatograph with Mass Sensitive Detector (GC-MSD).
- High Performance Liquid Chromatograph with Digital Diode Array Detector (HPLC-DAD).
- Laminar Flow Hood.
- Incubator.
- Vacuum Oven.

ii. Final Form Process

Product from *Step II* is a viscous, heavy oil that has a potency of about 60% - 75% cannabinoid content by weight.

At this stage (Step III), the heavy oil will be assigned a sub-lot number that correlates with the plant material utilized in *Step I* (sub-lot number and chain of custody procedures will allow for any final product to be traced back to the actual plant, the location such plant was grown, the person(s) responsible for cultivating and growing such plant, and the person responsible for transporting such plant).

The resulting heavy oil will be tested, analyzed and verified as to cannabinoid content, Total Plate Count (yeast, mold, E. coli), heavy metals, mycotoxins, pesticides, herbicides, fungicides and miticides.

This heavy oil is placed in a food-grade sealable container, weighed, quarantined and tested per regulation 1004.11.6.c.2. Results are recorded on the container, along with other information including sub-lot identifier. It is sealed with a tamper evident seal by the product manager. This container is checked into finished bulk inventory.

This heavy oil can now be used in alternative dosage form products. At this point, the material is clean, well-characterized and suitable to proceed to the next step of preparing the defined medical marihuana brands and forms under New York law.

7.8.5 PRODUCTS – PRODUCTION AND TYPES

FORMS PRODUCTION PROCESS

Oil obtained from processing marihuana with liquid CO2 is a lipophilic material and must be handled carefully so as to prepare it into useable dosage forms that are generally speaking aqueous based with the exception of the vaporization oil. This process requires a particular level of expertise as provided by Dr. John Pierce (Citiva Medical's Analytical Chemist) who holds a Ph. D. in Analytical Chemistry and patents on handling natural product materials and extracting oils and compounds from them into useable dosage forms. Judicious use of emulsifiers/surfactants is essential in preparing the approved medical marihuana tinctures, vaporization oils and capsules.

Sanitation and alternative dosage product protection are accommodated by conforming to procedures required under all local, State and Federal requirements, as applicable. Each approved medical marihuana product will have a bar code in which is compiled all information such as chain of custody, batch number, dates and chemical analyses (all tracked in Citiva Medical's State-selected POS/Inventory Management System). Labeling, in addition to that described above, will indicate the mg amount of active constituents (THC and CBD) and indicate, as is the case in the Nutritional and Dietary Supplement Facts, disclosure of calories, grams fat, grams sugar, etc. A detailed list of ingredients will be on the label, in addition to all other requirements under New York law.

Finished Oils are created by blending bulk oils of known composition to obtain consistent, homogenous, uniform finished oil for the production of each brand and form as required by regulation 1004.11. The resulting product is tested and adjusted further if necessary.

FORMS OF FINAL APPROVED MEDICAL MARIHUANA PRODUCTS

Citiva Medical will provide options for patients in forms of products in compliance with New York law as follows:

(i) Manufacture of Powdered Extract for Capsule Products

Capsules are two-(2)-piece, enteric coated capsules filled with a powder extract as follows: a carrier formula, composed of excipients approved by the New York State Department of Health, is added to an appropriately sized ribbon blender. The required amount of finished oil for the brand and form is slowly dispersed in the operating blender to obtain a concentration of active components that meets the target dosage requirements for capsule manufacture. The resulting powder is quarantined and tested as per regulation 1004.11.6.c.2.

(ii) Manufacture of Tincture Oil-Water Emulsion

Pure oil is not stabilized against bacteria or fungus. In a finished multi-use product such as a dropper bottle, pure oil has the opportunity to be contaminated by the patient. Tincture is manufactured using oil-in-water homogenization with stabilizers to improve biological stability and create a stable shelf-life. This process has been used by members of Citiva Medical for several years without incident.

In a food-grade stainless steel container, water prepared by reverse-osmosis and filtering is combined with USP glycerin and heated to 180 degrees Fahrenheit to pasteurize the liquid. Emulsifiers and a preservative, approved by the New York State Department of Health, are added with high-shear blending to the water-glycerin liquid. A quantity of decarboxylated finished product oil specific to brand and form, containing the requisite amount and ratio of THC and CBD, is added to the liquid blend with high-shear blending. The resulting liquid is homogenized with an Ultrasonic flow-through homogenizer to achieve a stable oil-water emulsion.

The resulting emulsion is quarantined and tested as per regulation 1004.11.6.c.2. Additional testing such as shelf stability, specific gravity, oil-particle size may be done as allowed by the New York State Department of Health.

(iii) Manufacture of Oil for Vaporization

Oil for vaporization must be free of waxes, water and be of a consistent viscosity in order to perform with consistent dosing in a vape cartridge. Bulk oils of known composition are blended in calculated quantities to produce a lot of finished oil for vaporization that meets the specifications of the brand. The resulting oil is quarantined and tested as per regulation 1004.11.6.c.2. Additional tests such as viscosity testing, and specific gravity may be done as allowed by the New York State Department of Health.

8 PACKAGING AND LABELING

Packaged goods are created from Finished Oils and Powdered Extracts.

8.1 PACKAGING OF TINCTURE PRODUCTS

i. Incoming bottles are washed and dried in a food-safe bottle washer.

ii. Finished Tincture Oil-in-Water Emulsion is dispensed into sterile one-(1)-ounce bottle that is light resistant in compliance with regulation 1004.11.i.

iii. Child-resistant dropper assembly with graduated markings is mated to the one-(1)-ounce filled resealable bottle and affixed with a tamper-resistant/evident seal in compliance with regulation 1004.11.i.

iv. Label is affixed (containing all information required under regulations 1004.11.j-k).

v. Bottles are placed in a case and a tamper evident seal is affixed for shipment to dispensary.

vi. Samples are tested according to Quality Control process and Current Good Manufacturing Processes (CGMP) and retained samples for the future are taken and archived.

8.2 PACKAGING OF VAPORIZATION OIL

i. Vaporization oil with defined THC and CBD content is dispensed into 1 mL cartridge and assembled.

ii. Assembled cartridge is sealed within a tamper-resistant/evident container.

iii. Label is affixed.

iv. Samples are tested according to Quality Control process and Current Good Manufacturing Processes (CGMP) and retained samples for the future are taken and archived.

8.3 PACKAGING OF POWDER-EXTRACT CAPSULES

i. Finished powdered-extract (P.E.) is filled into a "1" sized capsule.

ii. Capsules are placed into a 30-count bottle, other size, or blister pack as decided upon by the New York State Department of Health.

iii. Tamper-resistant/evident seal is affixed and sealed.

iii. Label is affixed.

iv. Samples are tested according to Quality Control process and Current Good Manufacturing Processes (CGMP) and retained samples for the future are taken and archived.

9 MAINTENANCE

The CO2 extraction operation entails the use of various pieces of support equipment. Such pieces of support equipment have their own periodic maintenance schedules, including without limitation that which relates to:

- the rotary screw air compressor (see owner's manual for maintenance schedule);
- the recirculating chillers (see owner's manual for maintenance schedule); and
- the air-driven liquid CO2 pump (from either Haskel or Hydraulics International).

The air-driven liquid CO2 pump requires the most vigilance to maintain. Replacement seals and gaskets within the pump need to be replaced on a periodic basis. In most cases, such seals and gaskets should be replaced before failure, such as every four weeks of continuous operation. In addition, a spare pump(s) can be swapped out so that the pump in question can be addressed without any loss in processing time.

After each "run" of extracting the oil from the marihuana, then the O-rings that serve to provide the pressure seal for the extraction vessels are replaced with new O-rings.

On a quarterly basis, the filter (located just upstream from the chilled heat exchanger) that is used to remove the odor and "blow-through" water and oil should be replaced with fresh activated charcoal and alumina. On a weekly basis, this filter should be placed under vacuum for 12 hours before re-utilizing.

The water that is chilled by the recirculating chillers needs to be checked weekly for any algal growth in its reservoir, and should be cleaned, disinfected and replaced accordingly with some amount of anti-freeze in the chilled water solution.

The water that is heated in the recirculating heating system also needs to be replaced periodically, that is, roughly speaking, every month.

After each extraction cycle for one sub-lot, the collection vessel should be opened and cleaned with an appropriate solvent such as ethanol or isopropyl alcohol to remove any residues from the previous extraction run. This is to insure that each sub-lot that leads to the extracted oil does not have any oil in it from the previous sub-lot.

10 DESTRUCTION OF MATERIALS, SUB-LOTS, LOTS AND PRODUCTS

Citiva Medical will destroy and make unrecoverable, beyond reclamation, any plant material, sub-lot, lot, or products that do not pass the Quality Control tests that are implemented at every step of the manufacturing process.

Any plant material, sub-lot, lot, or products not meeting the minimum standards or specifications established in our Quality Assurance Plan for safety shall be rejected and destroyed by Citiva Medical. These materials will be made unrecoverable, beyond reclamation. The disposal process will be carried out by the Shift Supervisor or Processing Manager and witnessed by a Security Officer. All processes and activities will be recorded in the State-selected Seed-to-Sale software system. Records will be maintained for a minimum of five (5) years.

Citiva Medical will use an approved incineration method or a destruction service approved by the State to make unrecoverable, beyond reclamation, any material, lot of oil or products that do not pass the Quality Control test implemented at each step of the manufacturing process.

10.1 PROCEDURE TO QUARANTINE AND DESTROY MATERIALS, SUB-LOTS, LOTS AND PRODUCTS

1. Materials that do not pass the Quality Control process are immediately quarantined from the other nearby materials.
2. Security is called to witness the Quarantine Procedure. No steps are taken until the witness Security Officer is present.
3. The materials to be quarantined and destroyed are double-bagged in high strength marked, specifically-made Quarantine bags with care taken to prevent contamination of nearby areas.
4. The bags will be marked with a red and white stripe that says, "FAILED QC-DO NOT USE!"
5. Only a trained worker trained in these processes can conduct the Quarantine Process
   a. When in the Cultivation Facility, the Shift Supervisor leads the Plant Quarantine Process
   b. When in the Processing Facility, the Production Manager leads the Product Quarantine Process
6. The double bagged materials are taken to the high security quarantine/containment room, escorted by a Security Officer. If not destroyed immediately, the materials are placed in a safe to prevent any tampering or diversion.
7. The weight and analytical tests of waste plant material will be recorded.
8. The weight and analytical tests of waste oil material will be recorded.

9. At the time of destruction, the Shift Supervisor or Processing Manager who load the furnace/incinerator are witnessed by a Security Officer throughout the process. Permanent records are created in the Seed-to-Sale software system.
    a. A high temperature furnace/incinerator will be used to destroy materials that do not pass the Quality Control standards.

10. The furnace/incinerator is within the quarantine area.
11. The materials are loaded into the high temperature furnace/incinerator for destruction. The Shift Supervisor (for Cultivation) or the Processing Manager (for Processing) and the Security Officer will witness the initiation of the destruction of the materials. The furnace/incinerator will feature a "lock-out" capability once it is turned on.
12. Standard furnace/incinerator clean out procedures for the ash will be followed with Quality Control tests to ensure that the materials are rendered completely unrecoverable and beyond reclamation.
13. The ash will be disposed of according to handling procedures for waste materials for the Manufacturing Facility.
14. Lot traceability, chain-of-custody and proper records will be maintained throughout.

11 EXHIBITS

11.1 EXHIBIT A – EXTRACTION VESSELS

Figure 8: Citiva Medical uses CO2 extraction processing - a proven technology used across the food processing industry. The extraction vessels contain the feedstock plant material in the CO2 processing.

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

11.2 EXHIBIT B – COLLECTORS AND FILTERS

Figure 9: High-grade laboratory equipment and tailor-made fixtures ensure a safe and secure processing environment. All extraction products are to be collected and filtered in a laboratory set-up similar to this.

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

11.3 EXHIBIT C – ROTARY-SCREW AIR COMPRESSOR

Figure 10: Example photo of a rotary-screw air compressor that is highly efficient and cost effective. It supplies the reliable compressed air in support of the extraction process, supplying the dry compressed air to drive the liquid CO2 pump at a rate of 8 liters per minute.

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

11.4 EXHIBIT D – RECIRCULATING CHILLER

Figure 11: The recirculating chiller supports the extraction process with precision temperature control to cool, and thus liquefy, the CO2 from a gas at 600 psi to a liquid at 600 psi

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

11.5 EXHIBIT E – AIR-DRIVEN LIQUID CO2 PUMP (MIDDLE OF PHOTO DISPLAYS THE BLUE LIQUID CO2 PUMP)

Figure 12: Center of Photo – in blue color: Example of the manufacturing set-up of the air-driven liquid CO2 pump, a key component of the extraction process. The liquid CO2 pump will be manufactured by Haskel, Burbank, CA or Hydraulics Intl., Chatsworth, CA.

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

11.6 EXHIBIT F – RESERVOIR OF LIQUID CO2 PUMP (RIGHT SIDE OF PHOTO DISPLAYS THE RESERVOIR)

Figure 13: Right Side of Photo: Example of the manufacturing set-up of the reservoir of liquid CO2. This reservoir is to be designed, engineered and fabricated to our exacting specifications by Royal Welding, Fullerton, CA

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

11.7 EXHIBIT G – PRE-EXTRACTOR RESERVOIR (LEFT SIDE OF PHOTO DISPLAYS THE PRE-EXTRACTOR)

Figure 14: Left Side of Photo: Example of the manufacturing set-up of the Pre-Extractor Reservoir, a key component feeding CO2 to the pump in support of the extraction process

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

11.8 EXHIBIT H – HEAT EXCHANGERS TO CONVERT GASEOUS CO2 TO LIQUID CO2

Figure 15: The bank of heat exchangers will cool the clean CO2 gas. Starting as a gas at 600 psi, the gas is re-liquefied (by the chilled heat exchangers) so that the liquid CO2 pump can again pump through the processing system.

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

11.9 EXHIBIT I – PACKAGING

11.9.1 TINCTURES

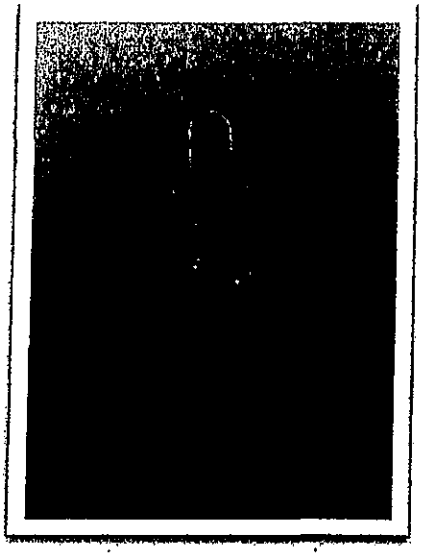


Figure 16: Child-resistant dropper assembly with graduated markings is mated to the one-ounce filled resealable bottle and affixed with a tamper-resistant/evident seal in compliance with regulation 1004.11.i.

11.9.2 VAPORIZATION OILS

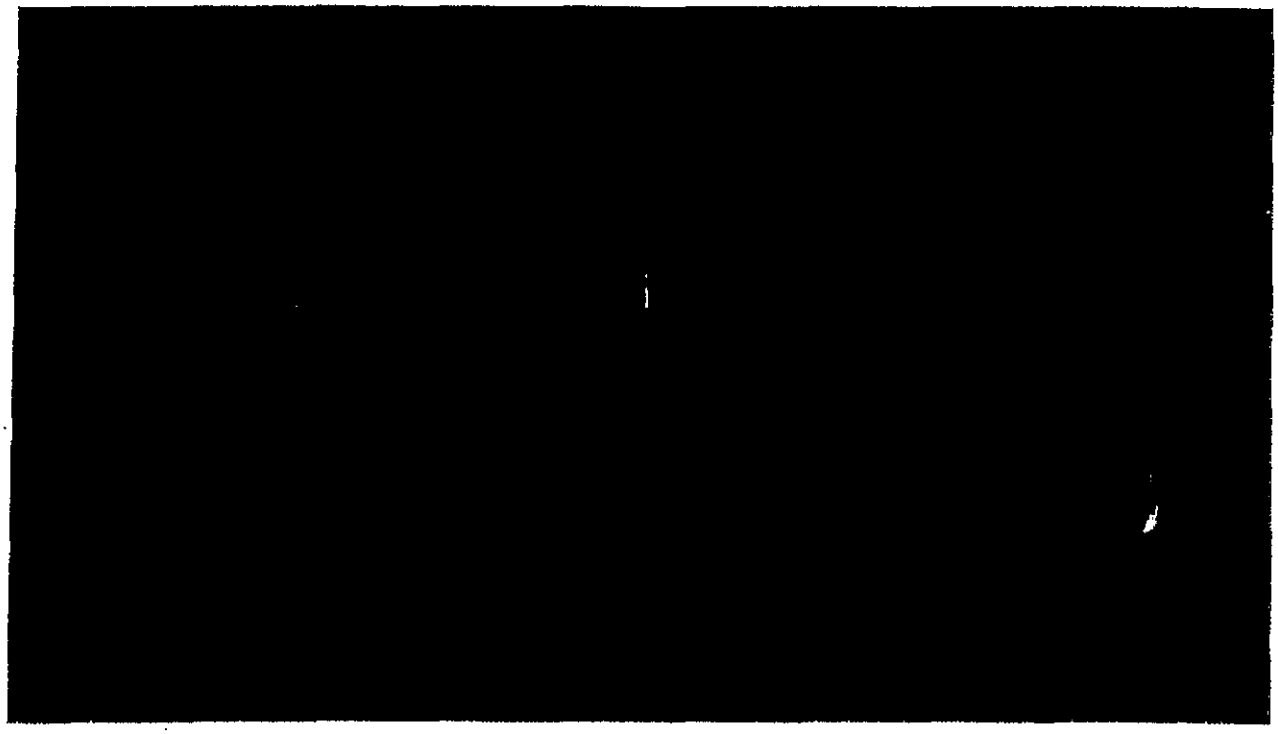


Figure 17: Vaporization oil with defined THC and CBD content is dispensed into 1 mL cartridge and assembled.

11.9.3 CAPSULES

Figure 18: Finished powdered-extract (P.E.) is filled into a "1" sized capsule. Capsules will be placed into a 30-count bottle.

11.10 EXHIBIT J – LABELS

CAPSULE BLISTER PACK LABEL

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

TINCTURE BOTTLE LABEL

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

VAPORIZATION PEN BUTTERFLY LABEL

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

VAPORIZATION PEN LABEL

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

Figure 19: Examples of the Citiva Medical package labels that will comply with New York State regulations.

11.11 EXHIBIT K – PATIENT SAFETY INSERTS

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

Figure 20: Citiva Medical package patient safety inserts will comply with New York State regulations. These examples show the candidate information for the safety inserts.

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

CITIVA MEDICAL LLC

MEDICAL MARIHUANA PROGRAM

ATTACHMENT D

OPERATING PLAN – SECTION 2 – Transport and Distribution

CITIVA MEDICAL

SECTION 2

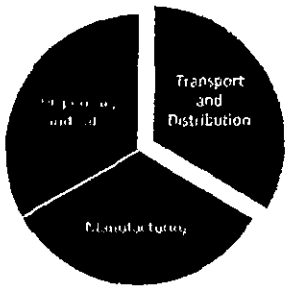
Transport and Distribution

Citiva Medical LLC

1 TABLE OF CONTENTS

Section 2 Transport and Distribution

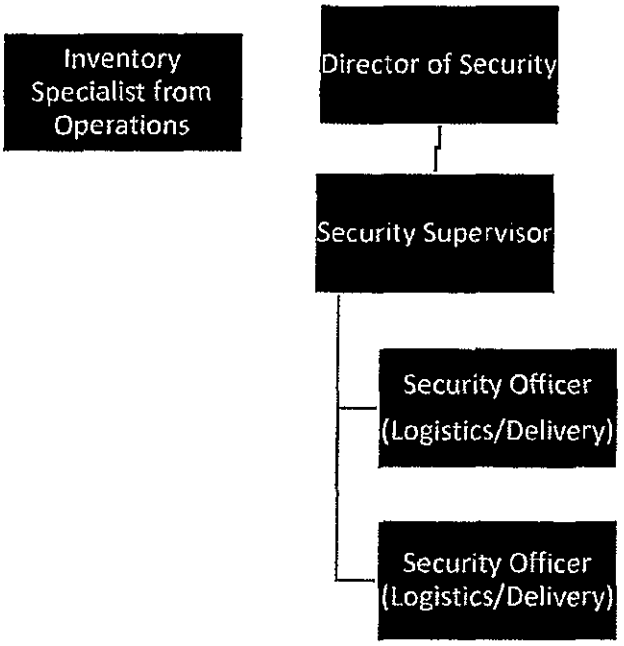
2 OVERARCHING DESCRIPTION AND APPROACH



Inventory Transport and Distribution will be managed by the Director of Security and the Inventory Specialist, and will be coordinated with local law enforcement. [redacted]

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

2.1 ORGANIZATION CHART



2.2 JOB DESCRIPTIONS

2.2.1 DIRECTOR OF SECURITY

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

2.2.2 INVENTORY SPECIALIST

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

2.2.3 SECURITY OFFICER (LOGISTICS AND DELIVERY)

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

2.3 DESCRIPTION OF ACTIVITIES FOR TRANSPORT AND DISTRIBUTION

Citiva Medical is particularly sensitive to all risks surrounding the transportation of approved medical marihuana products and will continually work in collaboration with local and State law enforcement to identify potential dangers and minimize risk. In light of the violence that has occurred within the medical marihuana industry across the country, Citiva Medical is well aware of the real risk presented to Dispensaries and cultivation facilities. Transportation of marihuana and approved medical marihuana products presents an increased risk. Citiva Medical is dedicated to safeguarding employees and product.

Citiva Medical has taken extreme care with respect to developing its Safety and Security Plan, and in establishing the protocols relating to the transportation of approved medical marihuana. Citiva Medical has adopted the highest standards and best practices being implemented in other operations associated with our team such as in Maine, Rhode Island, Colorado and Nevada. The Citiva Medical team is implementing the best practices developed by our security team and enhanced by law enforcement officials familiar with this industry. Citiva Medical will implement an efficient set of procedures designed to securely transport marihuana and approved medical marihuana products in accordance with New York State laws and regulations.

With a Manufacturing Facility and four (4) Dispensaries, Citiva Medical will coordinate deliveries between its facilities in accordance with the New York regulations and laws, and according to the policies and procedures in its Application to become a Registered Organization.

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

Inventory transport will be managed by the Director of Security and Inventory Manager, and detailed written procedures will be provided to local law enforcement.

2.4 WORK/PROCESS DIAGRAM

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

Figure 1: Citiva Medical Transport and Distribution Processes ensure that quality-assured approved medical marihuana products are delivered safe and secure to the patients who need them in the dispensaries near their homes, as well as in the approved laboratories for testing.

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

2.5 FACILITY-WIDE SECURITY PROTOCOLS

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

2.6 POLICIES AND PROCEDURES

2.6.1 POLICY

2.6.2 RESPONSIBILITY

The Director of Security is responsible for the maintenance and inspection of each Delivery Vehicle, defined below.

All of Citiva Medical's employees will be required to comply with this policy and for carrying his or her Registered Organization employee identification at all times.

2.6.3 SAFETY

The safety of each employee is a primary concern of Citiva Medical. If a Citiva Medical employee is ever placed in a situation where a weapon is displayed or alluded to for the purpose of theft of product, the employee should:

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

2.6.4 ACCIDENTS: LOSS OR THEFT

Each Citiva Medical employee transporting marihuana and approved medical marihuana products must:

1. Report any vehicle accident that occurs during the transportation to the Director of Security within two (2) hours, where reasonably possible to do so, after the accident occurs; and
2. Report any loss or theft of approved medical marihuana products that occurs during the transportation to the Director of Security immediately after the Citiva Medical employee becomes aware of the loss or theft.

Immediately after receiving any report of loss or theft pursuant to paragraph 2 above, Citiva Medical shall immediately report the loss or theft to the appropriate law enforcement agency and to the New York State Department of Health.

2.6.5 DELIVERY STAFFING

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

2.6.6 DELIVERY EQUIPMENT

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

2.6.7 COMMUNICATION

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

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

2.6.8 PRE-TRANSPORT DOCUMENTATION

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

2.6.9 PROCEDURE FOR TRANSPORTING APPROVED MEDICAL MARIHUANA PRODUCTS TO A REGISTERED ORGANIZATION DISPENSARY

2.6.9.1 BEFORE TRANSPORTATION

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

2.6.9.2 DURING TRANSPORTATION

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

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

2.6.9.3 AFTER TRANSPORTATION

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

2.6.10 PROCEDURE FOR TRANSPORTING APPROVED MEDICAL MARIHUANA PRODUCTS TO A LICENSED TESTING LABORATORY

2.6.10.1 BEFORE TRANSPORTATION

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

2.6.10.2 DURING TRANSPORTATION

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

2.6.10.3 AFTER TRANSPORTATION

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

2.7 TRANSPORTATION

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

2.7.1 SHIPMENT FROM MANUFACTURING FACILITY TO LABORATORIES AND DISPENSARIES

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

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

2.7.2 RECEPTION AT LABORATORIES AND DISPENSARIES

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

2.7.3 RETURN TO MANUFACTURING FACILITY

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

2.8 EQUIPMENT LIST

2.8.1 VEHICLES USED IN TRANSPORT AND DISTRIBUTION

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

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

CITIVA MEDICAL LLC

MEDICAL MARIHUANA PROGRAM

ATTACHMENT D

OPERATING PLAN – SECTION 3 – Dispensing and Sale

CITIVA MEDICAL

SECTION 3

Dispensing and Sales

Citiva Medical LLC

1 TABLE OF CONTENTS

2 OVERARCHING DESCRIPTION AND APPROACH

Founded to serve the needs of New York's certified medical marihuana patients, Citiva Medical combines extensive experience in various regulated industries with a deep understanding of commercial medical marihuana operations. Citiva Medical's core principles of integrity, transparency, security and compliance are critical to the successful implementation of a viable medical marihuana industry in the State of New York. In this context, Citiva Medical is well positioned to serve New York's registered patients, as well as to facilitate much-needed education and awareness. Even with the number of medical marihuana users growing, Citiva Medical is positioned, poised and more than capable of producing and stocking enough approved medical marihuana product to meet the needs of its share of New York State's certified patients.

The national market for regulated marihuana is experiencing strong growth by taking a naturally occurring commodity from illicit markets controlled by criminal organizations and placing it within the confines of regulated markets informed by sound public policy and developed with the public good in mind. An important additional benefit for local and State governments is the creation of a new source of tax revenue and jobs.

Citiva Medical's team is comprised of industry leaders with solid track records of success in regulated industries and the new and rapidly expanding medical marihuana business community. All of the founders of Citiva Medical know the great care and responsibility that comes with highly regulated and controlled industries. Citiva Medical possesses the professional, technical and material capacity to construct, develop, staff and operate a model medical marihuana dispensaries in the State of New York.

3 ORGANIZATION CHART

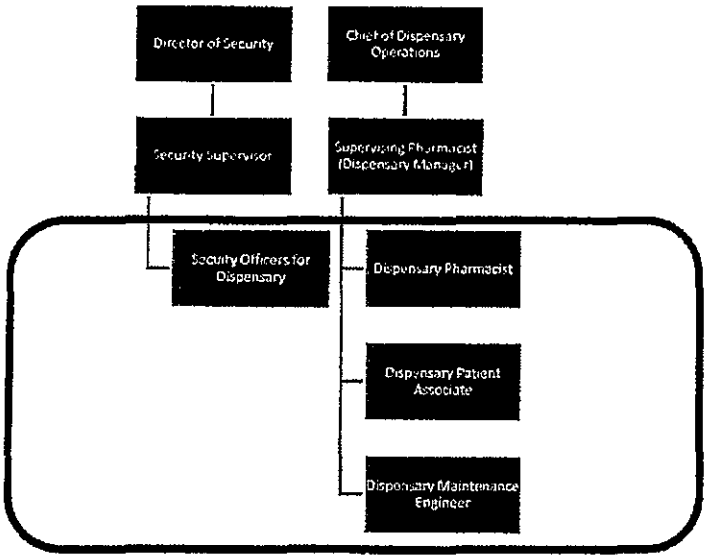


Figure 1: The Supervising Pharmacist leads the Dispensary team, supported by Security Officers from the Citiva Medical Security Team.

4 JOB DESCRIPTIONS

4.1 CHIEF OF DISPENSARY OPERATIONS

The Chief of Dispensary Operations shall:

1. Be responsible for the overall management and performance of Dispensary operations at Citiva Medical;
2. Oversee all Human Resource functions such as recruiting, training, managing and counseling of Dispensary employees and Dispensary management;
3. Be responsible for all paperwork, compliance, procedures, budgets, cash handling and day-to-day operations of the Dispensary;
4. Address all operational questions with the Supervising Pharmacist and act as the liaison to Senior Management;
5. Assist in the development of policies and procedures and be responsible for implementing them with the Dispensary management and employees; and
6. Report to the Chief Executive Officer.

4.2 SUPERVISING PHARMACIST (DISPENSARY MANAGER)

The Supervising Pharmacist shall:

1. Train store staff by reviewing and revising product and sales training materials; delivering training sessions; reviewing staff job results and assessing needs with the Chief of Dispensary Operations; developing and implementing new product training;
2. Ensure availability of merchandise by maintaining inventories;
3. Secure merchandise by implementing security systems and measures;
4. Protect employees and customers by providing a safe and clean store environment;
5. Maintain the stability and reputation of the store by ensuring that all legal and compliance requirements are followed;
6. Maintain inventory by checking merchandise to determine inventory level and anticipating demand; and
7. Report to the Chief of Dispensary Operations.

4.3 DISPENSARY PHARMACIST

The Dispensary Pharmacist shall:

1. Educate patients by explaining the medical advantages of therapeutic marihuana products to match patient needs;
2. Help patients by providing information; answering questions; obtaining merchandise requested; completing payment transactions;
3. Monitor sales and patient relations reports by analyzing and categorizing sales information; identifying and investigating complaints and service suggestions;
4. Maintain inventory by checking merchandise to determine inventory levels and anticipating demand;
5. Maintain quality service by establishing and enforcing organization standards; and
6. Report to the Supervising Pharmacist.

4.4 DISPENSARY PATIENT ASSOCIATE

The Dispensary Patient Associate shall:

1. Stock shelves, answer customer questions and complaints, ring up sales and assist customers as needed;
2. Effectively communicate with the Supervising Pharmacist, Dispensary Pharmacist and other Dispensary Patient Associates; and
3. Report to the Dispensary Lead Patient Associate.

4.5 DISPENSARY MAINTENANCE ENGINEER

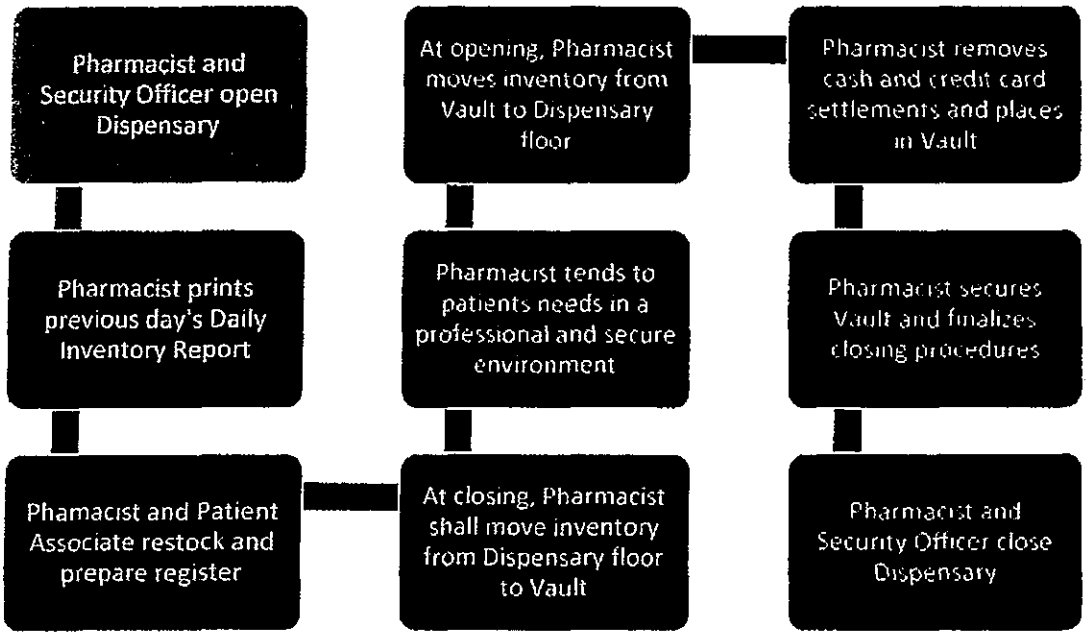
The Dispensary Maintenance Engineer shall:

1. Pick up and remove trash from the parking lot and surrounding areas;
2. Maintain exterior including, but not limited to: sidewalks, parking lots, windows, receiving platform and dumpsters;
3. Maintain interior including, but not limited to: trash receptacles, floor mats, stairwells, restrooms, windows, water fountains, offices and stock area;
4. Maintain external appearance to include, but not limited to: grass cutting, weed pulling and general maintenance;
5. Perform interior maintenance including, but not limited to: replacing light bulbs, cleaning air-conditioning/heating vents, minor repairs of fixtures and structures, floor tape and general repair work;
6. Efficiently operate all related tools or accessories associated with maintenance; and
7. Report to the Supervising Pharmacist.

4.6 SECURITY OFFICER

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

5 FLOW DIAGRAM



6 FACILITY-WIDE SECURITY

The safety and security of each patient and employee is the primary concern of Citiva Medical. If a Citiva Medical employee is ever placed in a situation where a weapon is displayed or alluded to for the purpose of theft of product, the employee should:

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

6.1 RESPONSIBILITIES OF SECURITY PERSONNEL

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

6.2 OVERVIEW OF SECURITY LAYOUT

6.2.1 ALARM SYSTEMS

detection systems.

6.2.2 SURVEILLANCE SYSTEMS

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

6.2.3 ACCESS CONTROL SYSTEMS

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

7 PRODUCT SECURITY

7.1 INVENTORY AND CASH HANDLING

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

7.2 ELECTRONIC VERIFICATION SYSTEM

Citiva Medical will utilize the State-selected Seed-to-Sale software system as its Medical Marihuana Establishment electronic verification system. The system will allow for real-time inventory, patient management and point-of-sale accounting and reporting.

The system will monitor and record real-time data accessible by the New York State Department of Health including, but not limited to:

1. The amount of medical marihuana dispensed a particular patient or caregiver in order to ensure that the amount of medical marihuana dispensed does not exceed the maximum permitted by law;

2. Whether the medical marihuana was dispensed to the patient or to the designated primary caregiver of the patient;
3. The date on which and the time at which the medical marihuana was dispensed;
4. The number of the Citiva Medical's establishment registration certificate.

The State-selected software will also:

1. Enforce New York patient and caregiver sales limits;
2. Configure user authorizations (sets individual permission settings per employee);
3. Customize product labels (product ID, weight, THC and CDB content, additives, etc.);
4. Identify patient and caregiver medical marihuana registry cards and drivers' license expiration dates and will not allow purchases if card(s) are expired;
5. Scan patient documents;
6. Annotate Patient purchase history and wait time; and
7. Allow for employee time clock management via biometric fingerprint scan.

7.3 QUALITY CONTROL PROCEDURES

The Supervising Pharmacist/Dispensary Manager will conduct training classes for all employees who work under his/her direction. The following subjects will be taught: OSHA, Site Safety and proper Medical Marihuana Product Handling Techniques. These classes will be mandatory for all employees working in the Citiva Medical Dispensary.

All medical marihuana products will be securely stored, and environmental sensors will be used to monitor air temperature to ensure a stable environment. Remote monitoring and notification features will be installed so that the Supervising Pharmacist/Dispensary Manager can be contacted if the environment has slipped out of optimum.

A secure and environmentally stable display and storage area eliminates problems such as insects, fungi, spores and molds that can contaminate and adulterate marihuana products.

8 POLICIES AND PROCEDURES

8.1 DISPENSING POLICY

Citiva Medical Dispensing Facilities shall not be open or in operation unless an individual with an active New York State Pharmacist license, as defined in article 137 of the Education Law, is on the premises and directly supervising the activity within the facility. At all other times, the dispensing facility shall be closed and properly secured. Citiva Medical Dispensing Facilities shall not sell items other than approved medical marihuana products and related products necessary for the approved forms of administration of medical marihuana, without prior written approval from the New York State Department of Health. No approved medical marihuana products shall be vaporized or consumed on the premises of a dispensing facility, and no food or beverages shall be consumed by certified patients or designated caregivers on the premises of a dispensing facility, unless necessary for medical reasons.

Citiva Medical Dispensaries shall never dispense approved medical marihuana products to anyone

other than a certified patient or designated caregiver. When dispensing approved medical marihuana, Citiva Medical shall:

1. not dispense an amount greater than a 30 day supply to a certified patient, and not until the patient has exhausted all but a seven (7) day supply provided pursuant to any previously dispensed medical marihuana product by any Registered Organization;
2. ensure that medical marihuana product packaging shall not be opened by dispensing facility staff, and;
3. provide a patient-specific log on medical marihuana products (brand, administration from dosage, dates dispensed and any return of product) to the patient, the patient's designated caregiver, if applicable, or the patient's practitioner upon request.

Citiva Medical Dispensaries will store the medical marihuana product in a manner that ensures that there is no contamination or deterioration of the approved medical marihuana product or its packaging. If an approved medical marihuana product is returned to the Dispensing Facility, the Citiva Medical shall dispose of such product as per Citiva Medical's approved operating plan.

In addition, no person, except for a certified patient or designated caregiver, shall open or break the seal placed on an approved medical marihuana product packaged by Citiva Medical. No person associated with Citiva Medical shall enter into any agreement with a registered practitioner or healthcare facility concerning the provision of services or equipment that may adversely affect any person's freedom to choose the dispensing facility at which the certified patient or designated caregiver will purchase approved medical marihuana products. No approved medical marihuana product shall be sold, dispensed or distributed via a delivery service without prior written approval to Citiva Medical by the New York State Department of Health, except that a designated caregiver may deliver the approved medical marihuana product to the designated caregiver's certified patient. No employee of Citiva Medical shall counsel the certified patient or designated caregiver on the use, administration of, and the risks associated with approved medical marihuana products, unless the employee is a pharmacist with an active New York State license who has completed a course pursuant to section 1004.1 of the New York State Medical Marihuana Regulations, or the employee is under the direct supervision of, and in consultation with, the pharmacist on-site in the dispensing facility.

8.2 LABELING POLICY

Citiva Medical Dispensing Facilities shall affix to the approved medical marihuana product package a patient specific dispensing label approved by the New York State Department of Health, that is easily readable and firmly affixed and includes:

1. the name and registry identification number of the certified patient and designated caregiver, if any;
2. the certifying practitioner's name;
3. the dispensing facility name, address and phone number;
4. the dosing and administration instructions;
5. the quantity and date dispensed; and
6. any recommendation or limitation by the practitioner as to the use of medical marihuana.

Citiva Medical's Dispensing Facilities shall place the approved medical marihuana product in a plain

outer package when dispensing to the patient or designated caregiver. Citiva Medical will also include with each product package dispensed to a patient, a New York State Department of Health approved package safety insert. Information provided shall include but not be limited to:

1. the medical marihuana product and brand;
2. a list of any excipients used;
3. a warning if there is any potential for allergens in the medical marihuana product;
4. contraindications;
5. more specific dosage directions and instructions for administration;
6. warning of adverse effects and/or any potential dangers stemming from the use of medical marihuana;
7. instructions for reporting adverse effects as may be determined by the New York State Department of Health;
8. a warning about driving, operation of mechanical equipment, child care or making important decisions while under the influence of medical marihuana;
9. information on tolerance, dependence and withdrawal and substance abuse, how to recognize what may be problematic usage of medical marihuana and obtain appropriate services or treatment;
10. advice on how to keep the medical marihuana product secure;
11. language stating that the certified patient may not distribute any medical marihuana product to anyone else;
12. language stating that unwanted, excess, or contaminated medical marihuana product must be disposed of according to section 1004.20 of 10 New York Codes, Rules and Regulations; and
13. language stating that "this product has not been analyzed by the FDA. There is limited information on the side effects of using this product and there may be associated health risks."

8.3 VISITOR POLICY

At Citiva Medical, no person, except a Citiva Medical employee, shall be allowed on the premises of a dispensing facility without certified patient or designated caregiver registry identification card issued by the New York State Department of Health.

In the event that a person regularly not permitted on the premises of a Dispensing Facility, but has been authorized access by the New York State Department of Health, in writing, to enter the facility, must obtain a visitor identification badge from a Dispensing Facility employee prior to entering the dispensing facility. The visitor identification badge must be visible at all times. The Dispensing Facility shall require the visitor to return the identification badge to a dispensing facility employee upon exiting the Dispensing Facility.

At Citiva Medical, the Dispensaries will also maintain a visitor log, which shall include the name of the visitor, date, time and purpose of visit. The visitor log shall be available to the New Yolrk State Department of Health at all times during operating hours, and upon request. If an unforeseen circumstance requires the presence of a visitor and makes it impractical for the Dispensing Facility to obtain a waiver, for said visitor, the Dispensing Facility shall record in the visitor log, the name of the visitor, date, time and reasons for visit.

8.4 PRICING POLICY

When outlining Pricing Procedure and Policy, Citiva Medical adopts the definition of "Cost Analysis" as the review and evaluation of the separate cost elements and profit of a proposed price and the application of judgment to determine how well the proposed costs represent what the price per unit for approved medical marihuana products should be, assuming reasonable economy and efficiency, and "Price" as the cost to manufacture, market and distribute approved medical marihuana products plus a reasonable profit.

Citiva Medical will not distribute products or samples at no cost except as may be allowed by the Commissioner. Citiva Medical will only charge a price for an approved medical marihuana product that has been approved by the New York State Department of Health. Citiva Medical's pricing of approved medical marihuana products will be determined by the New York State Department of Health and will follow the following regulations:

1. Citiva Medical will submit a proposed price per unit for each form of medical marihuana indicated in this registration. Citiva Medical shall submit such information and documentation, in a manner and format determined by the New York State Department of Health, sufficient for the Department to perform a cost analysis of the proposed price. In particular, Citiva Medical shall, in a manner and format determined by the Department, provide a detailed breakdown of, and submit information and documentation concerning, all costs it factored to arrive at its proposed price, including but not limited to its fixed and variable costs such as materials and services; direct labor; and indirect costs;
2. Citiva Medical will provide cost or pricing data that is accurate and reliable, and shall certify, at the time of submission of its price proposal, that to the best of its knowledge and belief, the cost or pricing data were accurate, complete and current as of the date of submission;
3. Citiva Medical recognizes that the New York State Department of Health shall determine the reasonableness of the proposed costs. In making this determination, the Department may consider whether the costs represent inefficient and uneconomical practices; are not costs appropriately attributable to the price; and/or are costs unsupported by sufficient documentation or information to justify their inclusion in the proposed price. If Citiva Medical has been granted a renewal of its registration, any relevant historical price, cost and/or sales data of Citiva Medical; and any other information the commissioner deems appropriate, and;
4. Citiva Medical understands the Department may approve the proposed price, refuse approval of a proposed price, or modify or reduce the proposed price.
5. Citiva Medical will grant the Department or the Department's authorized representative the right to examine records that formed the basis for the proposed price, including Citiva Medical's books, records, documents and other types of factual information that will permit an adequate evaluation of the proposed price. If Citiva Medical recognizes that the cost or pricing data submitted is inaccurate, incomplete or noncurrent prior to the Department's approval of the price, Citiva Medical shall submit new data to correct the deficiency, or consider the inaccuracy, incompleteness, or non-currency of the data. Citiva Medical recognizes that the Department's approved price shall be in effect for the entire period of the Citiva Medical's registration; provided, however, that at the conclusion of the first year of the registration period, or prior to that time based upon documented exceptional circumstances, Citiva Medical may request that the price be modified based upon a material change in Citiva

Medical's costs. Citiva Medical shall fully support its request with sufficient information and documentation, in a manner and format determined by the Department, to justify its request. If the Department denies such request, Citiva Medical shall only charge prices previously approved by the Department. If the Department approves a price, Citiva Medical shall immediately notify the New York State Department of Health of any cost or pricing data submitted that it determines was inaccurate, incomplete, or noncurrent as of the date of the Department's approval of the price. If Citiva Medical provides such notice, or if the Department independently learns of such inaccurate, incomplete or noncurrent data, the Department may require Citiva Medical to provide new data to correct the deficiency, or consider the inaccuracy, incompleteness, or non-currency of the data. Citiva Medical understands the New York State Department of Health may perform audits, which may include site visits. Citiva Medical will provide reasonable access to the Department of its facilities, books and records.

8.5 MARKETING POLICY

Citiva Medical does not plan to begin marketing in any foreseeable future. In the event Citiva Medical looks to market, the company is prepared to market in full compliance with New York State Department of Health regulations. To ensure regulations are not breached, Citiva Medical is adopting the given restrictions into its own policy. All physical structures owned, leased or otherwise utilized by Citiva Medical, including any Dispensing Facility, shall:

1. Restrict external signage to a single sign, with only black and white colors;
2. Not illuminate, at any time, a sign advertising a marihuana product located on any physical structure;
3. Not advertise medical marihuana brand names or utilize graphics related to marihuana or paraphernalia on the exterior of the physical structures; and
4. Not display approved medical marihuana products and paraphernalia so as to be clearly visible from the exterior of a physical structure.

Citiva Medical firmly understand and affirms that an advertisement does not satisfy the requirement that it presents a "true and accurate statement" of information relating to effectiveness, side effects, consequences and contraindications if it fails to present a fair balance between information relating to effectiveness, side effects, consequences and contraindications in that the information relating to effectiveness is presented in greater scope, depth, or detail than is the information relating to side effects, consequences and contraindications, taking into account all implementing factors such as typography, layout, contrast, headlines, paragraphing, white space and any other techniques apt to achieve emphasis. Recognizing and being sure to represent the effectiveness of Citiva Medical products fairly and accurately will ensure we satisfy the "true and accurate statement" requirement. Citiva Medical also recognizes that an advertisement for any approved medical marihuana product shall not contain:

a. any statement that is false or misleading;
b. any statement that falsely disparages a competitor's products;
c. any statement, design, or representation, picture or illustration that is obscene or indecent;
d. any statement, design, representation, picture or illustration that encourages or

represents the use of marihuana for a condition other than a serious condition as defined in subdivision seven of section thirty-three hundred sixty of the public health law;

e. any statement, design, representation, picture or illustration that encourages or represents the recreational use of marihuana;

f. any statement, design, representation, picture or illustration related to the safety or efficacy of marihuana, unless supported by substantial evidence or substantial clinical data;

g. any statement, design, representation, picture or illustration portraying anyone under the age of 18, objects suggestive of the presence of anyone under the age of 18, or containing the use of a figure, symbol or language that is customarily associated with anyone under the age of 18;

h. any offer of a prize, award or inducement to a certified patient, designated caregiver or practitioner related to the purchase of marihuana or a certification for the use of marihuana; or

i. any statement that indicates or implies that the product or entity in the advertisement has been approved or endorsed by the commissioner, Department, New York State or any person or entity associated with New York State provided that this shall not preclude a factual statement that an entity is a registered organization.

Citiva Medical will submit any advertisement for an approved medical marihuana product to the Department at least 30 business days prior to the public dissemination of the advertisement. In addition, the submitter of the advertisement shall provide the following information to the Department:

1. A cover letter that:
   a) provides the following subject line: Medical marihuana advertisement review package for a proposed advertisement;
   b) provides a brief description of the format and expected distribution of the proposed advertisement; and
   c) provides the submitter's name, title, address, telephone number, fax number and email address;

2. An annotated summary of the proposed advertisement showing every claim being made in the advertisement and which references support for each claim;
3. Verification that a person identified in an advertisement as an actual patient or health care practitioner is an actual patient or healthcare practitioner and not a model or actor;
4. Verification that a spokesperson who is represented as an actual patient is indeed an actual patient;
5. Verification that an official translation of a foreign language advertisement is accurate;
6. Annotated references to support disease or epidemiology information, cross-referenced to the advertisement summary; and
7. A final copy of the advertisement, including a video where applicable, in a format acceptable to the Department.

Citiva Medical understands that if the above list is not followed, or other submission instructions, the submission will be considered incomplete. Citiva Medical also understand that no advertisement

may be disseminated if the submitter of the advertisement has received information that has not been widely publicized in medical literature that the use of any approved medical marihuana product may cause fatalities or serious damage to a patient. Citiva Medical, its officers, managers and employees shall not cooperate, directly or indirectly, in any advertising if such advertising has the purpose or effect of steering or influencing patient or caregiver choice with regard to the selection of a practitioner, or approved medical marihuana product. Citiva Medical recognizes that the New York State Department of Health of Health may:

1. Require a specific disclosure be made in the advertisement in a clear and conspicuous manner if the Department determines that the advertisement would be false or misleading without such a disclosure; or
2. Require that changes be made to the advertisement that are:
   a) necessary to protect the public health, safety and welfare; or
   b) consistent with dispensing information for the product under review.

8.6 RECORDS POLICY

Citiva Medical will keep an electronic record with the New York State Department of Health of all approved medical marihuana products that have been dispensed, utilizing a transmission format acceptable to the Department, not later than 24 hours after the marihuana was dispensed to the certified patient or designated caregiver. The information filed with the Department for each approved medical marihuana product dispensed shall include but not be limited to:

1. A serial number that will be generated by the Dispensing Facility for each approved medical marihuana product dispensed to the certified patient or designated caregiver;
2. An identification number which shall be populated by a number provided by the Department, to identify the registered organization's dispensing facility;
3. The patient name, date of birth and sex;
4. The patient address, including street, city, state, ZIP code;
5. The patient's registry identification card number;
6. If applicable, designated caregiver's name and registry identification card number;
7. The date the approved medical marihuana product was filled by the dispensing facility;
8. The metric quantity for the approved medical marihuana product;
9. The medical marihuana product drug code number, which shall be populated by a number provided by the Department, to represent the approved medical marihuana brand that was dispensed to the certified patient or designated caregiver, as applicable;
10. The number of days for which the supply has been dispensed;
11. The registered practitioner's Drug Enforcement Administration number;
12. The date the written certification was issued by the registered practitioner; and
13. The payment method.

When applicable, Citiva Medical shall file a zero report with the New York State Department of Health, in a format acceptable to the Department. A zero report shall mean a report that no approved medical marihuana product was dispensed by Citiva Medical during the relevant period of time. A zero report shall be submitted no later than 14 days following the most recent previously reported dispensing of an approved medical marihuana product or the submission of a prior zero report.

9 DISPENSARY

Citiva Medical will employ a knowledgeable and personable sales staff to enhance the experience and wellness of patients. Customer service and medicinal marihuana knowledge are values that will help patients obtain accurate and helpful information. Citiva Medical's professional staff will help educate patients and/or patient's caregiver about the type of medication their practitioner has recommended to treat their condition, and generate a high level of customer satisfaction. Regular training will be provided to the Citiva Medical staff.

9.1 PRODUCTS

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

9.2 FACILITIES

Citiva Medical carefully chose the four (4) Dispensary sites based on geographical accessibility and the surrounding population. Citiva Medicine not only sought accessibility for patient convenience, but also for safe transportation and distribution. The four (4) locations were also chosen strategically to reach as many patients as possible, who are in need of approved medical marihuana products. The locations are:

Dispensary 1: 5788 East Circle Drive, Cicero, NY 13039
Distance from Manufacturing Facility – 62 Miles
Average Time from Manufacturing Facility – 1 hr 10 mins

Dispensary 2: 4 Hinchey Road, Rochester, NY 14624
Distance from Manufacturing Facility – 63.5 Miles

Average Time from Manufacturing Facility – 1 hr 9 mins

Dispensary 3: 2290 South Road, Poughkeepsie, NY 12601
Distance from Manufacturing Facility – 230 Miles
Average Time from Manufacturing Facility – 4 hr 10 mins

Dispensary 4: 35 1st Avenue, New York, NY 10003
Distance from Manufacturing Facility – 257 Miles
Average Time from Manufacturing Facility – 4 hr 45 mins

9.3 STAFF

9.3.1 STAFFING POLICY

With the utmost concentration on patient safety and satisfaction combined with product security and quality, Citiva Medical Dispensaries will have a fully-qualified staff of employees constantly managed by the Supervising Pharmacist/Dispensary Manager. During operation hours, there will be at least one Supervising Pharmacist/Dispensary Manager on-site, one (1) Patient Associate and [redacted] Security Officer. During Transport and Distribution, the additional Citiva Medical personnel, a Delivery Specialist and another Security Officer, will arrive and be present for a short time for the delivery of the approved medical marihuana products, as presented in Section Two of this Operating Plan.

9.3.2 TRAINING MODULES

All Citiva Medical Dispensary employees will, at the time of hire, attend a mandatory security and safety training program to be conducted by the Security Director or his/her designee. Such program will provide training aimed at personal safety and crime prevention techniques, and shall include, but not be limited to training in the following:

1. professional conduct, ethics and State and Federal laws regarding patient confidentiality;
2. proper use of security measures and controls that have been adopted by Citiva Medical;
3. specific procedural instructions for responding to an emergency, including a robbery or other violent incidents and/or accidents;
4. understanding the role of security officers of Citiva Medical Dispensaries, and understanding what role every member of the organization has in providing a safe and secure facility for patients, the public and fellow employees; and
5. situational training with respect to incidents involving patients, employees and/or other personnel of Citiva Medical on its premises, including but not limited to physical and/or verbal altercations, theft, unruly and/or threatening behavior, etc.

The training program curriculum will be developed by the Security Manager and presented to and adopted by the Board of Directors of Citiva Medical, and such curriculum shall be revised on a biannual basis.

Additional training will be presented monthly at both the Dispensaries and the Manufacturing Facility during scheduled staff meetings.

9.4 INVENTORY

9.4.1 MONTHLY INVENTORY PROCEDURES

1. The day before opening each Dispensary, and each month thereafter, a complete inventory of both useable and unusable approved medical marihuana products will be performed at each Citiva Medical Dispensary and logged into the State-selected Seed-to-Sale software system. All activities will be monitored by surveillance.
2. The Supervising Pharmacist/Dispensary Manager will inventory all products and sign an affidavit verifying the amount of each product, including:
   a. approved medical marihuana products;
   b. all sale items, such as Citiva Medical medicinal delivery devices.

The Chief of Dispensary Operations and Supervising Pharmacist/Dispensary Manager will also count all cash reserves, ensure accuracy and sign off before deposit.

9.4.2 INVENTORY DISCREPANCY PROCEDURES

If physical inventory counts do not match the inventory counts recorded in the State-selected Seed-to-Sale software system outside of a specified tolerance, Citiva Medical Management will conduct an internal audit and investigation. The Supervising Pharmacist/Dispensary Manager will document the incident in a report that includes the following information: the date, name of people involved, a description of the incident, identification of known or suspected causes of the event, and any corrective action taken. Pursuant to New York law, all such incidents will be reported to regulatory and/or law enforcement authorities. All discrepancies will be immediately reported to the Director of Security for review.

It is imperative that the cause of the discrepancy is determined. Inventory counts will be examined meticulously throughout the process noting any possible failures in the internal policies or potential shrinkage. A specific timeline of events and collection of documented evidence will be assembled in an attempt to understand and identify where the problem exists.

Once the cause of the problem has been determined, corrective actions will be implemented to prevent its recurrence. Every detail of the discrepancy will be precisely documented. All documents will be available to the Division.

9.4.3 LOSS OF INVENTORY BY THEFT OR DIVERSION

Inventory policies and procedures will be strictly followed. It is imperative that the cause of all discrepancies is determined. Inventory counts will be examined throughout the process to insure any possible failures in Citiva Medical's security and internal controls.

Citiva Medical will create a specific timeline of events and collect documented evidence in an attempt to understand the relationship of the contributory factors. A root cause analysis will be performed and all surveillance footage reviewed.

9.5 OPERATING HOURS

Citiva Medical Dispensaries will observe the following operating hours:

Monday - Friday	9:00 am - 7:00 pm
Saturday	10:00 am - 5:00 pm
Sunday	10:00 am - 4:00 pm

9.6 OPENING

9.6.1 DISPENSARY INVENTORY OPENING PROCEDURES

The Supervising Pharmacist/Dispensary Manager will implement and supervise the following opening procedures while under surveillance;

1. Print a copy of the Daily Inventory Report from the previous day;
2. Restock the cart from the vault according to the amount of product needed from the prior day's inventory report and input data into the State-selected Seed-to-Sale software system;
3. Prepare the cash register;
4. Move inventory from the vault to the Dispensary floor;
5. Supervise Patient Associates as items are moved from the cart to the display and inventory racks. Check amounts off the Daily Inventory Report. Request Patient Associate signature; and
6. Supervise stocking of all approved medical marihuana products, verifying quantities of the previous day's Daily Inventory report. Request Patient Associate Signature.

9.7 CLOSING

9.7.1 DISPENSARY INVENTORY CLOSING PROCEDURES

The Supervising Pharmacist/Dispensary Manager will monitor and supervise the following closing procedures while under surveillance:

1. Removal of carts from the vault after closing;
2. Move items from the dispensing shelves to the cart, writing the amounts on the Daily Inventory Report;
3. Supervise removal of cash from registers and place on cart, writing amounts on the Daily Inventory Report. Request sales employee signature;
4. Collect settlement report slips verifying "settlement successful" from credit card machines on the Dispensary;
5. Prepare cash drop;
6. Upon closing of the Dispensary, relocate all processed and unprocessed items to the vault. Complete the Dispensary Daily Inventory Report;
7. Secure the inventory cart in the vault;
8. Complete all lock down procedures for secured areas;
9. Complete all closing tasks; and

10. Clock-out at the time clock before departing.

9.7.2 PROCEDURES WHEN FACILITY IS CLOSED

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

10 FACILITY ACCESS PLAN

10.1 ACCESS CONTROLS – LOCATIONS AND RESTRICTIONS

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

10.2 SECURE STORAGE AND ACCESS

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

11 EQUIPMENT LIST

Citiva Medical's use of state-of-the-art electronic recordkeeping technologies helps keep our equipment to a minimum. That being said, computers and printers will be necessary for operations. A Department of Health approved safe will be located in each Citiva Medical Dispensary, in addition to lockboxes necessary for short-term storage of cash and receipts.

12 OUTREACH PLAN

12.1 SUSTAINABLE OUTREACH

By continually participating in and organizing community events, Citiva Medical expects to maintain strong ties and visibility within the community, and a great relationship with the State of New York. Scheduling guest speakers to talk on matters directly affecting our patients is one of the many ways we plan to reach our consumers.

12.2 PATIENT EDUCATION

Citiva Medical's patient education initiative is meant to open a dialogue with the patient community in order to improve patients' quality of life. An example of patient education outreach will be made through Citiva Medical's website, an image of which is attached as Exhibit 1. To achieve this educational outreach, we have secured the website address:

- www.CitivaMedical.com

Citiva Medical's site will offer an online portal that will allow patients to research their conditions and inform them about the latest research in medical marihuana treatment modalities. Citiva Medical will provide links to educational and informative sites sponsored by condition specific support groups and associations. This is a proven modality for patient communication in health care markets.

12.3 PRACTITIONER EDUCATION

This element of Citiva Medical's marketing program focuses on the identification of practitioners that treat conditions for which the medical use of marihuana is recognized in New York. Internationally, the scientific consensus is beginning to recognize and embrace the use of marihuana in the treatment of a range of conditions. In order to educate New York physicians, Citiva Medical will develop educational tools to provide the medical community with ongoing data regarding the various marihuana-based medicines and particular strains in the treatment of conditions.

12.4 COMMUNICATIONS

Citiva Medical may also retain a professional marketing and communications agency in order to ensure that accurate and helpful patient-focused information has a reasonable presence in healthcare public media. Citiva Medical intends to carefully monitor medical studies, research results and findings regarding cannabinoid-based medicines. Citiva Medical will utilize that information as the basis of various marketing communications, in order to further educate both our patients and the general public as to the medical use of marihuana products while fully complying with the State of New York regulations.

13 CHARITY CARE INITIATIVE

A core belief of the Citiva Medical LLC team is the principle that access to medical marihuana should not be hindered, due to a lack of economic means, particularly for families with children in need of medical marihuana to treat their conditions and illnesses. Because of that belief, upon approval at a Registered Organization, Citiva medical will be prepared to work with the New York State Department of Health to implement a charity care initiative that would ideally include the following components:

- Citiva Medical will donate a minimum of 2% of its net income to Strains of Hope, which is an IRS-registered, 501(c)(3) not-for-profit, "closed" charitable organization (meaning it will accept donations only from Citiva Medical and will not solicit donations). This amount shall be adjusted annually based on overall patient need.
- Strains of Hope will use these funds to pay for, in part or in full, medical marihuana treatment for any illness, for individuals who cannot afford to pay for their treatment, based on a standard to be developed in concert with the NYSDOH.
- Strains of Hope will use these funds to offer **free** medical marihuana treatments to any family whose income is less than 500% of the Federal Poverty Level (which, in 2015, equates to $121,250 for a family of four), and who have a child diagnosed with intractable pediatric epilepsy. As documented elsewhere in this application, one of the founders of Citiva, Joshua Stanley, is the co-creator of Charlotte's Web, a strain of medical marihuana that has shown great efficacy in treating pediatric epilepsy.

- Finally, Strains of Hope will use these funds to ensure geographic accessibility for all certified patients who cannot readily access a dispensing site, by reimbursing patients for transportation to and from dispensing sites via Access-A-Ride or a like transportation provider.
- Strains of Hope will also work with the NYSDOH to identify other opportunities to ensure equal access to care through economic support to persons of lesser means.

14 SECURITY MAINTENANCE AND PRACTICES

14.1 SECURITY SYSTEM MAINTENANCE AND SOUND PRACTICES

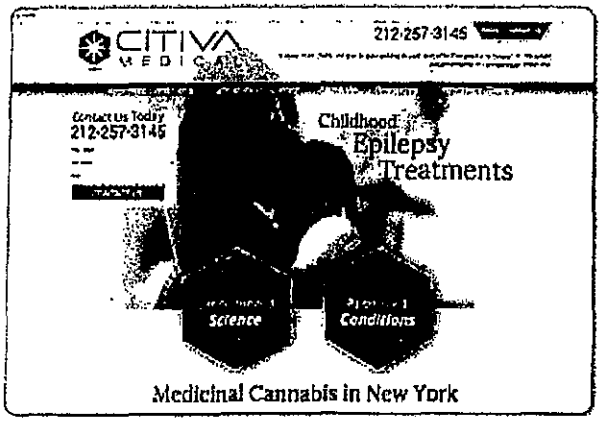
Redacted pursuant to N.Y. Public Officers Law, Art. 6

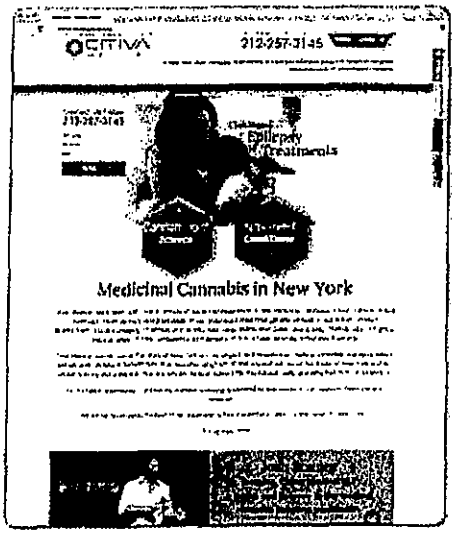
14.2 TRANSPORT SECURITY AND OTHER POLICIES

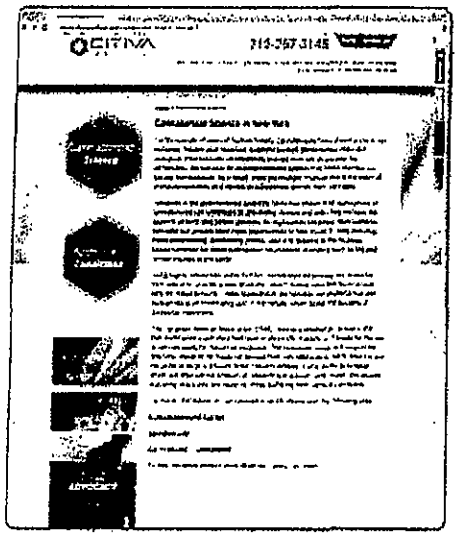
Redacted pursuant to N.Y. Public Officers Law, Art. 6

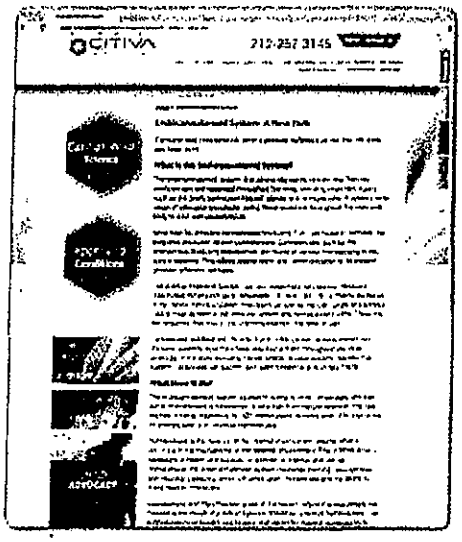
15 EXHIBITS

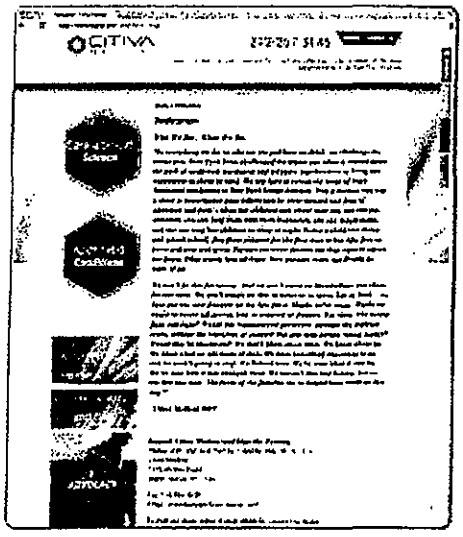
15.1 EXHIBIT 1 – IMAGES FROM THE CITIVA MEDICAL WEBSITE











15.2 EXHIBIT 2 – EXAMPLE LABELS

CAPSULE BLISTER PACK LABEL

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

TINCTURE BOTTLE LABEL

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

VAPORIZATION PEN BUTTERFLY LABEL

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

VAPORIZATION PEN LABEL

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

Examples of the Citiva Medical package labels that will comply with New York State regulations.

PATIENT SPECIFIC DISPENSING LABEL

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

Example of Patient Specific Dispensing Label

15.3 EXHIBIT 3 – EXAMPLE PATIENT SAFETY INSERTS

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

Example Patient Safety Insert Materials for Citiva Medical brand and form (capsules) currently designated as [redacted]

Example Patient Safety Insert Materials for Citiva Medical brand and form (vaporization oil) currently designated as [redacted]

Example Patient Safety Insert Materials for Citiva Medical brand and form (tincture) currently designated as [redacted]

15.4 EXHIBIT 4 – EXAMPLE SPECIFICATION SHEETS

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

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

Example Specification Sheets

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

CITIVA MEDICAL LLC

MEDICAL MARIHUANA PROGRAM

ATTACHMENT D

OPERATING PLAN – SECTION 4 – Devices

CITIVA MEDICAL

SECTION 4

Devices

Citiva Medical LLC

1 TABLE OF CONTENTS

2 OVERARCHING DESCRIPTION

2.1 INTRODUCTION

Citiva Medical's first commitment has always been, and always will be, to the patient. This means that the products Citiva Medical produces for its patients will always be of the highest quality. The plants, the intermediate products, and the final approved medical marihuana products are tested by Citiva's Quality Control process at each step in the manufacturing process to ensure the safety, purity, and potency of the final brand and form. To ensure our approved medical marihuana is of the highest standard and that dispensary operations run smoothly, it is imperative that Citiva Medical deliver its product forms in devices that the certified patients, caregivers, and practitioners will find comfortable and pleasant to use and administer.

All certified patients are ill with very serious conditions, as recognized by the State of New York. Citiva Medical takes this very seriously and has considered this in the selection of the delivery devices for its forms of approved medical marihuana products. Once the patients receive their certifications, they or their caregivers will need forms and devices that they can use to administer the correct dosage quickly and easily. These devices must be easy to use and minimize, or even eliminate, the opportunity for mistakes, abuse, diversion, or other illegal or unauthorized activity. Citiva Medical has a strong commitment to provide devices with its approved medical marihuana products that are compliant with regulations of the State of New York and that will alleviate the suffering of its certified patients.

Citiva Medical strictly follows the Regulations of the State of New York (1004.11)(a)(3) of 10 New York Codes, Rules and Regulations and will provide a set of three (3) forms for its brands, to be approved by the Commissioner. These forms will refer to the final preparation an approved medical marihuana brand that will be available for sale to certified patients. The three (3) forms and associated types of devices that Citiva Medical will offer are:

- ✓ Vaporization oil administered through "Vape Pens" for inhalation;
- ✓ Tincture emulsion administered through sublingual administration from a bottle and special dropper system; and
- ✓ Encapsulated powder administered in "#1"-sized capsules to swallow

2.2 DEFINITIONS

Approved medical marihuana product – the final manufactured product delivered to the patient that represents a specific brand with a defined cannabinoid content and active and inactive ingredients, prepared in a specific dosage and form, to be administered as recommended by the practitioner.

Brand – a defined medical marihuana extraction product that has a homogenous and uniform cannabinoid concentration and product quality, produced according to an approved and stable processing protocol. The specified brand shall have a total THC and total CBD concentration that is within 95 – 105% of that specified in milligrams per dose for that brand and shall have the same composition and concentration of inactive ingredients as that defined for the brand.

Form – a type of a medical marihuana product approved by the Commissioner and shall refer to the final preparation of an approved medical marihuana brand; for example, an extract in oil for sublingual administration, an extract for vaporization or an extract in a capsule for ingestion.

3 DETAILED DESCRIPTIONS OF DEVICES

3.1 DEVICE FOR DELIVERY OF VAPORIZATION OIL

3.1.1 WHAT IS THE VAPORIZATION OIL DELIVERY DEVICE?

The Vaporization Oil will be administered with a small, pocket-sized vaporization device commonly known as a "Vape Pen." The technology for the Vape Pen evolved from concepts in which a liquid or oil is heated just to the point of vaporization and not high enough for combustion to take place. This vaporization temperature is usually several hundred degrees lower that the combustion temperature. As result, the vapor that is created is not altered chemically, as it is gently warmed and goes from the liquid state to the vapor state with only the phase-change of the material happening – not chemical changes. This means that in the Vape Pen, the approved medical marihuana product is available to the patient for inhalation in its fully potent and unaltered form, delivering the expected dosage of THC and CBD.

Vaporization Oil delivered through a Vaporization device, known as the "Vape Pen," has become a leading mode of delivery of approved medical marihuana in the regulated environments in other states in which medical marihuana is legal. Citiva Medical has the experience and the expertise to manufacture and deliver the Vape Pens to the certified patients in the State of New York.

3.1.2 PACKAGING OF VAPORIZATION OIL AT THE MANUFACTURING FACILITY INTO THE VAPE PEN

1. Vaporization oil with defined THC and CBD content is dispensed into 1 mL cartridge and assembled.
2. Assembled cartridge is sealed such that it is child-resistant, tamper-proof/tamper-evident, light-resistant, and in a resealable package that minimizes oxygen exposure.
3. Label is affixed that identifies the lot of approved medical marihuana product with a lot unique identifier.
4. The label will have previously been approved by the department prior to use. The product label will be applied at the Manufacturing Facility, be easily readable, firmly affixed and include the following information:
   a. the medical marihuana product form and brand designation;
   b. the single dose THC and CBD content for the product set forth in milligrams (mg);
   c. the medical marihuana product lot unique identifier (lot number or bar code);
   d. the quantity included in the package;
   e. the date packaged;
   f. the date of expiration of the product;
   g. the proper storage conditions;
   h. language stating:

i. "Medical marihuana products must be kept in the original container in which they were dispensed and removed from the original container only when ready for use by the certified patient";
ii. "Keep secured at all times";
iii. "May not be resold or transferred to another person";
iv. "This product might impair the ability to drive";
v. "KEEP THIS PRODUCT AWAY FROM CHILDREN (unless medical marihuana product is being given to the child under a practitioner's care"); and
vi. "This product is for medicinal use only. Women should not consume during pregnancy or while breastfeeding except on the advice of the certifying practitioner, and in the case of breastfeeding mothers, including the infant's pediatrician."

5. Packages are placed in a shipping case and a tamper evident seal is affixed for Transport and Distribution to Dispensary.
6. Samples are tested according to Quality Control process and Current Good Manufacturing Processes (cGMP) and a statistically significant number of samples are retained for testing and future testing needs.
7. The retained samples for testing will be stored in the environmentally control secure storage area for future quality testing at an approved laboratory or for adverse event investigations, by the department.

3.1.3 HOW DOES A VAPE PEN WORK?

The Vape Pen consists of three (3) main parts:

- Mouthpiece;
- Oil Cartridge with built-in heater; and
- Battery

The mouthpiece is a simple molded unit that resembles the mouthpiece of an old-fashioned cigarette holder, or even some small musical wind instruments. It is placed at the lips, with lips pursed around the mouthpiece and air, and vapor, is drawn through it and into the lungs by drawing a small breath through it.

The Oil Cartridge contains the oil/extract that is the specific form and brand of the approved medical marihuana product. It is filled in the manufacturing facility according to the stringent guidelines of Quality Assurance, Quality Control and Current Good Manufacturing Processes (CGMP). The small heater vaporization unit, with its tiny wire heating element, is an integral part of the assembly. The cartridge is also engineered with the appropriate air inlets and interior channel structure to allow medicinal vapor to mix with drawn-in air to allow the medicinal vapor to be delivered with the drawn breath of the patient.

The tiny wire heating element is in contact with the oil at the base of the cartridge. The heating element is only activated when a breath is drawn through the mouthpiece. At the time the breath is drawn, the tiny wire heating element heats to the point of vaporizing the oil/extract in contact with it. That vapor is mixed with air that passes into the unit with the drawn breath. The vapor/air mixture

flows through the flow channels built into the cartridge so that the vapor/air mixture flows into the patient with the breath. The approved medical marihuana brand is delivered to the patient in a single drawn-in breath through the Vape Pen.

The battery supplies the power to the tiny wire heating element in a measured and controlled manner that allows just enough heat to vaporize the oil/extract in contact with the heating element. Energy flows from the battery when a breath is drawn on the Vape Pen to heat the tiny wire heating element to vaporize the oil/extract in the cartridge. The battery is sized to allow completed use and planned dosages from the entire cartridge of product, with additional margin.

After receiving the Vape Pen from the Dispensary, the patient or caregiver follows the dosage and instructions supplied by the practitioner, pharmacist, and patient safety inserts. In general, usage will be as follows:

1. Note the dose prescribed by the practitioner.
2. Note that the unit-dose breath "draw in" prescribed by the practitioner will be described by the practitioner to ensure one-unit dose is provided to the certified patient.
3. Take the prescribed unit-dose breath through the Vape Pen, in a manner similar to drawing in a breath through a straw.
4. Dosage is now complete.
5. Put Vape Pen away in secure location.

3.1.4 PHOTOS OF THE VAPE PEN

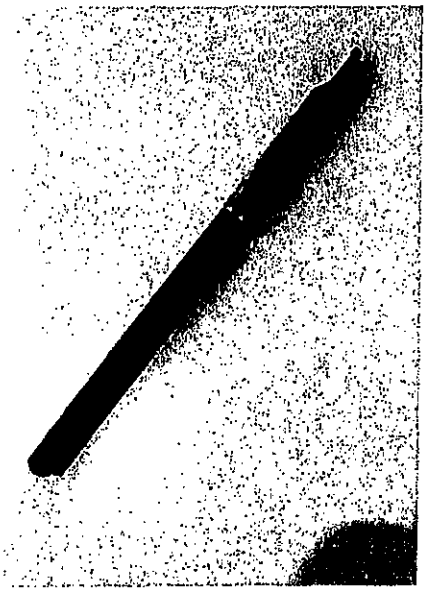


Figure 1: Example of the Citiva Medical Vaporization Oil Device, known as the "Vape Pen." The small size, similar to a ballpoint pen, provides for easy transport by the certified patients and caregivers.

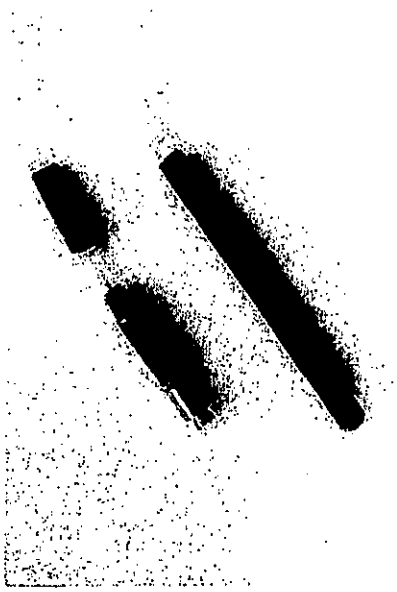


Figure 2: Example of the unassembled Vape Pen: mouthpiece, oil cartridge with built-in heating element, and fully-contained battery that provides power to the heating element for the vaporization.

3.2 DEVICE FOR DELIVERY OF A TINCTURE

3.2.1 WHAT IS THE TINCTURE DELIVERY DEVICE?

Tinctures are delivered in a light-resistant one-(1)-ounce bottle with a calibrated dropper system. Tinctures are prepared at the Citiva Manufacturing Facility based on the oils extracted from the medical marihuana plants. Once the high-grade finished oil is produced, it can be prepared into a Tincture – an emulsified liquid. The Tincture is delivered from a calibrated dropper system that allows controlled doses. The approved medical marihuana product is contained in a light-resistant bottle. The calibrated dropper system and the bottle are the delivery device for this form of approved medical marihuana product. The appropriate, measured dose is administered sub-lingually, that is to say, a measured dose is dropped from the calibrated dropper, in a liquid form, under the tongue of the patient. It is absorbed into the body through the tissues under the tongue.

3.2.2 PACKAGING OF TINCTURE AT THE MANUFACTURING FACILITY INTO THE BOTTLES

1. Incoming bottles are washed and dried in a food-safe bottle washer.
2. Finished Tincture Oil-in-Water Emulsion is dispensed into sterile one-ounce bottle that is child-resistant, tamper-proof/tamper-evident, light-resistant, and in a resealable package that minimizes oxygen exposure.
3. Child-resistant dropper assembly with graduated markings is mated to the one-(1)-ounce filled resealable bottle that is child-resistant, tamper-proof/tamper-evident, light-resistant, and in a resealable package that minimizes oxygen exposure.
4. Label is affixed that identifies the lot of approved medical marihuana product with a lot unique identifier.

5. The label will have previously been approved by the department prior to use. The product label will be applied at the Manufacturing Facility, be easily readable, firmly affixed and include the following information:

   a. the medical marihuana product form and brand designation;
   b. the single dose THC and CBD content for the product set forth in milligrams (mg);
   c. the medical marihuana product lot unique identifier (lot number or bar code);
   d. the quantity included in the package;
   e. the date packaged;
   f. the date of expiration of the product;
   g. the proper storage conditions;
   h. language stating:
      i. "Medical marihuana products must be kept in the original container in which they were dispensed and removed from the original container only when ready for use by the certified patient";
      ii. "Keep secured at all times";
      iii. "May not be resold or transferred to another person";
      iv. "This product might impair the ability to drive";
      v. "KEEP THIS PRODUCT AWAY FROM CHILDREN (unless medical marihuana product is being given to the child under a practitioner's care"); and
      vi. "This product is for medicinal use only. Women should not consume during pregnancy or while breastfeeding except on the advice of the certifying practitioner, and in the case of breastfeeding mothers, including the infant's pediatrician."

6. Packages are placed in a shipping case and a tamper evident seal is affixed for Transport and Distribution to Dispensary.
7. Samples are tested according to Quality Control process and Current Good Manufacturing Processes (cGMP) and a statistically significant number of samples are retained for testing and future testing needs.
8. The retained samples for testing will be stored in the environmentally control secure storage area for future quality testing at an approved laboratory or for adverse event investigations, by the department.

3.2.3 HOW DOES THE TINCTURE BOTTLE AND DROPPER WORK?

After receiving the Tincture Bottle and Dropper, the patient or caregiver follows the dosage and instructions supplied by the practitioner, pharmacist and patient safety inserts. In general, usage will be as follows:

1. Note the dose prescribed by the practitioner.
2. That dose will be the unit-dose described by the practitioner for the certified patient.
3. Remove the calibrated dropper from its package.
4. Note the dosage markings on the side of the dropper.
5. Determine the correct fill-line marking on the dropper.
6. Open the tincture bottle.
7. Squeeze the air out of the bulb of the dropper by using pressure of the fingers on the bulb

8. Insert the dropper into the tincture.
9. Fill dropper by allowing liquid to entire the dropper by releasing the pressure of fingers on the bulb of the dropper.
10. When the liquid has entered the dropper to the exact dosage line, remove the dropper.
11. It is now ready to give to the patient, sublingually.
12. After administration, dosage is complete.
13. Close the bottle and put away in secure location.
14. After the patient has received the dose, wash and disinfect the dropper, if it is for multiple uses, or wash and throw away if it is a single use dropper.

3.2.4 Photos of the Tincture Bottles

Figure 3: Example of a light resistant one-ounce tincture bottle.

3.3 DEVICE FOR DELIVERY OF A CAPSULE

3.3.1 WHAT IS THE CAPSULE DELIVERY DEVICE?

Capsules are a traditional form of delivery for drugs. They are a time-honored system for quickly and easily ingesting medicines. Citiva Medical will prepare powdered extracts at it Manufacturing Facility that will be used to make powder-filled industry-standardized #1-sized capsules. #1-sized capsules hold approximately 400 mg of powdered extract materials (depending on actual density of the powered extract). The capsules are 0.654" long and 0.261" in diameter. These capsules will be placed into a sealed bottle for delivery to the patient.

3.3.2 PACKAGING OF CAPSULES BOTTLES

1. Finished powdered-extract (P.E.) is filled into a "1" sized capsule.
2. Capsules are placed into a blister pack, or other packaging, as determined by the New York State Department of Health.

3. Vaporization oil with defined THC and CBD content is dispensed into 1 mL cartridge and assembled.
4. Assembled cartridge is sealed such that it is child-resistant, tamper-proof/tamper-evident, light-resistant, and in a resealable package that minimizes oxygen exposure.
5. Label is affixed that identifies the lot of approved medical marihuana product with a lot unique identifier.
6. The label will have previously been approved by the department prior to use. The product label will be applied at the Manufacturing Facility, be easily readable, firmly affixed and include the following information:
    a. the medical marihuana product form and brand designation;
    b. the single dose THC and CBD content for the product set forth in milligrams (mg);
    c. the medical marihuana product lot unique identifier (lot number or bar code);
    d. the quantity included in the package;
    e. the date packaged;
    f. the date of expiration of the product;
    g. the proper storage conditions;
    h. language stating:
        i. "Medical marihuana products must be kept in the original container in which they were dispensed and removed from the original container only when ready for use by the certified patient";
        ii. "Keep secured at all times";
        iii. "May not be resold or transferred to another person";
        iv. "This product might impair the ability to drive";
        v. "KEEP THIS PRODUCT AWAY FROM CHILDREN (unless medical marihuana product is being given to the child under a practitioner's care"); and
        vi. "This product is for medicinal use only. Women should not consume during pregnancy or while breastfeeding except on the advice of the certifying practitioner, and in the case of breastfeeding mothers, including the infant's pediatrician."

7. Packages are placed in a shipping case and a tamper evident seal is affixed for Transport and Distribution to Dispensary.
8. Samples are tested according to Quality Control process and Current Good Manufacturing Processes (cGMP) and a statistically significant number of samples are retained for testing and future testing needs.
9. The retained samples for testing will be stored in the environmentally control secure storage area for future quality testing at an approved laboratory or for adverse event investigations, by the department.

3.3.3 HOW DOES THE CAPSULE WORK?

After receiving the bottle of capsules from the Dispensary, the patient or caregiver follows the dosage and instructions supplied by the practitioner, pharmacist, and patient safety inserts. In general, usage will be as follows:

1. Note the unit-dose prescribed by the practitioner
2. Take out unit-dose from the blister pack or prescribed dose

3. Have drink or water ready
4. Place capsule in mouth and immediately take drink and swallow both capsule and drink together
5. Dosage is now complete
6. Put bottle away in secure location

3.3.4 PHOTOS OF THE CAPSULES

Figure 4: Example photo of capsules ready to be placed into the bottle.

4 ITEMS FOR SALE OR OFFER

Batteries will be available for sale to accompany Vape Pens.

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

CITIVA MEDICAL LLC

MEDICAL MARIHUANA PROGRAM

ATTACHMENT D

OPERATING PLAN – SECTION 5 – Security and Control

SECTION 5

Security and Control

Citiva Medical LLC

Table of Contents

5.1 OVERREACHING DESCRIPTION AND APPROACH OF SECURITY AND CONTROL

Citiva Medical is dedicated to security and control to ensure that all New York State laws and regulations are enforced in all of its facilities and operations. Citiva Medical's state-of-the-art security approach has been created to ensure that the patients of New York receive safe, quality-tested approved medical marihuana products in a timely manner. The security and safety of our personnel, products and facilities is of paramount importance in all we do. Citiva Medical has developed a multilayered and overlapping security system to protect the facilities and the processes to manufacture, transport, and dispense approved medical marihuana products. We will work with local law enforcement to enhance security and control at each Citiva Medical location. Citiva Medical has established policies and procedures for security and control that will prevent diversion, abuse, and other illegal or unauthorized conduct.

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

5.1.1 SECURITY AND CONTROL OVERVIEW: MANUFACTURING

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

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

5.1.2 SECURITY AND CONTROL OVERVIEW: TRANSPORT AND DISTRIBUTION

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

5.1.3 SECURITY AND CONTROL OVERVIEW: DISPENSARIES

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

5.2 ORGANIZATION CHART

5.3 JOB DESCRIPTIONS

5.3.1 DIRECTOR OF SECURITY

The Director of Security of Citiva Medical will perform and/or comply with, or will ensure that site supervisors and shift supervisors (as applicable and appropriate with respect to the business operation's general size and staffing needs), the following duties, obligations and responsibilities:

a. <u>OPERATIONAL MANAGEMENT</u>

(i) <u>Safety</u>
Develop/maintain safety programs outlining site-specific hazards for Security Officers, including vehicle safety and driving safety.

(ii) <u>Operational Procedures</u>
Develop/maintain/review operational procedures so that a valid site specific

operational procedures manual and post orders are always available for emergency reference by the security staff.

(iii) Security Officer Training
Provide site specific initial on-the-job training to each Security Officer.

(iv) Uniforms
Maintain uniform and appearance standards as outlined in the Security Officer handbook.
Forward any uniform requisitions to the Director of Security or the Uniform Department.

(v) Overtime
Identify and maintain adequate staffing levels to minimize/eliminate overtime.

(vi) Scheduling
Meet all scheduled hours.
Provide a yearly vacation schedule for the security staff in order to plan for vacation coverage.

(vii) Policies
Enforce Citiva Medical's security policies as outlined by the Security Officer Handbook and operational procedures manual.

(viii) Standards & Audit Compliance
Meet and exceed operational audit standards.

(ix) Equipment
Identify security equipment utilized at the facility, including vehicles, and maintain appropriate shift inventory and maintenance checklists/follow-up.

b. **COMMUNICATIONS MANAGEMENT**

(i) Security Officer Performance Evaluations
Objectively evaluate Officers every six (6) months in a face-to-face meeting.

(ii) Recognition
Observe, note and commend solid and top performers.

(iii) Counseling
Review substandard performance with employees face-to-face, and provide coaching and training to improve performance.
Document counseling, training and coaching.

(iv) Disciplinary Actions
Enforce Citiva Medical's standards.

(v) Communication with Management

Meet with and listen to management, taking a proactive approach.
Report lost/stolen ID badges to management.
Ensure that badges of terminated employees are turned in to security in order to be forwarded to management.
Report all incidents to management.

5.3.2 SECURITY SUPERVISOR

SAFETY:

- Develop/maintain safety programs outlining site-specific hazards for Security Officers, including vehicle safety, driving safety.

OPERATIONAL PROCEDURES:

- Develop/maintain/review operational procedures so that a valid site specific operational procedures manual and post orders are always available for emergency reference by the security staff.

SECURITY OFFICER TRAINING:

- Provide site specific initial on-the-job training for each Security Officer.

UNIFORMS:

- Maintain uniform and appearance standards as outlined in the Security Officer handbook.
- Forward any uniform requisitions to the Director of Security or the Uniform Department.

OVERTIME:

- Identify and maintain adequate staffing levels to minimize/eliminate overtime.

SCHEDULING:

- Meet all contractually scheduled hours.
- Provide a yearly vacation schedule for the security staff in order to plan for vacation coverage.

POLICIES:

- Enforce Citiva Medical Policies as outlined by the Security Officer Handbook and operational procedures manual.

STANDARDS & AUDIT COMPLIANCE:

- Meet and exceed operational audit standards.

EQUIPMENT:

- Identify equipment utilized at the account, including vehicles, and maintain appropriate shift inventory and maintenance checklists/follow-up.

COMMUNICATIONS MANAGEMENT:
SECURITY OFFICER PERFORMANCE EVALUATIONS:

- Objectively evaluate Officers every six (6) months in a face-to-face meeting.

RECOGNITION:

- Observe, note and commend solid and top performers.

COUNSELING:

- Review substandard performance with employees face-to-face, and provide coaching and training to increase performance.
- Document counseling, training and coaching.

DISCIPLINARY ACTIONS:

- Enforce Citiva Medical standards as outlined in the Citiva Medical Handbook.

CLIENT COMMUNICATIONS:

- Meet with and listen to management, taking a proactive approach.
- Report lost/stolen ID badges to the management.
- Ensure that the badges of terminated employees are turned in to security in order to be forwarded to the management.
- Report all incidents to the management.

ACCOUNTS:

- Be responsible for assigned accounts/Security Officers seven (7) days a week.

ADMINISTRATIVE MANAGEMENT:
LOGS:

- Review all security logs, tours and reconcile against shift responsibilities, post orders, monitored and unmonitored patrols.
- Review building employee registers, identify employees who fail to use their ID cards, and submit a report to management for action.

INCIDENT REPORTS:

- Review all incident reports prior to submitting to management.
- Distribute copies to management and Director of Security.

TRAINING:

- Submit complete and accurate training documentation: on-the-job checklists and retraining follow-ups with agendas.

FINANCIAL:

- Prepare time-sheets and submit them to the Director of Security for payroll purposes
- To be determined as needs of each site require.

All other duties as assigned.

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

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

5.4 DESCRIPTION OF ACTIVITIES FOR SECURITY

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

5.5 FLOW DIAGRAM

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

5.6 POLICIES AND PROCEDURES

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

5.6.1.2 OVERVIEW OF SECURITY POLICIES AND PROCEDURES FOR TRANSPORTATION

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

5.6.1.3 OVERVIEW OF SECURITY POLICIES AND PROCEDURES FOR DISPENSARIES

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

5.6.2 NOTEBOOKS, LOGS AND INCIDENT REPORTS

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

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

5.6.3 SECURITY COVERAGE

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

5.6.4 SPECIFIC POST RESPONSIBILITIES

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

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

5.6.5 IDENTIFICATION CHECKS

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

5.6.6 SIGN IN/OUT PROCEDURES

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

SPECIAL ACCESS CONTROL PROCEDURES

The purpose of this procedure is to control the access and egress of employees, and lawfully permitted visitors and contractors, to the facility during security hours.

5.6.6.1 EMPLOYEES

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

5.6.6.2 EMPLOYEES WITHOUT PROPER ID

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

5.6.6.3 LOST OR STOLEN ID BADGES

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

5.6.6.4 TERMINATED EMPLOYEE BADGES

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

5.6.7 VISITORS

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

5.6.8 PERSONAL VISITORS

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

5.6.9 CONTRACTORS

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

5.6.10 DELIVERIES

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

5.6.11 PROPERTY AND EQUIPMENT REMOVAL PROCEDURE

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

5.6.12 PACKAGE INSPECTION

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

5.6.12.1 CITIVA MEDICAL'S PROPERTY

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

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

5.6.12.2 PERSONAL PROPERTY (PERSONAL PACKAGES)

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

5.6.13 CARD ACCESS

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

5.6.14 PATROL PROCEDURES

5.6.14.1 FIXED POST PATROL

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

5.6.14.2 OPENING AND CLOSING PATROL

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

5.6.14.3 MONITORED PATROL (WAND TOUR PATROL)

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

5.6.14.4 UNMONITORED PATROL

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

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

5.6.15 EMERGENCY RESPONSE PROCEDURES

5.6.15.1 FIRE ALARM RESPONSE PROCEDURE

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

5.6.15.2 FIRE SPRINKLER SYSTEM

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

IF ANY OF THESE ALARMS ACTIVATE, FOLLOW THE PROCEDURE BELOW:

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

5.6.15.3 FIRE ALARM RESPONSE PROCEDURE

5.6.16 EVACUATION PROCEDURE

5.6.16.1 PURPOSE AND OBJECTIVES

5.6.16.2 GENERAL GUIDELINES

5.6.16.3 RESPONSIBILITIES OF DIRECTOR OF SECURITY AND SECURITY OFFICERS

5.6.16.4 ALERTING OR SIGNALING BUILDING OCCUPANTS IN CASE OF FIRE OR OTHER EMERGENCY

5.6.16.5 EVACUATION PROCEDURES FOR BUILDING OCCUPANTS

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

5.6.16.6 DISABLED OCCUPANTS

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

5.6.16.7 CRITICAL OPERATIONS SHUTDOWN

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

5.6.16.8 ACCOUNTABILITY PROCEDURES FOR EMERGENCY EVACUATION

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

5.6.16.9 RESCUE AND MEDICAL DUTIES

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

5.6.17 SECURITY SUPERVISOR RESPONSIBILITIES

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

5.6.17.1 OPERATIONAL MANAGEMENT

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

OPERATIONAL PROCEDURES:

- Develop/maintain/review operational procedures so that a valid site specific operational procedures manual and post orders are always available for emergency reference by the security staff.

SECURITY OFFICER TRAINING:

- Provide site specific initial on-the-job training for each Security Officer.

UNIFORMS:

- Maintain uniform and appearance standards as outlined in the Security Officer handbook.
- Forward any uniform requisitions to the Director of Security or the Uniform Department.

OVERTIME:

- Identify and maintain adequate staffing levels to minimize/eliminate overtime.

SCHEDULING:

- Meet all contractually scheduled hours.
- Provide a yearly vacation schedule for the security staff in order to plan for vacation coverage.

POLICIES:

- Enforce Citiva Medical Policies as outlined by the Security Officer Handbook and operational procedures manual.

STANDARDS & AUDIT COMPLIANCE:

- Meet and exceed operational audit standards.

EQUIPMENT:

- Identify equipment utilized at the account, including vehicles, and maintain appropriate shift inventory and maintenance checklists/follow-up.

5.6.17.2 COMMUNICATIONS MANAGEMENT

SECURITY OFFICER PERFORMANCE EVALUATIONS:

- Objectively evaluate Officers every six (6) months in a face-to-face meeting.

RECOGNITION:

- Observe, note and commend solid and top performers.

COUNSELING:

- Review substandard performance with employees face-to-face, and provide coaching and training to increase performance.
- Document counseling, training and coaching.

DISCIPLINARY ACTIONS:

- Enforce Citiva Medical standards as outlined in Employee Handbook.

BUSINESS MANAGEMENT COMMUNICATIONS:

- Meet with and listen to management, taking a proactive approach to needs.
- Report lost/stolen ID badges to the management.
- Ensure that the badges of terminated employees are turned in to security in order to be forwarded to the management.
- Report all incidents to management.

ACCOUNTS:

- Be responsible for assigned Security Officers seven (7) days a week.

5.6.17.3 ADMINISTRATIVE MANAGEMENT

LOGS:

- Review all security logs, tours and reconcile against shift responsibilities, post orders, monitored and unmonitored patrols.
- Review building employee registers, identify employees who fail to use their ID cards, and submit a report to management for action.

INCIDENT REPORTS:

- Review all incident reports prior to submitting to management.
- Distribute copies to management and Director of Security.

TRAINING:

- Submit complete and accurate training documentation: on-the-job checklists and retraining follow-ups with agendas.

FINANCIAL:

- Prepare time-sheets and submit them to the Director of Security for payroll purposes
- **All other duties as assigned.**

5.6.18 SECURITY OFFICER – MANUFACTURING FACILITY PATROL, RESPONSIBILITIES

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

5.6.19 GENERAL ORDERS FOR SECURITY OFFICERS

It is the job of every Citiva Medical Security Officer's duty as stated in the Citiva Medical Handbook to:

- Work at post in a courteous, disciplined manner; be neat, clean, well–groomed and properly uniformed at all times; and be alert to events, sounds, smells etc.
- Know site's policy and your post's duties; report all security violations, safety hazards and emergencies.
- Always report for duty on time and never leave your post until properly relieved.
- Receive, obey and pass on all orders from your supervisor and/or management pertinent to incidents occurring on your shift.
- Limit your conversations to your duties, and avoid distraction and over familiarity.
- Sound alarm and notify the proper authorities in cases of fire, intrusion or other emergencies.
- Call your supervisor immediately regarding any incident not covered within site's procedures.
- Be especially alert at nights and on weekends, be challenging in a firm but courteous way and be diligent in identifying all persons at or near your post.

- Allow no one to enter or leave the Citiva Medical property or carry property away (as appropriate) without proper identification and/or authorization to prevent diversion, abuse and other illegal or unauthorized activity.
- Maintain your notebook and the log/journal as a permanent record of all violations of safety/security rules, regulations, policies, procedures or incidents in an accurate, brief, clear and timely manner.
- Maintain the cleanliness of your post, and understand that eating, drinking, smoking and/or reading is not permitted at your post without your supervisor's permission.
- Citiva Medical's telephone is to be used for job-related responsibilities and emergencies only, and officers will face disciplinary action for personal phone use and will be billed the cost of such calls made.
- Act in a friendly, courteous and respectful manner towards the lawfully permitted visitors and patients, and co-workers.

5.6.19.1 REPORTING FOR DUTY

- All security personnel are required to report for duty in a complete uniform as prescribed as a condition of employment. Under no conditions will any exceptions be allowed or tolerated.
- All Security Officers must report 10 minutes prior to scheduled starting time to review any special instructions from the management, supervisor and/or the Security Officer being relieved.
- All Security Officers must sign–in at the beginning and end of each shift unless otherwise instructed by your supervisor.
- Check all site security equipment. Make sure it is in place and in proper working condition. Review all daily log/journals since your last shift. Review all employee and visitor sign–in sheets. Check all emergency equipment.

5.6.19.2 REPORTING OFF DUTY

All Citiva Medical Officers are to remain on their post until properly relieved. Advise relieving officer of all information necessary for them to properly complete their job.

IF RELIEVING SECURITY OFFICER FAILS TO REPORT, the following steps must be followed:

1. Inform the Security supervisor that relief has failed to arrive for duty.
2. Attempt to call the officer at his/her contact phone number.
3. If unable to make contact with the officer then the supervisor on duty must begin to call other officers to fill the shift.
4. If no other officers are willing to fill the shift then it is the responsibility of the officer on duty to fill the shift.
5. Under no circumstance should a security post be left unattended. Failure to remain on your post will result in disciplinary actions. Citiva Medical will make every effort to find relief promptly.
6. If there is an ongoing problem with your relief officer failing to show and/or continuous lateness, inform Security supervisor so that the issue may be addressed.

5.6.19.3 ABSENCE AND TARDINESS

The absence or tardiness of a Citiva Medical employee lowers the efficiency of operations, breaks down team work and creates unnecessary inconveniences to other employees. Therefore, it is Citiva Medical policy to enforce promptness and the presence of all employees at their assigned locations and shifts.

NOTE: If an emergency arises, contact the Security Supervisor. Citiva Medical reserves the right to investigate and confirm emergencies. Consistent absence or tardiness will result in disciplinary action by your supervisor. The following procedure must be used when calling off for a scheduled shift:

1. All call–offs must be directed to Security Supervisor at least four (4) hours before scheduled shift.
2. Name, phone number, time of scheduled shift, and reason for calling off must be given.
3. Return call from supervisor confirming replacement coverage of shift.
4. Failure to give four-(4)-hour notice will result in disciplinary action.

5.6.19.4 PERSONAL APPEARANCE AND CONDUCT

Personal Appearance:
A clean and neat appearance will gain respect and is a condition of employment. Jewelry, personal clothing, and buttons are not part of the uniform. A professional appearance is required.

Refer to specific orders for uniform requirements at this facility.

Personal Conduct:
As an employee of Citiva Medical, you will be constantly observed by the public. Appearance, your attitude and behavior all reflects on Citiva Medical. Employees must maintain an attitude of alertness, be neat in appearance, be courteous to all persons you deal with, be fair and honest in all your dealings, be understanding, and be professional remembering to put principal before personality.

5.7 SECURITY EQUIPMENT

5.7.1 OVERVIEW OF SECURITY EQUIPMENT

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

5.7.2 MANUFACTURING FACILITY SECURITY EQUIPMENT

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

5.7.2.1 FENCING

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

5.7.2.2 LIGHTING

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

5.7.2.3 ALARM SYSTEM

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

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

5.7.2.4 CCTV SURVEILLANCE SYSTEM

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

5.7.2.5 VAULTS

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

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

5.7.2.6 ACCESS TECHNOLOGY

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

5.7.3 TRANSPORTATION SECURITY EQUIPMENT

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

5.7.3.1 SECURE TRANSPORT VAN

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

5.7.4 DISPENSARY SECURITY EQUIPMENT

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

5.7.4.1 ALARM SYSTEM

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

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

5.7.4.2 CCTV SURVEILLANCE SYSTEM

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

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

5.7.4.3 VAULTS

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

5.7.4.4 ACCESS TECHNOLOGY

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

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CITIVA MEDICAL LLC

MEDICAL MARIHUANA PROGRAM

ATTACHMENT D

OPERATING PLAN – SECTION 6 – Standard Operating Procedure

SECTION 6

Standard Operating Procedures

Citiva Medical LLC

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

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CITIVA MEDICAL LLC

MEDICAL MARIHUANA PROGRAM

ATTACHMENT D

OPERATING PLAN – SECTION 7 – Quality Assurance Plans

SECTION 7

Quality Assurance Plans

Citiva Medical LLC

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2 OVERARCHING DESCRIPTION AND APPROACH

Citiva Medical's core principles of integrity, transparency, security and compliance are critical to the successful implementation of a viable medical marihuana industry in the State of New York. Founded to serve the needs of New York's certified medical marihuana patients, Citiva Medical combines extensive experience in various regulated industries with a deep understanding of commercial medical marihuana operations. This includes an extensive knowledge and understanding of Quality Assurance activities and systems, designed to insure patient safety and product quality.

Chapter XIII, Part 1004 of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York, contains the following requirement:

§1004.5 Application for initial registration as a registered organization.

> *(b) In order to operate as a registered organization, an entity shall file an application on forms or in a manner prescribed by the commissioner. The application shall be signed by the executive officer duly authorized by the board of a corporate applicant, or a general partner or owner of a proprietary applicant. The application shall set forth or be accompanied by the following:*
>
> *(4) an operating plan that includes a detailed description of the applicant's manufacturing processes, transporting, distributing, sale and dispensing policies or procedures. The operating plan shall also include:*
>
> *(iv) quality assurance plans, including but not limited to plans to detect, identify and prevent dispensing errors;*

Citiva Medical will implement a Quality Assurance Program utilizing elements from Good Agriculture Practices (GAP), Good Handling Practices (GHP) and current Good Manufacturing Practices (cGMP). This Quality Assurance Program will encompass activities through the entire process, from cloning, through cultivation, harvesting, processing, packaging, and dispensing. The Regulations identify specific requirements within the Quality Assurance Program, and these are addressed in detail below. However, Citiva Medical's Quality Assurance Program is committed to designing and building quality oversight throughout the manufacturing and distribution processes, monitoring quality and reacting to findings in order to continuously improve the process and Quality Systems. Through this comprehensive Quality Assurance Program, Citiva Medical will be able to insure the highest quality products for our patients.

Quality assurance is reflected strongly by, and is a focal point in, many of the protocols and manuals that are a part of all of Citiva Medical's operations, including, but not limited to, the following: Cultivation Plans and related SOPs, Dispensary Operation Plans and related SOPs, Safety and Security Plans, and Processing and Extraction Plans and related SOPs.

3 JOB DESCRIPTIONS

3.1 QUALITY ASSURANCE OFFICER

The Quality Assurance Officer shall:

1. Be responsible for the overall management of the Citiva Medical Quality Assurance Program;
2. Continuously monitor, evaluate, improve and revise the Quality Assurance Program, including all practices and procedures, to increase overall visibility and control of all processes;
3. Insure that all employees have the necessary procedures, training and supervision to perform their jobs;
4. Oversee the performance of periodic reviews and internal audits of the Quality Assurance Program; and
5. Oversee all inventory discrepancy issues and approve all issue investigations.

3.2 AREA SUPERVISORS

The Operations Area Supervisors shall:

1. Be responsible for insuring that all SOPs, including those related to Quality, are followed during manufacturing operations;
2. Report any observation or comment related to quality, to the Site Director; and
3. Participate in issue resolution and investigations, as necessary, to help determine root causes of incidents which may require correction and/or improvement.

3.3 OPERATORS

The Operators shall:

1. Be responsible for following all SOPs and instructions, to help insure a consistent process;
2. Report any observation or comment related to quality, to the Area Supervisor; and
3. Participate in issue resolution and investigations, as necessary, to help determine root causes of incidents which may require correction and/or improvement.

3.4 SITE DIRECTOR

The Site Director shall:

1. Be responsible for the overall management and performance of site operations at Citiva Medical;
2. Be responsible for all paperwork, compliance, procedures, budgets, cash handling, and day-to-day operations of the Dispensary;
3. Address all operational questions and act as the liaison to Senior Management;
4. Assist in the development of Packaging/Product Management policies and procedures and be responsible for implementing them; and
5. Report any issues observed related to product Quality and participate in any investigations and corrective actions required.

3.5 DISPENSARY MANAGER

The Dispensary Manager/Supervising Pharmacist shall:

1. Be responsible for the overall management and performance of Dispensary site operations at Citiva Medical;
2. Be responsible for insuring that all procedures are followed at the Dispensary, including required inventory transactions and inventory accounts to prevent and detect inventory diversions;
3. Be responsible for initiating communicating and elevating confirmed inventory discrepancies; and
4. Be responsible for performing and documenting investigations into inventory discrepancies.

4 SECTION 1004.5 (b)(4)(iv) OF 10 NYCRR AND INVENTORY CONTROLS

4.1 OVERVIEW

With the use of the State selected "Seed to Sale" software, Citiva Medical will implement inventory controls and procedures to meet aspects of Section 1004.5(b)(4)(iv) of 10 NYCRR that will detect, identify and prevent dispensing errors.

An overview of the software tools capabilities appears below, followed by an overview of the Citiva Medical operating procedures which will be followed.

4.2 STATE SELECTED "SEED TO SALE" SOFTWARE

The State selected "Seed to Sale" software is a secured program that is password protected and also can be set for Biometric Fingerprint scanning to ensure only authorized personnel will be able to access secure documentation within the system. All the information is stored on a local server that is firewall protected from any outside presence.

§1004.6 Consideration of registered organization applications.

(b) The Department shall initially register up to five (5) applicants as registered organizations. In deciding whether to grant an application, or amendment to a registered registration, the Department shall consider whether:

(3) the applicant will be able to maintain effective control against diversion of marihuana and medical marihuana products;

The State-selected "Seed to Sale" software automatically assigns a globally unique and non-repeatable 16-digit barcode number to every plant. Furthermore, the system auto-generates a globally unique and non-repeatable 16-digit barcode number at every stage where dried marihuana must be separately identifiable from the original plant due to processing and packaging. These serial numbers, once generated are assigned, cannot be changed. In the event of a recall, the software contains a "Plant/Inventory History Report" that can track everything about the plants and products

from the time it was introduced to the facility. Tracking every gram contained in the lot, including but not limited to, all purchases containing matter from the plant or product, the contact information for the purchaser, all vendor information and transport logs.

The software has the inclusive capabilities to track all measurable aspects of a marijuana plant. In addition to the literal weights of the cannabis, the system can associate 'usable marijuana' quantities with any created infused marijuana products. The system's product conversion tools enable the quantities of usable marijuana as well as associated conversion wastes to be tracked with ease. This ensures that whether the plants and/or plant products are in their relative cultivation or processing phases, they can be fully accounted for and tracked.

The software can adjust inventory and always require a reason for removal when utilizing the inventory adjustment feature, also it has an auditing feature that can be used to track loss of product due to diversion or theft. Although the inventory can be adjusted or voided, at no time is any data ever fully deleted as the software and database maintains a log of every action, including adjustments and voids, so that the entire history of the system may be reconstructed. The availability and report ability of the system data enables the said entity to produce any information necessary for the Department during an inspection or at the Department's request.

§1004.5 Application for initial registration as a registered organization.

> *(b) The Department shall initially register up to five (5) applicants as registered organizations. In deciding whether to grant an application, or amendment to a registered registration, the Department shall consider whether:*
>
> *(4) an operating plan that includes a detailed description of the applicant's manufacturing processes, transporting, distributing, sale and dispensing policies or procedures. The operating plan shall also include:*
>
> *(ii) policies and procedures related to security and control measures that will be in place to prevent diversion, abuse, and other illegal or unauthorized conduct relating to medical marihuana and are consistent with provisions set forth in this part;*

The software is a secured program that is password protected and also can be set for Biometric Fingerprint scanning to ensure only authorized personnel will be able to access secure documentation within the system. All the information is stored on a local server that is firewall protected from any outside presence.

Transporting – transport documentation provides the following:

1. Employee identity and badge number
2. Vehicle vin number
3. Time stamped batch/lot number
4. Total quantity being transported

Diversion prevention – The "Seed to Sale" software has a biometric chain of custody module that logs every action in real time and the user who performed that action. The software has the ability to integrate with scales to deter employee theft and human error. Every action is time stamped which can be cross-referenced with security cameras that will contain date and time stamps. All of these

functions prevent diversion, abuse, and illegal or unauthorized conduct relating to medical marihuana.

§1004.5 Application for initial registration as a registered organization.

> *(b) The Department shall initially register up to five (5) applicants as registered organizations. In deciding whether to grant an application, or amendment to a registered registration, the Department shall consider whether:*
> *(iv) quality assurance plans, including but not limited to plans to detect, identify and prevent dispensing errors;*

Within the software there are numerous sales and inventory reports that can identify that exact time a sale was made, the items dispensed and the employee that made the transaction. Additionally, the software requires that each patient be added to the system with all relevant information before a sale can be made. This information includes the quantity that that patient is allowed to purchase. Patient sales amounts can be automatically set within the system to prevent any transaction outside of permitted limits. The time sales occur can be set in the system to prevent sales outside of hours of operation.

§1004.5 Application for initial registration as a registered organization.

> *(b) The Department shall initially register up to five (5) applicants as registered organizations. In deciding whether to grant an application, or amendment to a registered registration, the Department shall consider whether:*
> *(v) policies and procedures to document and investigate approved medical marihuana product returns, complaints and adverse events, and to provide for rapid voluntary or involuntary recalls of any lot of medical marihuana product. Such policies and procedures shall include a plan for any retesting of returned approved medical marihuana products, storage and disposal of marihuana and any manufactured medical marihuana products not passing requirements, and a requirement that adverse events and total recalls are reported to the department within twenty four hours of their occurrence;*

Each receipt that the software produces at the conclusion of a sale has a unique barcode that can easily be scanned to view the details of that sale. After a refund, the items are returned to the inventory count. Citiva Medical has the ability to separate its inventory in the system in order to quarantine the returned items. The softwares reporting abilities allow Citiva Medical to track and monitor these actions. It also has the ability to contact patients via email or SMS text message that have purchased a particular product in the past.

§1004.5 Application for initial registration as a registered organization.

> *(b) The Department shall initially register up to five (5) applicants as registered organizations. In deciding whether to grant an application, or amendment to a registered registration, the Department shall consider whether:*

(vii) detailed description of plans, procedures and systems adopted and maintained for tracking, record keeping, record retention and surveillance systems, relating to all medical marihuana at every stage including cultivating, possession of marihuana, and manufacturing, delivery, transporting, distributing, sale and dispensing by the proposed registered organization.

The software enables the business to collect, store, and retrieve all data and activity. All inventory records, patient records, recall reports, sales/transaction records, product disposal records, and all scanned documents can be accessed at any time (real time), either in-system or through the report creation tool. Though system actions can be adjusted or voided, at no time is any data ever fully deleted as the software and database maintains a log of every action, including adjustments and voids, so that the entire history of the system may be reconstructed. The availability and reportability of the system data enables Citiva Medical to produce any information necessary for the Department during an inspection or at the Department's request.

5 OVERVIEW OF CITIVA MEDICAL POLICIES AND PROCEDURES RELATED TO INVENTORY CONTROL

It is Citiva Medical's policy to conduct sales transactions in a manner that is effective for Dispensary operations, in compliance with New York State law and exemplifying patient service excellence. It is Citiva Medical's intent to ensure that all sale or return transactions are handled in accordance with the provisions of this section so as to best prevent, detect, identify and address errors or problems relating to such transactions involving dispensing and otherwise. Dispensary Managers are responsible for appropriate training and enforcement of the steps outlined herein, and the following steps shall only occur after the patient has presented the required documentation for gaining entrance into the Dispensary.

It is Citiva Medical's intent to ensure that all actions relating to daily physical counts, transfers or receivings are handled in accordance with this plan. As part of this Quality objective, the New York State-selected "Seed to Sale" software system will be used, where ever possible, as a compliance tool to help insure the full tracking and traceability of materials throughout the manufacturing process, from cultivation to dispensing. The use of this tool, along with the defined Policies and Procedures, will help detect, identify and prevent dispensing errors and thus insure compliance with the regulation.

The following is a detailed description of the procedures that will be followed to detect, identify and prevent dispensing errors.

5.1 DAILY PHYSICAL COUNT

Upon closing, the Dispensary Pharmacist shall conduct a 100% physical count of all approved medical marihuana products. Approved medical marihuana products include: capsule products consisting of powdered extract, tincture oil-water emulsion, and oil for vaporization.

a. **Inventory Status Report and Physical Count Worksheet**

Dispensary Manager/Supervising Pharmacist shall print a copy of the Inventory Status Report from the State-selected "Seed to Sale" software, for Citiva Medical's records and the Physical Count Worksheet for the Dispensary Pharmacist conducting the physical count.

The Physical Count Worksheet will be given to the Dispensary Pharmacist who is conducting the physical inventory count. The Dispensary Pharmacist will use this sheet to record both back stock and active inventory numbers as well as inputting the total of these two (2) numbers into the appropriate space. Retail items should only be recorded on this sheet if retail items were actually physically counted that day. Retail is to be fully counted at least one (1) day per week.

The Inventory Status Report should stay in the Dispensary Manager/Supervising Pharmacist's possession. The Dispensary Pharmacist or Dispensary Patient Associate should not have access to this sheet at any time, especially while conducting a physical count.

b. **Conducting the Count**

The Dispensary Pharmacist will validate the count by recording their initials on the top right hand corner of the Physical Count Worksheet with the date and time underneath her/his initials. Once this is complete, the physical count of all back and active stock is ready to begin. After verifying the standardized number on the container, the Dispensary Pharmacist should record on the Physical Count Worksheet as they count each product.

c. **Recording Totals**

The Dispensary Pharmacist will record back stock inventory directly onto the Physical Count Worksheet. The Dispensary Pharmacist will record the active inventory in the Worksheet. After the count has been completed, the Dispensary Pharmacist will add the numbers to derive a total. After completion, the Dispensary Pharmacist will hand this document to Dispensary Manager/Supervising Pharmacist.

d. **Comparing Inventory**

Once the Dispensary Manager/Supervising Pharmacist receives the completed Physical Count Worksheet, the Dispensary Manager/Supervising Pharmacist will match the items from the Physical Count Worksheet to the Inventory Status Report generated from the State-selected software. Using red colored ink, she/he shall place a checkmark on the Inventory Status Report next to the quantity on hand if the totals match. If the totals all match, the Dispensary Manager/Supervising Pharmacist will attach the Physical Count Worksheet to the Inventory Status Report and file the documents in conjunction with the Filing SOP. For any items that do not match, the Dispensary Manager/Supervising Pharmacist shall circle the incorrect number on the Physical Count Worksheet and Inventory Status Report.

e. **Discrepancies**

In the event of a discrepancy at the end of a shift, steps e(i) - e(iv) must be completed prior to leaving the Dispensary. Any exceptions to this must be approved by the Dispensary Manager/Supervising Pharmacist or Security Officer.

(i) Handling Discrepancies (Dispensary Manager/Supervising Pharmacist Responsibility). After discrepancies have been identified, the Dispensary

Manager/Supervising Pharmacist shall return the Physical Count Worksheet to the Dispensary Pharmacist with instructions to re-count the items circled in red ink. If the second count is correct, the Dispensary Manager/Supervising Pharmacist shall initial and check in red ink to the right of the corrected number on both the Physical Count Worksheet and Inventory Status Report. If the second count is incorrect, step e(iii) below shall occur.

(ii) Performing a Re-Count (Dispensary Pharmacist Responsibility). The Dispensary Pharmacist will follow the same steps outlined above to re-count any items that are incorrect. First, the Dispensary Pharmacist shall place a line through the original calculations on the Physical Count Worksheet used in the first count, and shall record new numbers either just below, or to the right or left of the originals. The Dispensing Pharmacist shall record the new total in close proximity to the original total, and shall return same to the Dispensary Manager/Supervising Pharmacist.

(iii) Performing a Third Count (Dispensary Manager/Supervising Pharmacist Responsibility). If a counted item does not match the inventory status report after the second count, then the Dispensary Manager/Supervising Pharmacist will follow the same steps and conduct an independent count. If the Dispensary Manager/Supervising Pharmacist arrives at the correct number, she/he may make the correct recordings and file the report. If the Dispensary Manager/Supervising Pharmacist determines that the inventory is in fact missing, then she/he will perform a serial number audit for the item.

(iv) Performing a Serial Number Audit (Dispensary Manager/Supervising Pharmacist Responsibility). The Dispensary Manager/Supervising Pharmacist shall print the serial number report from the software system for her/his location. Using the software query capabilities, the Dispensary Manager/Supervising Pharmacist can narrow the search to the item and location necessary. This report will be used to check off all serial numbers in inventory. Once the Dispensary Manager/Supervising Pharmacist has identified the exact serial numbers that are missing/do not match, she/he must complete the Inventory Discrepancy Log and email same to the Chief Operations Officer, Chief Financial Officer, and Inventory Manager, and Security Director who will further investigate the issue. The Quality Assurance Officer will also be notified.

(v) Adjusting Inventory (Inventory Manager Responsibility). Once the issue has been properly identified and upon approval from the Chief Operations Officer, Financial Officer, and Inventory Manager, Security Director, Quality Assurance Officer and CEO, the Dispensary Manager/Supervising Pharmacist will post necessary adjustments in the inventory tracking software to correct the inventory discrepancy. Until the adjustment is made, the Dispensary Manager/Supervising Pharmacist will continue to make a notation with the quantity discrepancy in parenthesis followed by initials on future physical counts to account for the discrepancy until it is resolved.

(vi) Maintaining Inventory Records (Dispensary Manager/Supervising Pharmacist Responsibility). Per the Filing SOP, the Dispensary Manager/Supervising Pharmacist shall ensure that records for each physical count be maintained in a 3-hole binder by

month. The Inventory Status Report shall be stapled on top of the Physical Count Worksheet, and the two documents, stapled together, shall be placed in the binder. Per the Filing SOP, records will be maintained at the Dispensary for a minimum of six (6) months. After six (6) months, the Dispensary Manager/Supervising Pharmacist can transfer the records to the Citiva Medical's headquarters via Citiva Medical's Security Officer drivers.

(vii) Unsolved Inventory Discrepancies (Dispensary Manager/Supervising Pharmacist Responsibility). If steps e(i)- e(iv) are followed and the Security Director determines that the cause of the discrepancy cannot be determined, the Dispensary Manager/Supervising Pharmacist shall fill out an Incident Report detailing the inventory discrepancy and all the steps that the Dispensary Manager/Supervising Pharmacist, Inventory Manager, Dispensary Pharmacist and any other Citiva Medical employee has taken to attempt to determine the cause of the discrepancy. This report should be passed along to the Inventory Manager, Chief Financial Offer, Chief Operations Officer, and Security Director upon completion. The report will be checked for accuracy and then promptly sent along to the Quality Assurance Officer and CEO.

5.2 SHIPPING PRODUCTS

§ 1004.13 Security requirements for manufacturing and dispensing facilities

(n) Prior to transporting any approved medical marihuana product, a registered organization shall complete a shipping manifest using a form determined by the department.

Upon preparing an order for transport, Citiva Medical will create a standardized shipping manifest, known as the Medical Marihuana Manifest and Trip Plan, using the State-selected "Seed to Sale" software. This action will be completed before the system will allow documented transportation.

(1) A copy of the shipping manifest must be transmitted to the Dispensing Facility that will receive the products and to the department at least two (2) business days prior to transport.

(2) The registered organization shall maintain all shipping manifests and make them available to the Department for inspection upon request, for a period of five (5) years. A registered organization shall only transport approved medical marihuana products from a manufacturing facility to dispensing facilities.

The Medical Marihuana Manifest and Trip Plan will be generated by the system. This will be electronically transferred to the New York State Department of Health and the dispensing organization a minimum of two (2) days before the planned trip. This information will be retained in the software system for a minimum of five (5) years.

(p) An employee of a registered organization, when transporting approved medical marihuana products, shall travel directly from the registered organization's manufacturing facility to the dispensing facility and shall not make any unnecessary stops in between.

The software system has the ability to generate point-to-point directions and estimated travel times using the predetermined addresses of the Manufacturing Facility and the Dispensary.

5.3 RECEIVING TRANSFERS

Dispensaries will receive routine inventory transfers based on inventory demand and availability. Citiva Medical's designated Security Team is responsible for making each delivery and ensuring that inventory is properly received at each Dispensary. Each delivery will be accompanied by a Medical Marihuana Manifest and Trip Plan, and will be sealed in its original packaging and original sealed shipping crate from the Manufacturing Facility. If either of these two (2) elements is missing from a transfer, the receiver should stop immediately and notify the Inventory Manager, or Dispensary Manager/Supervising Pharmacist if the Inventory Manager is unavailable.

In order to maintain positive control of inventory and prevent discrepancies, Citiva Medical's Quality Assurance Plan calls for the following with respect to receiving inventory transfers:

a. **Receiving (Dispensary Manager/Supervising Pharmacist Responsibility)**
The Dispensary Manager/Supervising Pharmacist is responsible to conduct a receiving. In the absence of the Dispensary Manager/Supervising Pharmacist, the Inventory Manager, or CEO are authorized to conduct a review of receiving.

b. **Verifying Order Numbers (Dispensary Manager/Supervising Pharmacist Responsibility)**
The Dispensary Manager/Supervising Pharmacist shall match the email notification of shipment sent by the Inventory Manager. If the numbers do not match, the Dispensary Manager/Supervising Pharmacist shall contact the Inventory Manager immediately before opening. If they do match, the Dispensary Manager/Supervising Pharmacist shall sign the Transfer Complete Form and shall give it to the delivery Security Officer. The Delivery Security Team must remain at the Dispensary until the Dispensary Manager/Supervising Pharmacist has successfully verified Identification numbers. Once the delivery Security Officers have received the signed Transfer Complete Form indicating that the transfer is complete, they will return immediately to the Manufacturing Facility.

c. **Locating the Medical Marihuana Manifest and Trip Plan (Dispensary Manager/Supervising Pharmacist Responsibility)**
The Delivery Security Team and Dispensary Manager/Supervising Pharmacist will obtain the Medical Marihuana Manifest and Trip Plan.

d. **Receiving Inventory (Dispensary Manager/Supervising Pharmacist Responsibility)**
At this point, the Dispensary Manager/Supervising Pharmacist may go into the "Seed to Sale" software to receive the inventory so that it can be immediately sold. Once completed, the approved medical marihuana products are now active and available for sale to patients.

e. **Verifying Items (Dispensary Manager/Supervising Pharmacist Responsibility)**
Prior to physically introducing inventory into back stock, all newly received inventory must be verified against the Medical Marihuana Manifest and Trip Plan to match quantity and serial numbers Once items have been verified and checked they may be put together with the rest of the back stock and active inventory.

f. **Discrepancies**

In the case of a discrepancy, the Dispensary Manager/Supervising Pharmacist will record the discrepancy on the Medical Marihuana Manifest and Trip Plan and notify the Inventory Manager of the discrepancy via email. It is important to provide as much information as possible including serial numbers and quantities. The Dispensary Manager/Supervising Pharmacist should ensure that no units of approved medical marihuana products are sold if they contain a discrepancy. In the event that the discrepancy requires an adjustment, the Dispensary Manager/Supervising Pharmacist will make the required notations on any physical counts that occur.

g. **Medical Marihuana Manifest and Trip Plan (Dispensary Manager/Supervising Pharmacist Responsibility)**

Once the Medical Marihuana Manifest and Trip Plan has been matched, the Dispensary Manager/Supervising Pharmacist will date and initial the top right hand corner of the Medical Marihuana Manifest and Trip Plan and file the document in a binder, by month. Records will be maintained for a minimum of five (5) years, at which time the Dispensary Manager/Supervising Pharmacist may purge the records by shredding or secure disposal. The Seed-to-Sale software will retain the records for a minimum of five (5) years.

5.4 DISPENSARY SALES TRANSACTIONS

All Sales transactions are entered into the inventory tracking software.

§1004.17 Reporting dispensed medical marihuana products.

(a) A record of all approved medical marihuana products that have been dispensed shall be filed electronically with the department, utilizing a transmission format acceptable to the department, not later than 24 hours after the marihuana was dispensed to the certified patient or designated caregiver

The software provides Sales ticket reporting which provides this information and can be exported electronically.

The information filed with the department for each approved medical marihuana product dispensed will include, but will not be limited to:

(1) a serial number that will be generated by the dispensing facility for each approved medical marihuana product dispensed to the certified patient or designated caregiver;
(2) an identification number which shall be populated by a number provided by the department, to identify the registered organization's dispensing facility;
(3) the patient name, date of birth and sex;
(4) the patient address, including street, city, State, ZIP code;
(5) the patient's registry identification card number;
(6) if applicable, designated caregiver's name and registry identification card number;
(7) the date the approved medical marihuana product was filled by the dispensing facility;
(8) the metric quantity for the approved medical marihuana product;

(9) the medical marihuana product drug code number, which shall be populated by a number provided by the department, to represent the approved medical marihuana brand that was dispensed to the certified patient or designated caregiver, as applicable;
(10) the number of days supply dispensed;
(11) the registered practitioner's Drug Enforcement Administration number;
(12) the date the written certification was issued by the registered practitioner; and
(13) the payment method.

When applicable, a registered organization shall file a zero report with the department, in a format acceptable to the department. For the purposes of this section, a zero report shall mean a report that no approved medical marihuana product was dispensed by a registered organization during the relevant period of time. A zero report shall be submitted no later than 14 days following the most recent previously reported dispensing of an approved medical marihuana product or the submission of a prior zero report.

In conjunction with all captured patient information the specified product sale information, as well as all aforementioned static fields, the software will capture all required information with each transaction.

5.4 PRODUCT RETURNS

Each Dispensary will have a safe at its location to be made available for storage of approved medical marihuana products that need to be sent back to the Manufacturing Facility. Each Dispensary willalso be able to generate an order numbered from the "Seed to Sale" software to be able to process and track returns. Only the Dispensary Manager/Supervising Pharmacist may prepare approved medical marihuana products to be sent back to the Manufacturing Facility. When any approved medical marihuana product needs to be sent back, the process outlined below should be strictly followed as part of Citiva Medical's Quality Assurance Program. No product should ever be sent back without approval of the Inventory Manager and Dispensary Manager/Supervising Pharmacist.

Examples of returnable medicine are as follows:

- Aging inventory: Medicine that is nearing the expiry date.
- Quality issues: If there is a suspected quality issue, the Dispensary Manager/Supervising Pharmacist should seek approval from the Manufacturing Facility before returning the medicine.

If a large amount of inventory is to be returned, the Manufacturing Facility must be given advance notice of the transfer, in order to make proper arrangements for the material's return.

After double counting, the Dispensary Manager/Supervising Pharmacist will prepare the products for return. If there are different sizes/products which need to be sent back, they should be separated. A label with the product, size, quantity and each serial number should be placed in a bag with the products. The bag should be placed in the safe for storage until it is transferred back to the Manufacturing Facility.

The Dispensary Manager/Supervising Pharmacist will fill out a Return Transfer Ticket listing any products being sent back, separated by product brand and dosage and having quantity and each serial number listed accordingly. The Dispensary Manager/Supervising Pharmacist will sign a Transfer Complete Form verifying that the contents on this Medical Marihuana Manifest and Trip Plan exactly match the approved medical marihuana products that are being placed in the container for return, which is then sealed.

The Dispensary Manager/Supervising Pharmacist will supervise a Dispensary Pharmacist performing a double count of the inventory to be returned.

The products will be placed in a container and have a software generated order numbered attached to the sealed container. These order numbers will immediately be e-mailed to the Packaging Manager and Inventory Manager along with a scanned copy of the Return Transfer Ticket.

The original Return Transfer Ticket is given to the driver. A copy of the Return Transfer Ticket will be e-mailed to the Packaging Manager and Inventory Manager. If Packaging and Inventory Manager are not notified, the Manufacturing Facility will not accept the return.

Once arriving in the Manufacturing Facility, the order numbers will be verified by the Inventory Manager. After the numbers and seals are verified, the Inventory Manager will open the container and verify that the Return Transfer Ticket exactly matches the medicine that has been sent back.

Once the Inventory Manager has verified the contents are correct, she/he will adjust the inventory in the software. If a discrepancy is found at this stage, no adjustments or disposals will be made. The discrepancy must be logged and an investigation will follow. If no resolution is found, an incident report will be filed and the Quality Assurance Officer will be notified.

6 OTHER QUALITY ASSURANCE PROGRAM ELEMENTS

Citiva Medical's Quality Assurance Program is designed to provide oversight of all aspects of the Operations which could impact the manufacturing, storage, handling, testing and dispensing of the finished products. The Quality Assurance Program elements are based on Citiva Medical's extensive knowledge of and experience with Good Agriculture Practices (GAP), Good Handling Practices (GHP) and the FDA's current Good Manufacturing Practices for the production of Drugs and Foods. The intent is to implement a Quality Assurance Program that builds Quality into the process by providing the controls necessary to consistently manufacture the products, thoroughly document all aspects of the process (through SOPs and Quality Records) and through Quality Control testing, assure the quality and purity of each lot of product produced.

The following is a list of Quality Assurance Program elements (or Quality Systems) which will be designed and implemented at Citiva Medical. The complexity of each Quality System will depend on the Quality and Business Risks associated with the system.

6.1 MANAGEMENT OVERSIGHT AND QUALITY PROGRAM RESPONSIBILITIES

Citiva Medical will employ a Quality Assurance Officer, who is responsible for all elements of the Quality Assurance Program, however quality is considered to be a major responsibility of all employees, with participation from corporate senior staff as well as site management staff, Quality Policies and Procedures will be developed and implemented to insure control throughout all processes.

6.2 QUALITY RISK MANAGEMENT

When appropriate, Quality Risk Management will be performed to determine the need and complexity of Quality Systems and to assist in Quality related decisions. Risk Management may include:

- Position Papers, documenting company positions, opinions, decisions and rationale related to Quality Assurance and Quality Systems.
- Quantitative Risk evaluations utilizing tools such as Failure, Mode, and Effect Analysis (FMEAs).

6.3 DOCUMENT CONTROL

- Document Management System – a controlled, secure electronic document management system will be established and used to maintain all Controlled Documents, Master Records, batch related records and testing records.
- Controlled Documents which will be required are defined as the following:
  - Policies, Procedures, Job Aids, Forms
  - Bills of Materials (BOMs) – a list of all components and ingredients required for the production of each final product dosage form
  - Master Batch Records – used to generate lot specific batch records
  - Specifications
    - Components – primary packaging
    - Ingredients – include assigning Expiry Dates
    - In-Process (Bulk) Products
    - Finished Products – for each dosage form
  - QC Test Methods
- Electronic Records and Electronic Signatures Program – the Document Management System as well as any other electronic systems used in the manufacturing, packaging, storing and distribution of regulated products should be evaluated against 21 CFR Part 11 and qualified.

6.4 SUPPLIER QUALITY

- Supplier Approval System and List – a procedure will be developed to determine the process of approving suppliers of ingredients used in processing the final products and for primary packaging components (product contact). A controlled list of Approved Suppliers will be maintained.

- Material Approval System and List – a procedure will be developed to determine the process of approving ingredients and components for use in the final products. A controlled list of Approved Materials will be maintained.
- Purchasing Control – A procedure will be developed to insure that only approved materials are ordered from approved suppliers, for production of the final product.

6.5 MANUFACTURING CONTROLS

Manufacturing Control will be achieved through the use of various documents and systems designed to insure that only approved materials are used for each dosage form, to maintain lot control throughout the manufacturing process, to provide instructions for consistent production of products, to provide documentation and forms to record the manufacturing activities for each lot of products, to manage manufacturing issues and deviations. The system will utilize documents and procedures such as the following:

- Bills of Material
- Batch Records
- Ingredient and Component Release – approval for use
- Ingredient and Component Issuing – to insure correct released materials are issued to Production
- Lot Control – will use the "Seed to Sale" software
- Packaging and Label Control
    - Codes, Expiry Dating – specified in the Batch Records and generated by the "Seed to Sale" software
    - Finished Product Inspection
- Yield Determination
- Issue Resolution – Deviations, Investigations and Corrective Actions, Preventive Actions (CAPA)

Citiva Medical recognizes that Quality Assurance specifically deals with the ability to adequately address unavoidable errors or issues that are bound to occur in daily operations, including without limitation dispensing errors.

Utilizing the experience of its management team, Citiva Medical will maintain a Quality System to identify, detect, prevent, mitigate and/or appropriately address in a timely manner such errors and/or problems commonly occurring in operations such as Citiva Medical's, including, but not limited to, those relating to dispensing errors and that also directly or indirectly relate to:

- Transaction matters, controls and protocols;
- Awareness and understanding of more frequently occurring issues/problems in transactions;
- Inventory matters, controls and controls;
- Quality matters, controls and protocols;
- Product return matters, controls and protocols; and
- Suspicion of diversion matters, controls and protocols.

Through a thorough investigation, root causes of errors will be determined, and Corrective and Preventive Actions put in place to mitigate the risk of reoccurrence of those errors and issues.

- Batch Record review and Product Release (QA)

6.6 CLEANING AND SANITIZING

A Cleaning and Sanitizing Program will be developed and implemented to insure that all Production areas are maintained in a clean State and that all Production equipment is clean prior to use. The system will include scheduling of cleaning activities, instruction and procedures for cleaning and documentation and record of the cleaning performed. It will also include a routine environmental monitoring system for cleanliness.

6.7 TRAINING

A Training System will be developed and utilized to define training requirements for each position, schedule the training and define the documentation requirements to record the training. Training will include general instruction on Good Agriculture Practices, Good Handling Practices and Good Manufacturing Practices, where applicable.

6.8 QUALIFICATION / VALIDATION

A Qualification and Validation system should be developed in order to insure and document that the following are designed, built, installed and used correctly, to meet the requirements of Citiva Medical operations:

- Facilities, Utilities, Equipment
- Processes
- Laboratory Methods and Instruments
- Cleaning Activities
- Computer Systems

6.9 CALIBRATION PROGRAM

A Calibration Program will be implemented to define the procedures, the schedule, and generate the documentation for maintaining the following instruments in a Calibrated State:

- Instruments used in Manufacturing – Scales, pH Meters, etc.
- Lab Instruments

6.10 PREVENTIVE MAINTENANCE PROGRAM

A Preventive Maintenance Program will be implemented to define the procedures/instructions, the schedule, and generate the documentation for performing routine maintenance on the following:

- Facilities, Utilities, Equipment
- IT Systems
- Lab Instruments and Equipment
- Filters – Production and HVAC

6.11 PEST CONTROL PROGRAM

A controlled Pest Control Program will be implemented to monitor pest activity outside and inside the manufacturing facility. The Pest Control Program will utilize only New York State approved materials.

6.12 QUALITY CONTROL

See Section 9.9 for a detailed description of the Quality Control System. The system will address all requirements defined within the Regulations and will include the following elements:

- Test Methods
  - Use of only approved Test Methods (compendia or validated)
  - Standards / Reagents Management procedures
- Out of Specification investigation process
- Reporting of Test Results – Certificate of Analysis
- Record Retention (chromatograms, notebooks, etc.)
- Reserve Sample Retention (controlled storage conditions)
- Product Stability Program

6.13 CHANGE CONTROL

A Change Control system will be implemented to evaluate changes to materials, components, processes, critical equipment and utilities, test methods, controlled documents, etc. The purpose of the evaluation is to determine the impact of the change on the current defined and controlled process. The objective is to identify the scope and risk of the change, to identify the impact of the change on other systems, to determine the effectiveness of the change and to better manage all activities related to the change.

6.14 WAREHOUSE AND STORAGE

A Quality system and procedures will be developed to define the activities related to the Warehouse and Storage. These will include the following:

- Receipt, Storage, Material Release (QA), Labelling
- Issuing Material to Production
- Distribution
- Inventory Control

6.15 DISPENSING PROCESS

The Dispensing Process is detailed in Section 3.

6.16 COMPLAINTS

The patient has the right to freely voice grievances and recommend changes in care or services without fear of reprisal or unreasonable interruption of services. Service, equipment and billing complaints will be communicated to management and upper management. These complaints will be documented in the *Complaint Log*, and completed forms will include the patient's name, address, telephone number, and a summary of the complaint, the date it was received, the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint. At Citiva Medical Dispensaries, the complaint will be documented no later than 24 hours after the occurrence. The Patient Complaint Log and the Citiva Medical Complaint Log can be referenced in Section 8.6 Exhibits, sub-Section 8.6.1 and 8.6.2.

All complaints will be handled in a professional manner. Within five (5) calendar days of receiving a beneficiary's complaint, we will notify the beneficiary using either verbally, by telephone, email, fax, or letter format, that we have received and are investigating the complaint. Within 14 calendar days, we will provide written notification to the beneficiary of the results of our investigation and response. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively and up to the president or owner of the company.

The patient will be informed of this complaint resolution protocol at the time of set-up of service.

6.17 ADVERSE EVENTS

In the event a patient has any reaction to a medication which could be attributed to an allergy to the drug, the medication is to be withheld and the physician notified immediately. If the reaction is determined to be, or possibly is, an allergic one, and the medication is discontinued, the following actions should be taken.

6.17.1 DEFINITIONS

6.17.1.1 ADVERSE MEDICATION REACTION:

An undesirable or unintended harmful effect occurring as a result of a medication (e.g., heavy sedation, extrapyramidal symptoms, agitation, psychotic manifestations, severe cramping, nausea, vomiting, diarrhea, ataxia, etc.); an allergic reaction in a patient with no documented history of allergy to the medication.

6.17.2 PROCEDURE

1. The Dispensing Pharmacist reviews all information carefully for the presence of data on medication allergy.
2. Distinguishes between true allergy and intolerance to medications.

3. Documents a history of allergy to medications as part of the initial data entry.
4. Notifies the physician immediately in the event a patient has any untoward reaction to a medication not previously documented which may be attributed to a medication sensitivity.
5. If the reaction is determined to be an allergic one and the medication is discontinued, the pharmacist makes note in the patient's profile. Includes documentation of communication with physician and patient/family.

6.18 RETURNS SYSTEM

Section 1 of the Operating Plan details the specific procedures for handling the Destruction/Disposal System for ingredients, sub-lots, lots, production scrap, rejected material, returned product, and lab samples.

6.19 PRODUCT DEVELOPMENT / TECHNOLOGY TRANSFER / NEW PRODUCT INTRODUCTION

A process will be developed to aid in the scale up of new products to the controlled manufacturing process, to insure a thorough transition, minimize waste and batch loss and help evaluate and manage the impact to all existing Quality Systems and documents. This system can be used as an aid or tool to the overall Project Management associated with introducing a new product or major change to a product or process.

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

CITIVA MEDICAL LLC

MEDICAL MARIHUANA PROGRAM

ATTACHMENT D

OPERATING PLAN – SECTION 8 – Returns, Complaints, Adverse Events and Recalls

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

SECTION 8

Returns, Complaints, Adverse Events, and Recalls

Citiva Medical LLC

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2 OVERALL APPROACH TO RETURNS, COMPLAINTS, ADVERSE EVENTS, AND RECALLS

Citiva Medical's first commitment has always been, and always will be, to the patient. This means that the product Citiva Medical produces for its patients will always be of the highest quality. The plants, the intermediate products, and the final approved medical marihuana products are tested by Citiva Medical's Quality Control at each step in the manufacturing process to ensure the safety, purity, and potency of the final brand and form. To ensure our approved medical marihuana is of this standard and that dispensary operations run smoothly, it is imperative that returns, complaints, adverse events and recalls are all addressed appropriately and professionally.

For each of the matters referred to above, a Citiva Medical Policy has been outlined below and a Standard Operating Procedure has been established and listed in Section Six (6). Standardizing these procedures with SOPs and policies ensure undesirable events are kept to a minimum and any issue that do arise can be remedied quickly and efficiently. This will allow for premium patient care and solidification of a quality product.

If ever a complication where to arise in which there an adverse effect or Citiva Medical needed to recall approved medical marihuana products, the Department of Health would be notified in at least 24 hours.

3 RETURNS

3.1 RETURN POLICY

Citiva Medical's commitment to a safe environment and a quality product is always a priority. In order to make sure those goals are reached it is vital that when approved medical marihuana products are returned to a Citiva Medical Dispensary that the return is handled properly.

Citiva Medical Dispensaries will maintain a record of all marihuana products that are returned either by the registered patient or the patient's registered caregiver. The dispensary is responsible for the disposition of the returned products. The dispensary will store the returned product in the safe and separate area where all the other medications are stored according to Department of Health regulations. All returned medication products will be returned back to the manufacturing facility following the security and transportation regulations designated by the Department of Health.

4 COMPLAINTS

4.1 PROTOCOL FOR RESOLVING COMPLAINTS FROM PATIENTS

The patient has the right to freely voice grievances and recommend changes in care or services

without fear of reprisal or unreasonable interruption of services. Service, equipment and billing complaints will be communicated to management and upper management. These complaints will be documented in the *Complaint Log*, and completed forms will include the patient's name, address, telephone number, and a summary of the complaint, the date it was received, the name of the person receiving the complaint, and a summary of actions taken to resolve the complaint. At Citiva Medical Dispensaries the complaint will be documented no later than 24 hours after the occurrence. The Patient Complaint Log and the Citiva Medical Complaint Log can be referenced in Section 8.6 Exhibits, sub-Section 8.6.1 and 8.6.2.

All complaints will be handled in a professional manner. Within five (5) calendar days of receiving a beneficiary's complaint, we will notify the beneficiary using either verbally, by telephone, email, fax, or letter format, that we have received and are investigating the complaint. Within 14 calendar days, we will provide written notification to the beneficiary of the results of our investigation and response. If there is no satisfactory resolution of the complaint, the next level of management will be notified progressively and up to the president or owner of the company.

The patient will be informed of this complaint resolution protocol at the time of set-up of service.

5 ADVERSE EVENTS

In the event a patient has any reaction to a medication which could be attributed to an allergy to the drug, the medication is to be withheld and the physician notified immediately. If the reaction is determined to be, or possibly is, an allergic one, and the medication is discontinued, the following actions should be taken.

5.1 DEFINITIONS

5.1.1 ADVERSE MEDICATION REACTION:

An undesirable or unintended harmful effect occurring as a result of a medication (e.g., heavy sedation, extrapyramidal symptoms, agitation, psychotic manifestations, severe cramping, nausea, vomiting, diarrhea, ataxia, etc.); an allergic reaction in a patient with no documented history of allergy to the medication.

5.2 PROCEDURE

1. The Pharmacist reviews all information carefully for the presence of data on medication allergy.
2. Distinguishes between true allergy and intolerance to medications.
3. Documents a history of allergy to medications as part of the initial data entry.
4. Notifies the physician immediately in the event a patient has any untoward reaction to a medication not previously documented which may be attributed to a medication sensitivity.
5. If the reaction is determined to be an allergic one and the medication is discontinued, the pharmacist makes note in the patient's profile. Includes documentation of communication with physician and patient/family.

5.3 STAFF EDUCATION

Citiva Medical will review Adverse Drug Reactions with staff on an annual basis, and new staff on orientation.

5.4 PATIENT EDUCATION

Patients are requested to report any medical problems or concerns to their physicians immediately. Patient product safety insert is distributed each time a medication is dispensed.

6 RECALLS

The primary goal of Citiva Medical's Recall Process is to protect New York State's medical marihuana patients by removing products from commerce that have been determined to be unsafe. This Recall Process can aid in the execution of a recall by apportioning duties and centralizing current contact information. Key Individuals that will be participating in a recall will review the Recall Plan and be familiar with the execution of the plan. In the event of a recall, Citiva Medical will send the recalled approved medical marihuana products to the preferred testing laboratory. Pending the laboratory results, Citiva Medical's executives will decide the next steps for the products (e.g., disposal through approved Department of Health channels) of the recalled approved medical marihuana products).

Citiva Medical's Recall Process shall be reviewed annually and revised as necessary when personnel, procedures, processes, suppliers, or as other factors change. The Recall Plan will also be reviewed after any recall. Annual Mock Recalls will ensure that Citiva Medical is prepared for an actual recall.

6.1 STATEMENT OF RECALL PLAN

Citiva Medical maintains a Recall Plan which provides specific procedures, defines terms, and assigns roles and responsibilities when a safety issue arises with any of our products. Citiva Medical's Recall Plan is applicable for both voluntary and involuntary recall situations.

The Recall Plan will be activated whenever a potential recall requirement arises and includes the following elements:

1. Notify recall committee
2. Recall responsibility assignments
3. Key personnel and external contact information
4. Recall procedures
5. Communication templates

Success of the Recall Plan relies on the proper execution of plan elements and up-to-date information.

6.2 RECALL FLOW DIAGRAM

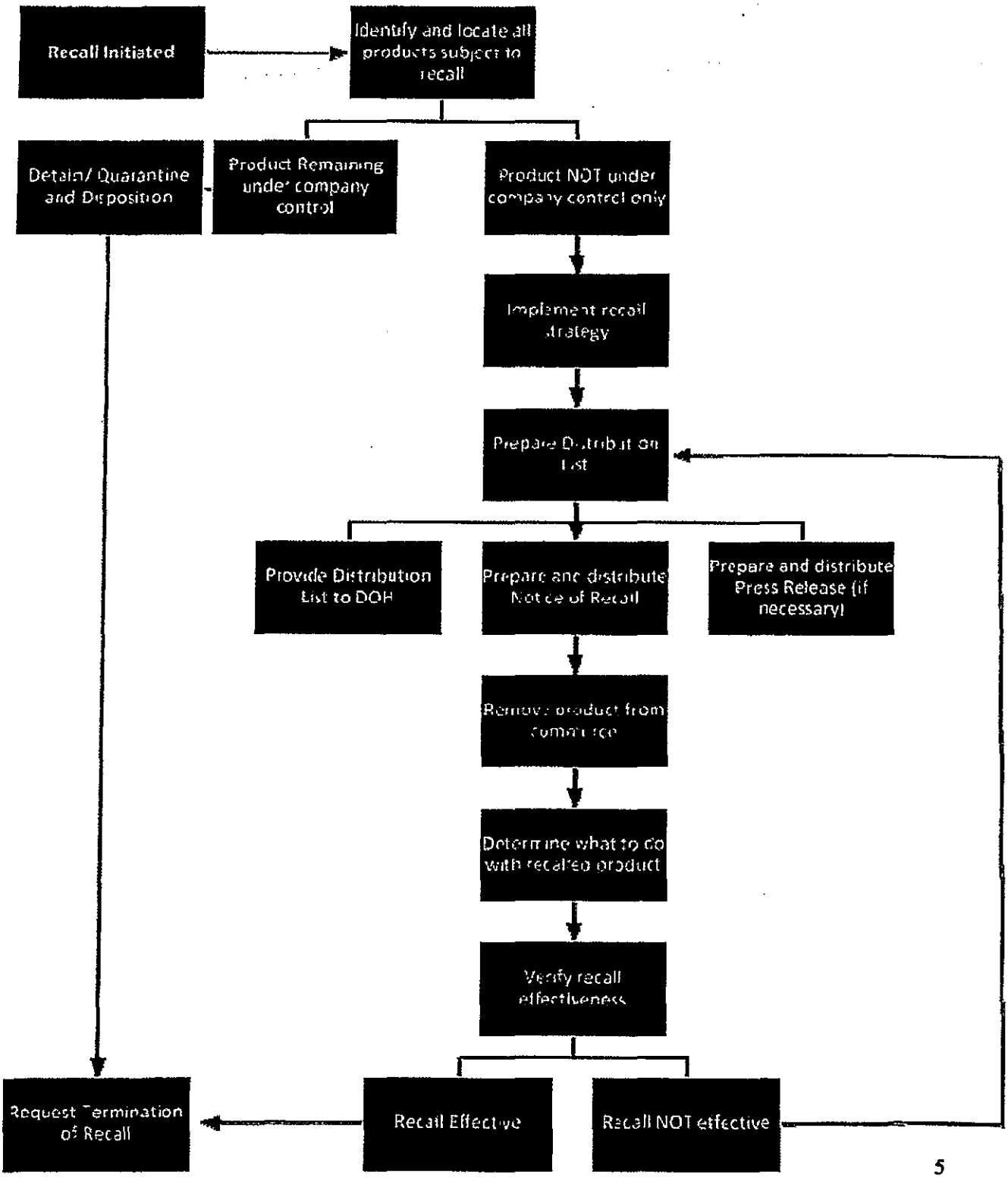

Figure 1: The Recall process will be tested through Mock Recalls to ensure that all employees and stakeholders in Citiva Medical are prepared and able to conduct a recall according to New York laws and regulations.

6.3 DEFINITIONS

- ***Recall*** *– A situation in which there is a reasonable probability that the use of, or exposure to, a contaminated or defective product will cause serious adverse health consequences.*
- ***Depth of Recall*** *– The level of product distribution for the recall (consumer, retail, manufacturer).*
- ***Distribution List*** *– A product specific distribution list that identifies accounts that received the recalled product. Requested information includes type of business, account name, addresses, and contact information.*
- ***Department of Health*** *– New York State Department of Health.*
- ***Press Release*** *– A notice that alerts the public (including regulators, retailers, consignees, other growers, processors, and consumers) that a product presents a serious hazard to health.*
- ***Regulatory Recall*** *– A firm's removal or correction of a product that Department of Health considers to be in violation of the laws it administers.*
- ***Recall Committee*** *– The group comprised of key staff with the expertise, authority, and responsibility to manage the recall.*
- ***Recall Process*** *– A written contingency plan for use in initiating and implementing a recall. The Recall Plan should be reviewed annually and revised as necessary when personnel, procedures, processes, suppliers, or as other factors change.*
- ***Recall Strategy*** *– A planned specific course of action to be taken in conducting a specific recall, which addresses the depth and scope of recall, need for public warnings, and extent of effectiveness checks for the recall.*
- ***Scope of Recall*** *– Defines the amount and kind of product in question.*
- ***Stock Recovery*** *– A firm's removal or correction of a product that has not been marketed or that has not left the direct control of the firm, i.e., the product is located on premises owned by, or under the control of, the firm and no portion of the lot has been released for sale or use.*

6.4 RECALL PROCEDURES

The recall procedure outlines the activities that Citiva Medical will take to manage the recall of our product(s) which has/have been determined to be unsafe and/or subject to regulatory action.

6.5 ASSIGNMENT OF ROLES AND RESPONSIBILITIES

Oversight of the following recall elements should be assigned to the Recall Coordinator, – the Citiva Medical Quality Assurance Director. Individuals may be responsible for more than one (1) recall element.

6.6 RECALL COORDINATOR

The Quality Assurance Director in charge serves as the Recall Coordinator and has the authority to execute the activities of the recall. Responsibilities of the Recall Coordinator include, but are not limited to:

- Assure the documentation of all recall decisions and actions in a master recall file.

- Initiate the formation of the recall committee.
- Activate various components within the company for priority assistance.
- Make recall decisions on behalf of Citiva Medical.
- Manage and coordinate the implementation of the company's product recall.
- Keep management informed at all stages of the recall.

6.7 RECALL COMMITTEE

The Product Recall Committee is composed of the various components of Citiva Medical's organization. The following functions should be represented on the committee (an individual may be responsible for more than one (1) function):

- Management (Administration)
- Recall Coordinator
- Accounting
- Consumer Affairs/Public Relations
- Customer Service
- Distribution and Supply
- Information Technology
- Legal Counsel
- Marketing
- Operations
- Production
- Purchasing
- Quality Assurance
- Sales
- Maintenance
- Records Management
- Regulatory Affairs
- Sanitation

Outside resources may need to be obtained for some of the functions.

6.8 RESPONSIBILITIES

Individual recall activities should be assigned prior to a recall event to avoid confusion during a recall. Assignment of the recall responsibilities shall be determined at the time of selection as a Registered Organization.

6.9 EVALUATION OF THE COMPLAINT OR CONDITION

Complaint receipt, processing, and evaluation are the first steps in the recall process. The steps involved in the evaluation process are:

- Receive the complaint – A file should be maintained containing any product complaints the company receives. Information that should be maintained in the product complaint file is:
  1. Complainant contact information

2. Reported problem with the product
3. Product Identification
4. Product Storage
5. Product purchase date and location
6. Illness and Injury details

- Provide the complaint to Recall Coordinator for initial evaluation. If an initial assessment indicates a recall may be necessary, the Recall Coordinator assembles the Recall Committee for a full evaluation.
- Determine the hazard and evaluate the safety concerns with the product.
- Determine the product removal strategy appropriate to the threat and location in commerce.
- Contact the appropriate regulatory authorities.
- Alert legal counsel, insurance as appropriate.
- Maintain a log of the events of the recall including information such as dates, actions, communications, and decisions.

6.10 IDENTIFICATION OF IMPLICATED PRODUCTS

It is Citiva Medical's responsibility to ensure the identification of all products and quantities of products implicated in the recall. In addition, determination should be made if any other type of approved medical marihuana product produced by Citiva Medical is affected.

A distribution list should be prepared as part of the identification process. The distribution list should at minimum identify:

- Dispensary Facilities account name that received the recalled product(s)
- Account addresses
- Contact names
- Contact telephone numbers

Additional information relating to product information may include:

- Amount of product received/shipped
- Product ship date(s)
- Amount of product returned
- Amount of product dispensed

6.11 NOTIFICATION OF AFFECTED PARTIES

Notifications during a recall must be done in a timely manner and should include the Department of Health, the product distribution chain, and medical marihuana patients when necessary and appropriate. Press releases are generally oriented to medical marihuana patients, but may be used to notify any affected party.

- The Department of Health should be notified at the earliest opportunity after the decision has been made to conduct a recall.
- Subsequent to the initial notification, the Department of Health should be updated throughout the recall process.

- Distribution Chain (i.e. Manufacturing Facility, extraction, packaging, dispensing) contacts will be notified by appropriate means (telephone, fax, email, letter, etc.). The Recall Notice **must** include all relevant recall information.
- Confirm receipt of the Notice of Recall with all accounts. A record of all account communications should be maintained.
- Medical marihuana patients should be notified by the most effective method available. If appropriate, a press release can be used to notify consumers. Considerations for preparing a press release include:
- Issuance of a press release should be the highest priority and should be issued promptly.
- The Department of Health should be consulted before issuance of a press release.
- All relevant information should be included in the press release

6.12 REMOVAL OF AFFECTED PRODUCT

The procedure for product removal can be divided into five (5) components including: removal, control, disposition of affected product, recall effectiveness, and recall termination.

6.12.1 REMOVAL

All reasonable efforts must be made to remove affected products from commerce.

- Products in commerce should be detained, segregated, and handled in a manner determined by Department of Health regulations.
- Products that are still in the Dispensary Facility's control (e.g. inventory located onsite or in transit) should be detained, and segregated.
- All quantities and identification codes shall be documented to assist in the reconciliation of product amounts. Citiva Medical's electronic verification system and transport manifests will be consulted in order to promptly identify the recalled products.

6.12.2 CONTROL OF RECALLED PRODUCT WHEN CITIVA MEDICAL RETAINS RECALLED PRODUCT:

- All affected product returned will be clearly marked, **NOT FOR SALE OR DISTRIBUTION,** and stored in an area that is separated from any and all other medical marihuana products.
- All quantities and identification codes shall be documented to assist in the reconciliation of product amounts.

6.13 PRODUCT DISPOSITION

The final disposition of the recovered product must be determined. The final disposition must be reviewed and approved by the Department of Health. Options include:

- Destruction – Products determined to be unsafe for human consumption may be destroyed or denatured, and disposed by appropriate means.
- Recondition – Products may be reworked to remove the safety risk. For example, would be relabeling a product to declare an allergen originally omitted from the label.

All quantities, identification codes, and disposition shall be documented.

6.14 RECALL EFFECTIVENESS

Citiva Medical has primary responsibility for determining whether the recall is effective. Recall Effectiveness Checks verify that all dispensaries in the chain of distribution have been notified and have taken the appropriate action. Steps include:

- Verifying that all Dispensary Facilities have received the notification.
- Verifying that all Dispensary Facilities have taken appropriate action.
- If the response from Dispensary Facilities in the chain of distribution is less than 100%, then the recall should be deemed ineffective and the recall strategy should be reassessed.

All verifications shall be documented.

6.15 TERMINATION OF A RECALL

Termination of the recall may be considered after all reasonable efforts have been made to remove the affected products from commerce, including reconciliation, recall effectiveness, and disposition.

A termination of the recall may be requested by submitting a written request to the regulatory authorities.

7 MOCK RECALL

In addition to an annual verification of the recall plan, Citiva Medical will conduct a Mock Recall annually or whenever there are significant changes to the plan or personnel. This is an accordance with its Traceability Requirement in its implementation of the Good Agricultural Practices/Good Handling Practices (GAP/GHP) and Current Good Manufacturing Practices (CGMP). The Mock Recall will include the following elements:

- Selecting a product which has reached the regulated medical marihuana market.
- Tracing the product from the raw ingredient (e.g. source) level to the finished product in the marketplace.
- Verifying communications systems (e.g. contact information, test emails and faxes, etc.) to outside contacts.
- Modifying the recall plan to correct any problems encountered during the test. Records of these mock recalls will be documented and filed appropriately.

8 CODE OF ETHICS

The Code of Ethics serves as a guide of conduct for all employees. It contains standards of ethical behavior that apply to all dealings with colleagues, clients, the community and society as a whole. The Code of Ethics also incorporates standards governing personal behavior particularly when that conduct directly relates to the role and identity of the organization.

8.1 EMPLOYEE'S RESPONSIBILITIES TO THE ORGANIZATION

- Uphold the values, ethics and mission of the organization.
- Conduct all personal and professional activities with honesty, integrity, respect, fairness and good faith in a manner that will reflect well upon the organization.
- Comply with all laws and regulations that apply in the conduct of organizational or personal activities.
- Maintain competence and proficiency in healthcare industry and general business standards by personal assessment and continuing education programs.
- Avoid the exploitation of professional relationships for personal gain. Respect confidences.
- Refrain from participating in any endorsement or publicity that demeans the credibility and dignity of the company.
- Assure that no conflict of interest exists in any dealings involving the organization.
- Use this code to further the interests of the organization and to report any alleged violations to management.

8.2 RESPONSIBILITIES TO THOSE WHO SERVED AND TO THE COMMUNITY

- Provide healthcare services consistent with available resources and assure the existence of a resource allocation process that considers ethical ramifications.
- Conduct both competitive and cooperative activities in ways that improve community health care services.
- Continuous improvement in business management techniques.
- Respect of the customs and practices of those served, consistent with the organization's philosophy.
- Be truthful in all forms of communication, including receivables and avoid information that would create unreasonable expectations.
- Enhance the dignity and image of the organization through marketing, public relations and educational programs without undermining reputation of competitive business.
- Assure the existence of a process to evaluate the quality of care or services rendered.
- Avoid exploitation of relationships for personal advantage.
- Avoid practicing or facilitating discrimination and institute safeguards to prevent discriminatory organizational practices.
- Advise clients of rights, responsibilities and risks regarding services provided.
- Assure confidentiality, autonomy of clients and others served.
- Advise client of any financial benefit to the referring organization in the event referral to another organization, service or individual is made.

8.3 COMPLIANCE

Citiva Medical has designated the Supervising Pharmacist as the compliance officer of the corporation. All compliance related concerns should be brought to his attention. An independent quality improvement coordinator reviews compliance related materials including patient records on a monthly basis. Any compliance concerns are presented in writing to the Supervising Pharmacist.

8.4 ANTI-KICKBACK AND SELF-REFERRAL CONCERNS

1. Any contracts and arrangements with actual or potential referral sources (e.g., physicians) are reviewed by counsel and comply with all applicable statutes and regulations, including the anti-kickback statute and the Stark physician self-referral law.

    a. If Citiva Medical questions an arrangement into which it may enter, it should consider asking the DOH for an Advisory Opinion regarding the anti-kickback statute or HCFA for an Advisory Opinion regarding Stark. See 62 Fed. Reg. 7350 (February 19, 1997) and 63 Fed. Reg. 38,311 (August 16, 1998) for instructions on how to submit an Advisory Opinion to the OIG. These instructions are also located on the Internet at http://www.dhhs.gov/progorg/oig. See 63 Fed. Reg. 1645 (January 9, 1998) on how to submit an Advisory Opinion to HCFA.

2. Citiva Medical will not submit or cause to be submitted to health care programs claims for patients who were referred to Citiva Medical pursuant to contracts or financial arrangements that were designed to induce such referrals in violation of the anti-kickback statute or similar Federal or State statute or regulation or that otherwise violate the Stark physician self-referral law.
3. Citiva Medical does not offer or provide gifts, free services, or other incentives or things of value to patients, relatives of patients, physicians, home health agencies, nursing homes, hospitals, contractors, assisted living facilities, or other potential referral sources for the purpose of inducing referrals in violation of the anti-kickback statute or similar Federal or State statute or regulation.
4. Citiva Medical prides itself on the high level of service it provides to its patients and satisfaction that our patients have with our service delivery. Citiva Medical employees are not permitted to accept gifts of any type from patients. If an employee is offered a gift, the employee should thank the giver but kindly decline accepting it. Any employee receiving a gift from a patient is expected to inform their supervisor immediately.

9 EXHIBITS

9.1 PATIENT COMPLAINT LOG

Date of receipt of complaint:				
Patient's name:				
Patient's address:				
	State:	NY	Zip:	
Patient's telephone number:	( )			
Description of complaint:				
Action taken to resolve the complaint:				
Signature of representative			Date	

Office Use Only

Response letter sent ☐ Yes Date_____ Initials_____

9.2 CITIVA MEDICAL COMPLAINT LOG

Citiva Medical Complaint Log

Date Reported	Complaint ID #	Date Investigation	Summary of Issue	Final Resolution	Follow Up Actions

10 APPENDIX A – EVENT DOCUMENTATION

10.1 TEMPLATES

10.1.1 RECALL EVENTS LOG (should include the following information):

1. Name of the person creating the action
2. Dates
3. Actions
4. Communications
5. Decisions
6. Product disposition

10.1.2 RECALLED PRODUCT INFORMATION DATA SHEET (should include the following information):

1. Product description: brand, product name, size, etc.
2. Lot codes
3. Quantity of recalled product
4. Date of the action
5. Action taken for each product

10.1.3 EXAMPLE PRODUCT COMPLAINT REPORT

1. Name of the complainant, and pertinent contact information
2. Dates
3. Complaint
4. Product
5. Adverse Reaction
6. Actions
7. Communications
8. Decisions
9. Product disposition

11 APPENDIX B – ASSIGNED RESPONSIBILITIES

11.1 SAMPLE ASSIGNMENTS (MAY INCLUDE, BUT NOT BE LIMITED TO THE FOLLOWING)

11.2 LIST OF ASSIGNMENTS

11.2.1 DESIGNATION OF THE RECALL COORDINATOR

The Quality Assurance Director is the Recall Coordinator for all Recalls and Mock Recalls

11.2.2 LEGAL COUNSEL

Citiva Medical Legal Counsel will be active members of the Recall Committee in the Recall activities and Mock Recalls

11.2.3 RECALL COMMITTEE

The Recall Committee shall be assembled from:

1. Management (Administration)
2. Recall Coordinator
3. Accounting
4. Consumer Affairs/Public Relations
5. Customer Service
6. Distribution and Supply
7. Information Technology
8. Legal Counsel
9. Marketing
10. Operations
11. Production
12. Purchasing
13. Quality Assurance
14. Sales
15. Maintenance
16. Records Management
17. Regulatory Affairs
18. Sanitation

11.3 ASSIGNMENT

1. Management of the Recall – The Recall Coordinator is responsible for the coordination of all recall activities.
2. Assemble the Recall Committee – The Recall Coordinator is responsible for communicating the decision to recall to the members of the Recall Committee and that each member knows their responsibilities.

11.4 EVALUATION

1. Management Approval of the Recall – The Recall Coordinator in conjunction with the Department of Health is responsible to decide if the recall should go forward.

11.5 IDENTIFICATION

1. Create a Product Recall Log – Legal counsel is responsible to create and maintain a product recall log to document all events, when they occur and the company's response to each.
2. Identify all Products to be recalled – Chief Operations Officer is responsible for identifying all products which need to be recalled.

11.6 NOTIFICATION

1. Notify the Department of Health– The Recall Coordinator or Legal Counsel is responsible for notifying the Department of Health. Contacts shall only be made through the designated committee member.
2. Prepare the Press Release (if required) – Legal Counsel is responsible for the recall press release if the decision to prepare a press release is made. Considerations for preparing a press release include:
   a. Issuance of a press release should be the highest priority and it should be issued promptly.
   b. Consult with Department of Health before issuance of a press release.
   c. If the company decides to prepare the press release, include all relevant information.
3. Prepare the Distribution List – The Chief Operations Officer is responsible for preparing the recalled product distribution list.
4. Prepare the Notice of Recall – Legal Counsel is responsible for preparing the written notice includes all recall relevant information.
5. Distribute the Notice of Recall – Legal Counsel is responsible for distribution of the Notice of Recall to all Dispensary Facilities that received the recalled product. Responsibilities include:
   a. Confirm receipt of the Notice of Recall with all accounts.
   b. Contact accounts that have not responded to the request for confirmation.
   c. Maintain records of the account communications.

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

CITIVA MEDICAL LLC

MEDICAL MARIHUANA PROGRAM

ATTACHMENT D

OPERATING PLAN – SECTION 9 – Product Quality Assurance

SECTION 9

Quality Assurance Plan

Citiva Medical LLC

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2 OVERARCHING DESCRIPTION AND APPROACH

Citiva Medical's core principles of integrity, transparency, security and compliance are critical to the successful implementation of a viable medical marihuana industry in the State of New York. Founded to serve the needs of New York's certified medical marihuana patients, Citiva Medical combines extensive experience in various regulated industries with a deep understanding of commercial medical marihuana operations. This includes an extensive knowledge and understanding of Quality Assurance activities and systems, designed to insure patient safety and product quality.

Chapter XIII, Part 1004 of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York, contains the following requirement:

§1004.5 Application for initial registration as a registered organization.

> *(b) In order to operate as a registered organization, an entity shall file an application on forms or in a manner prescribed by the commissioner. The application shall be signed by the executive officer duly authorized by the board of a corporate applicant, or a general partner or owner of a proprietary applicant. The application shall set forth or be accompanied by the following:*
>
> *(4) an operating plan that includes a detailed description of the applicant's manufacturing processes, transporting, distributing, sale and dispensing policies or procedures. The operating plan shall also include:*
>
> *(vi) a quality assurance program to track contamination incidents and document the investigated source of such incidents, and the appropriate corrective action(s) taken.*

Citiva Medical will implement a Quality Control Program utilizing elements from current Good Manufacturing Practices (cGMP) and Good Laboratory Practices (GLP). This Quality Control Program will encompass in-process testing of bulk oils and finished product testing of all lots and all dosage forms, to meet the requirements specified in the Regulations. The Regulations identify specific testing requirements for product quality and contaminants and each of these are addressed in detail below. Where possible, the State-selected "Seed to Sale" software will be used to manage Laboratory testing, results and to track contamination incidents, as described below. Certain elements of the facility and specific rooms have been designed specifically to prevent contamination, and these are also detailed below. A formal procedure for investigating quality related issues, including contamination incidents, determining root cause and implementing Corrective and Preventive Actions (CAPAs) exists in the Quality Assurance Program. Finally, several Quality Systems for the in-house Quality Control Laboratory will be created in order to provide controls and a high degree of assurance for results generated from the in-house Laboratory. Through this comprehensive Quality Control Program, Citiva Medical will be able to insure the highest quality products for our patients.

3 JOB DESCRIPTIONS

3.1 QUALITY ASSURANCE OFFICER

The Quality Assurance Officer shall:

1. Be responsible for the overall management of the Citiva Medical Quality Assurance Program;
2. Continuously monitor, evaluate, improve and revised the Quality Assurance Program, to increase overall visibility and control of all processes;
3. Insure that all employees have the necessary procedures, training and supervision to perform their jobs;
4. Oversee the performance of periodic reviews and internal audits of the Quality Assurance Program;
5. Oversee all inventory discrepancy issues and approve all issue investigations; and
6. Participate in the investigation into all OOS results and in any incidents whose root cause is determined to not be the laboratory, as required.

3.2 QUALITY CONTROL MANAGER

The Quality Control Manager shall:

1. Be responsible for insuring that all SOPs, including those related to Quality, are followed during laboratory operations;
2. Report any out of specification result or any observation or comment related to quality, to the Site Director;
3. Be responsible for all test results;
4. Be responsible for all laboratory related matters;
5. Issue Certificates of analysis for each lot tested; and
6. Participate in issue resolution and investigations, as necessary, to help determine root causes of incidents which may require correction and/or improvement.

4 SECTION 1004.5 (b) OF 10 NYCRR AND QUALITY CONTROLS

4.1 OVERVIEW

The Citiva Medical Quality Control Program has several components to insure reliable and accurate testing results for bulk in-process materials, lots, and finished product forms and brands, which are free of contamination, in order to deliver the highest quality product to our patients. These components are:

- Specific Testing Requirements
- State-selected "Seed to Sale" Software
- Facility Design
- Issue Investigation and CAPA
- Quality Control Program

4.2 SPECIFIC TESTING REQUIREMENTS

§1004.11 Manufacturing requirements for approved medical marihuana products

(c) A registered organization shall only produce such forms of medical marihuana as approved by the New York State New York State Department of Health according to the following requirements:

(1) Each registered organization may initially produce up to five brands of medical marihuana product with prior approval of the New York State New York State Department of Health of Health. These brands may be produced in multiple forms as approved by the commissioner. Thereafter, additional brands may be approved by the New York State Department of Health. However, in no case shall marihuana in unprocessed whole flower form be made available to certified patients.

(2) Each medical marihuana product brand, in its final form, shall be defined as having a specific concentration of total Tetrahydrocannabinol (THC) and total Cannabidiol (CBD) and shall have a consistent cannabinoid profile. The concentration of the following cannabinoids, at a minimum, must be reported: (i) Tetrahydrocannabinol (THC) (ii) Tetrahydrocannabinol acid (THCA) 48 (iii) Tetrahydrocannabivarin (THCV) (iv) Cannabidiol (CBD) (v) Cannabinadiolic acid (CBDA) (vi) Cannabidivarine (CBDV) (vii) Cannabinol (CBN) (viii) Cannabigerol (CBG) (ix) Cannabichromene (CBC) (x) Any other cannabinoid component at > 0.1%

(3) The final medical marihuana product shall not contain less than (95% or more than 105% of the concentration of total THC or total CBD indicated on the label for this brand. Each brand shall have a maximum of 10 mg total THC per dose.

Citiva Medical will test all lots of product against a finished product specification as part of the product release procedure, including all components listed in Section 1004.11(C)(2) of 10 NYCRR.

The software's label creation tool enables licensed producers to create custom container-client labels with any fields necessary to comply with applicable law. All aforementioned required fields can be added as variables. In addition to this a user can add custom disclaimers and warnings. The system will automatically print the container-client specific label upon completion of the sale.

§1004.14 Laboratory testing requirements for medical marihuana

(a) Medical marihuana products produced by a registered organization shall be examined in a laboratory located in New York State that is licensed by the federal Drug Enforcement Administration (DEA) and approved for the analysis of medical marihuana by the New York State Department of Health in accordance with article 5 of the public health law and subpart 55-2 of this title.

Citiva Medical will use a licensed New York State laboratory to test all lots. Citiva Medical will also have an internal laboratory to perform routine in-process and finished product analysis.

(e) *Sampling and testing of each lot of final medical marihuana product shall be conducted with a statistically significant number of samples and with acceptable methodologies such that there is assurance that all lots of each medical marihuana product are adequately assessed for contaminants and the cannabinoid profile is consistent throughout.*

Citiva Medical will develop a sampling plan using an industry standard methodology, such as ANS/ASQ Z1.4, to assure that all lots of each medical marihuana product are adequately assessed for contaminants and the cannabinoid profile is consistent throughout.

(g) *Testing for contaminants in the final medical marihuana product shall include but shall not be limited to those analytes listed below. The New York State Department of Health shall make available a list of required analytes and their acceptable limits as determined by the Commissioner.*

Analyte:

- *E. coli*
- *Klebsiella*
- *Pseudomonas (for products to be vaporized)*
- *Salmonella*
- *Streptococcus*
- *Bile tolerant gram negative bacteria*
- *Aspergillus*
- *Mucor species*
- *Penicillium species*
- *Thermophilic Actinomycetes species*
- *Aflatoxin*
- *Ochratoxin*
- *Antimony*
- *Arsenic*
- *Cadmium*
- *Chromium*
- *Copper*
- *Lead*
- *Nickel*
- *Zinc*
- *Mercury*
- *Any pesticide/herbicide/fungicide used during production of the medical marihuana product*
- *Any growth regulator used during production of the medical marihuana product*
- *Any other analyte as required by the commissioner*

Citiva Medical will test all of the analytes as required by the Commissioner. The data will be used to track contamination, investigate its source and create Corrective and Preventive Actions to remediate the cause. Contaminant results will be statistically analyzed to identify any trends or changes.

4.3 STATE-SELECTED "SEED TO SALE" SOFTWARE

Citiva Medical will use the State-selected "Seed to Sale" software to insure that all lots of product are tested and verified against the product specifications, prior to release by Quality Assurance. The software is a secured program that is password protected and also can be set for Biometric Fingerprint scanning to ensure only authorized personnel will be able to access secure documentation within the system. All the information is stored on a local server that is firewall protected from any outside presence.

§1004.10 Registered organizations; general requirements

> *(4) submit approved medical marihuana product samples to the New York State Department of Health upon request, including for quality assurance testing or investigation of an adverse event. A subset of each lot of medical marihuana product shall be retained by the registered organization to allow for testing in the future if requested by the New York State Department of Health and shall be stored unopened as indicated on the label and in the original packaging. This subset of medical marihuana product must be readily identifiable as belonging to its specific lot. The quantity retained shall be a statistically representative number of samples to allow for complete testing of the product at least three (3) times and shall be retained by the registered organization for at least two (2) years following the date of expiration*

Within the State-selected "Seed to Sale" software, there are a number of functions designed specifically for use with laboratory testing. This includes, but is not limited to the following:

- Laboratory facility detailed information options to notate lab credentials .
- Log and directly associate lab results with a specific lot or batch of product.
- Inventory adjustment logging for testing sample removals.
- Ability to separate products pending testing from available inventory.
- Direct porting of lab results to product labels.

The State-selected "Seed to Sale" software automatically assigns a globally unique and non-repeatable 16-digit barcode number to every plant. Furthermore, the system auto-generates a globally unique and non-repeatable 16-digit barcode number at every stage where dried marihuana must be separately identifiable from the original plant due to processing and packaging. Once generated these serial numbers are assigned and cannot be changed. In the event of a recall, the State-selected software contains a "Plant/Inventory History Report" that can track everything about the plants and products from the time it was introduced to Manufacturing Facility: tracking every gram contained in the lot, including, but not limited to, all purchases containing matter from the plant or product, the contact information for the purchaser, all vendor information and transport logs

§1004.10 Registered organizations; general requirements

6) quarantine any lot of medical marihuana product as directed by the New York State Department of Health, and not transport, distribute or dispense such lot unless prior approval is obtained from the New York State Department of Health;

(7) dispose of unusable medical marihuana products that have failed laboratory testing or any marihuana used in the manufacturing process as per the registered organization's approved operating plan.

The State-selected "Seed to Sale" software can adjust inventory and always requires a reason for removal when utilizing the inventory adjustment feature. Product in need of quarantine can be separated from bulk and placed in the designated areas in the Manufacturing Facility. Inventory destruction can be initiated through the software system requiring documentation of destruction purpose and/or approved method, as well as the employees performing the action. Although the inventory can be adjusted or voided, at no time is any data ever fully deleted as the software maintains a log of every action, including adjustments and voids, so that the entire history of the system may be reconstructed. The availability and report ability of the system data will enable Citiva Medical to produce any information necessary for the New York State Department of Health of Health during an inspection or at the New York State Department of Health of Health's request.

§1004.10 Registered organizations; general requirements

(8) maintain records required by article 33 of the public health law and this part for a period of five (5) years and make such records available to the New York State Department of Health upon request. Such records shall include:

(i) documentation, including lot numbers where applicable, of all materials used in the manufacturing of the approved medical marihuana product to allow tracking of the materials including but not limited to soil, soil amendment, nutrients, hydroponic materials, fertilizers, growth promoters, pesticides, fungicides, and herbicides;

(ii) cultivation, manufacturing, packaging and labeling production records; and

(iii) laboratory testing results

Reports are retained beyond the five (5) year requirement and can be accessed indefinitely. In addition to storing information, the system also has the ability to create custom labels for cultivation, manufacturing and testing results.

The software enables the Citiva Medical to collect, store, and retrieve all data and activity – with respect to inventory records, inventory-tracking records, supplier records, patient records, client-records, employee records, recall reports, quarantine and waste reporting, sales/transaction records, disposal records, and all scanned documents – at any time (real time), either in-system or through the report creation tool. Though system actions can be adjusted or voided, at no time is any data ever fully deleted as the software maintains a log of every action, including adjustments and voids, so that the entire history of the system may be reconstructed. The availability and report ability of the system data enables Citiva Medical to produce any information necessary for the New York State Department of Health of Health during an inspection or at the New York State Department of Health of Health's request.

§1004.11 Manufacturing requirements for approved medical marihuana products

(a) Definitions. Wherever used in this part, the following terms shall have the following meanings:

(1) "Approved medical marihuana product" is the final manufactured product delivered to the patient that represents a specific brand with a defined cannabinoid content and active and inactive ingredients, prepared in a specific dosage and form, to be administered as recommended by the practitioner.

(2) "Brand" means a defined medical marihuana extraction product that has a homogenous and uniform cannabinoid concentration and product quality, produced according to an approved and stable processing protocol. The specified brand shall have a total THC and total CBD concentration that is within 95 – 105% of that specified in milligrams per dose for that brand and shall have the same composition and concentration of inactive ingredients as that defined for the brand.

Within the software, there are a number of functions designed specifically for use with laboratory testing. The system captures all necessary quality assurance information, approved testing laboratory information, and test results. All of this information is easily reported on to the inventory or product label for accuracy.

Citiva Medical will test all lots of product against a finished product specification as part of the product release procedure, including total THC and total CBD concentration within 95 – 105% of that specified in milligrams per dose of that brand, as well as composition and concentration of inactive ingredients defined for the brand. Each brand will have a maximum of 10mg total THC per dose. In addition, Citiva Medical will offer and make available to patients, at least one (1) brand that has a low THC and/or high CBD content (i.e., a 1:20 ration of THC to CBD). Lastly, Citiva Medical will offer and make available at least one (1) brand that has approximately equal amounts of THC and CBD.

§1004.10 Registerd Organization General Requirements

(j) The registered organization shall identify each lot of approved medical marihuana product with a lot unique identifier.

(k) Each approved medical marihuana product shall be affixed with a product label. Medical marihuana product labels shall be approved by the New York State Department of Health prior to use. Each product label shall be applied at the manufacturing facility, be easily readable, firmly affixed and include:

(1) the name, address and registration number of the registered organization;

(2) the medical marihuana product form and brand designation;

(3) the single dose THC and CBD content for the product set forth in milligrams (mg);

(4) the medical marihuana product lot unique identifier (lot number or bar code);

(5) the quantity included in the package;

(6) the date packaged; 53 (

7) the date of expiration of the product;

(8) the proper storage conditions;

(9) *language stating:*

(i) *"Medical marihuana products must be kept in the original container in which they were dispensed and removed from the original container only when ready for use by the certified patient";*

(ii) *"Keep secured at all times";*

(iii) *"May not be resold or transferred to another person";*

(iv) *"This product might impair the ability to drive";*

(v) *"KEEP THIS PRODUCT AWAY FROM CHILDREN (unless medical marihuana product is being given to the child under a practitioner's care"); and*

(vi) *"This product is for medicinal use only. Women should not consume during pregnancy or while breastfeeding except on the advice of the certifying practitioner, and in the case of breastfeeding mothers, including the infant's pediatrician."*

(l) For each lot of medical marihuana product produced, the registered organization shall submit a predetermined number of final medical marihuana products (e.g., sealed vials or capsules; with the number of samples submitted, based on statistical analysis, determined to be representative of the lot) to an independent laboratory/laboratories approved by the New York State Department of Health. The laboratory verifying the cannabinoid content shall be approved for the analysis of medical marihuana product by the New York State Department of Health in accordance with section five hundred two of the public health law and subpart 55-2 of this title. Such laboratory, or approved laboratories cumulatively, shall certify the medical marihuana product lot as passing all contaminant testing and verify that the content is consistent with the brand prior to the medical marihuana product being released from the manufacturer to any dispensing facility.

The software's label creation tool enables licensed producers to create custom container-client labels with any fields necessary to comply with applicable law. All aforementioned required fields can be added as variables. In addition to this, a user can add custom disclaimers and warnings. The system will automatically print the container-client specific label upon completion of the sale.

§1004.10(l)

(1) Any lot not meeting the minimum standards or specifications for safety shall be rejected and destroyed by the registered organization in accordance with the registered organization's approved operating plan.

(2) Any lot not meeting the minimum standards or specifications for brand consistency shall be rejected and destroyed by the registered organization in accordance with the registered organization's approved operating plan.

The system has the ability to separate and quarantine products that do not meet the minimum standards for Safety and Brand consistency. If a product must be destroyed the system will document the destruction in accordance with the Citiva Medical's approved Operating Plan, described in Section 1 and in Citiva Medical Section 6 SOPs.

§1004.10(l)

(3) The registered organization shall keep and maintain records documenting submission of medical marihuana products to approved laboratories as required herein, and the results of the laboratory testing. The registered organization shall provide the New York State Department of Health with such records upon request.

The State-selected "Seed to Sale" software enables the business to collect, store, and retrieve all data and activity -- with respect to inventory records, inventory-tracking records, supplier records, patient records, client-records, employee records, recall reports, quarantine and waste reporting, sales/transaction records, disposal records, and all scanned documents – at any time (real time), either in-system or through the report creation tool. Though system actions can be adjusted or voided, at no time is any data ever fully deleted as the software system maintains a log of every action, including adjustments and voids, so that the entire history of the system may be reconstructed. The availability and report ability of the system data enables the said entity to produce any information necessary for the New York State Department of Health of Health during an inspection or at the New York State Department of Health of Health's request.

§1004.14 Laboratory testing requirements for medical marihuana.

(c) The registered organization shall submit to the laboratory, and testing shall only be performed on, the final medical marihuana product equivalent to the sealed medical marihuana product dispensed to the patient (e.g., in a sealed vial or intact capsule).

Citiva Medical will test final medical marihuana products or equivalent to the sealed medical marihuana product dispensed to the patient.

Within the software, there are a number of functions designed specifically for use with laboratory testing. This includes, but is not limited to, the following:

- Laboratory facility detail information options to notate lab credentials
- Log and directly associate lab results with a specific lot or batch of product
- Inventory adjustment logging for testing sample removals
- Ability to separate products pending testing from available inventory
- Direct porting of lab results to product labels

(b) (h) Audits. The New York State Department of Health may perform audits, which may include site visits. The registered organization shall provide reasonable access to the New York State Department of Health of its facilities, books and records.

The software retains all actions performed in the system indefinitely. All records that are captured by the system within a given registered organization are accessible upon request.

Citiva Medical is committed to assisting the New York State New York State Department of Health of Health with audits and audit visits. We will welcome auditors into our Manufacturing and Dispensing Facilities and thoroughly prepare the requested materials, using the State-selected "Seed to Sale" software where applicable, to help the process to a satisfactory assessment by the audit team.

With our strong commitment to serve the registered patients of New York, we also have a commitment to meet, and exceed, the regulatory expectations of the New York State Department of Health of Health.

4.4 APPROACH TO CULTIVATION TO ACHIEVE PRODUCT QUALITY STANDARDS

4.4.1 QUALITY CONTROL TESTING FACILITY AND CONTAMINATION CONTROL

Citiva Medical will design, install, implement, handle and utilize equipment, processes and methodologies for high performance quality control testing as follows:

Facility: Design, construction and build-out of the quality control testing facility featuring all laboratory (profiling) equipment and testing;

OSHA: OSHA compliance;

Equipment: High Performance Liquid Chromatography to conduct cannabinoid profiling by way of quantitative analysis.

Training: Training and modules with respect to quantitative analysis to be perform with respect to quality control testing;

SOP's: Standard operating procedures manual preparation and updating;

Staffing: Optimum staffing plans.

Product Quality starts with Citiva Medical's physical build out of the facilities and its proprietary protocols aimed at producing healthy, highly-productive plants, and continues through to Citiva Medical's methods of extraction, packaging, sealing, and labeling. Of course, throughout the process many steps are taken to safeguard against various contamination sources (e.g., utilizing automated systems and Integrated Pest Management to safeguard against disease); to perform various testing and screenings to detect the early stages of problems (e.g., laboratory profiling); to deal specifically with the many complex factors that impact plant health; to train Citiva Medical's employees to be observant, thoughtful, educated, and prepared to enhance overall product quality and mitigate contamination; and to implement cultivation and processing techniques to achieve the required standards for approved medical marihuana products. All of the foregoing are part of a well thought out process and plan to be implemented on a daily basis by Citiva Medical to achieve the highest standards of Product Quality.

4.4.2 PRODUCT QUALITY INFLUENCERS IN THE CULTIVATION FACILITY

The highest priority of Citiva Medical is to provide certified patients with consistent, reproducible, and safe approved medical marihuana products that always meet the required New York State

Department of Health of Health standards. This goal will be advanced in the Cultivation Facility by focusing on the following influencers:

1. Best growing practices for medical marihuana
2. Strict quality control for materials, environment, cleanliness, and plant handling
3. Unique clean room building design and features
4. Strong employee training protocols
5. Detailed and recorded daily inspection procedures
6. State-of-the-art Biosecurity Plan implementation
7. Recognized process improvement through Corrective Action and Preventive Action (CAPA), on-going training and education, and collaboration with outside institutions

Citiva Medical will have a dedicated Cultivation Manager, who works closely with the Quality Control Manager, in charge of the daily observations, monitoring, and regular testing of the plants. The Cultivation Manager will ensure that Cultivation Staff follow the protocols in the Biosecurity Plan found under Section 1. All Cultivation Facility staff that work with the plants will be required to take extensive training on mold, disease, nutrient deficiencies or overfeeding, chemical residues, and other contaminant identification.

4.4.3 CLOSED ENVIRONMENT AGRICULTURE (CEA) TO CREATE THE HEALTHY PLANT GROWTH ENVIRONMENT

Creating a healthy plant environment comes from a synergy of disciplines: fine environmental control of the growing areas, defense against mold, disease and pests, appropriate nutrition, and outstanding care provided by workers in the Facility. Citiva Medical will achieve this synergy in the cultivation environment using state-of-the-art engineering and design features to create a Close Environment Agriculture (CEA) Facility. The areas within the Cultivation and Processing Facilities will be constructed with sealed "clean room" like properties. Strict employee contamination prevention protocols will be instituted. Citiva Medical will ensure that the Cultivation and Processing Facilities design, entrance/exit protocols and employee dress code matters are followed. These requirements and system descriptions are included in Appendix B-Section 1, and in the Biosecurity Plan. Examples of the requirements and descriptions from those Sections include:

a. A fully sealed, pathogen free environment to guard against any potential outside contaminants, and featuring a 36 high volume 1000 cfm carbon filtration air purification systems from each Greenhouse/Cultivation area zone
b. UV anti-bacterial A/C integration
c. Industrial dehumidification
d. Air curtains at every entrance/exit point (including loading docks) for air-born insect and mold spore prevention
e. Air showers at every cultivation area and processing entrance point for air-born insect and mold spore prevention
f. Sanitizing foot pads to be utilized by all visitors and employees prior to entering the interior of the cultivation facility and its processing area. Cultivation Facility footwear will be provided to employees and visitors

g. Clean male and female locker rooms to be used by all employees for washing and changing from their outside clothes prior to entering the interior of the production cultivation facility and processing areas for cultivation and processing purposes, respectively

h. Employee dress code requiring company provided shoes and scrubs (featuring no pockets) that will always remain in the facility for company washing and/or replacement. (Refer to Section 1 Biosecurity Plan.)

i. Decontamination staging area and processes for supply deliveries

j. Cultivation Facility cleaning of the vegetative and flowering rooms will conducted according to the procedures in Section 1 and the Section 6 SOPs

k. General Sanitary Practices will be followed throughout the Manufacturing Facility

4.4.4 PRODUCT QUALITY CONTROL MEASURES IN THE CULTIVATION FACILITY

Citiva Medical will implement several elements to enhance overall productivity of the Cultivation Facility. These elements will be tightly monitored and controlled and tested to demonstrate that the Cultivation Facility is meeting established with standards for creating a healthy plant growth environment. These elements include, but are not limited to:

1. Cultivation Approach to Individual Strains of Medical Marihuana

Each strain will be cultivated with a specifically-tailored timetable. It is known that each strain requires a unique schedule for its bloom phase (when the extractable resins are produced). Each strain has different needs in terms of nutrients and fertilizers. Citiva Medical will seek to optimize the cultivation environment allowing each strain to efficiently produce the expected cannabinoid levels.

2. Automated Systems

An automated system of environmental control, irrigation, and fertigation will be implemented to optimize conditions and decrease environmental variations that could subtly negatively affect crop health. Described in detail in other sections, examples of these automated systems include:

a. Medical marihuana will be grown using an automated system for irrigation and fertigation.

b. This system will ensure that all plants of the same strain will feed for the same amount of time and from the same nutrient mix.

c. Each nutrient solution will be checked daily prior to feeding in order to verify the integrity of the nutrient content within a strict five parts per million tolerance.

d. The pH (acidity/alkalinity) of the solution will also be closely monitored, and will be verified before each application of the nutrient solution so as to ensure that the nutrients are available to the plant.

e. All monitoring devices will be re-calibrated once per week.

f. Each plant will undergo a one week flush period with sub-5 ppm reverse osmosis filtered water to eliminate the possibility of any excess nutrients remaining in the soil prior to harvest.

g. Hard metals and any tap water based contaminants are removed by the high-flow reverse osmosis water filtration system which ensures a consistently clean potable water.

3. **Plant Health Maintenance**

Citiva Medical also has instituted a Plant Health Maintenance procedure to be used by its Cultivation Manager and supporting cultivation staff. Examples of the types of Plant Health Maintenance activities are:

a. Ensure flower room lamps are in accordance with designated lighting schedule.

b. Ensure desired A/C thermostat temperatures are set and holding temperatures.

c. Ensure humidity is in desired range.

d. Empty dehumidifiers if necessary.

e. Ensure all ventilation fans are operational.

f. Analyze all plants that are currently photosynthesizing for feeding needs.

g. Check water level, ppm and pH in feed reservoirs prior to feeding and adjust as necessary.

h. Document all adjustments made and include pre and post settings/readings.

i. Inspect all plants for insects, mold and general health.

j. Ensure all recirculating pumps within the reservoirs are not clogged with debris.

k. Ensure that all air stones in reservoirs are injecting air into the nutrient solution.

l. Ensure that desired CO_2 levels are in range / check CO_2 burners to ensure they are functional.

m. Inspect all plants for overcrowding and pruning needs.

n. Inspect all clones for feeding needs, root development and vegetative growth.

o. Inspect all harvested plants for moisture content.

p. Inventory check.

4.4.5 BIOSECURITY PLAN

An integral part of the design and operation of the Cultivation Facilities is Biosecurity. Crop Biosecurity is defined as a set of preventive measures to reduce risk to the crop from insects and microorganisms (fungi, bacteria and viruses). An overall goal of the approach is to reduce the incidence of Cultivation Facility pests and disease to an absolute minimum. Included in the Biosecurity measures is an Integrated Pest Management (IPM) approach An integrated pest management (IPM) strategy consistent with the USDA National Organic Program (NOP) guidelines will be used in this project to prevent and control plant pests and pathogens. In the unlikely event that it is necessary to deal with disease and pests in the Cultivation Facilities, our approach is based solely on control agents certified by OMRI (Organic Materials Review Institute) and the State of New York. As a registered organization (RO), Citiva Medical will identify pesticides, fungicides, and herbicides we wish to use, if needed, and obtain New York State approval prior to use. Only State-certified applicators will be used or contracted to apply the OMRI-certified agents, if necessary. We base our approach on our Five Principles for Biosecurity. Our Five (5) Principles for Biosecurity in our Cultivation Facilities are described in the Biosecurity Plan in Section 1.

4.4.6 TESTING AND SCREENINGS

Citiva Medical will internally test plant material, sub-lots, ingredients, extracts and resulting final products to ensure that its approved medical marihuana products are safe and meet Product Quality Standards. Independent Laboratory testing will also be conducted on a regular basis and as requested by the New York State Department of Health of Health.

4.5 APPROACH TO PROCESSING AND EXTRACTION FACILITY WITH A CLEAN ROOM ENVIRONMENT TO ENHANCE PRODUCT QUALITY

A key feature of the Processing and Extraction Facility is its Clean Room Environment. Citiva Medical shall aid Product Quality by ensuring that its Processing Facility is built to implement a true Clean Room Environment. Producing the final approved medical marihuana products in a Clean Room Environment minimizes the opportunities for contamination of the stock materials during processing. The Clean Room Environment is characterized by the following:

a. ISO 8, Class 100,000 clean room with 15-20 air changes per hour in the manufacturing area, and half such amount of air changes in cleanroom gowning area featuring appropriate furniture, coordinated with professionals active with the State of New York.
b. A properly pressurized cleanroom (pressurized to .02"-.04" W.G. so as to prevent pestilence and outside debris from entering the process, and thus ensuring a "pure" product.
c. A more "laminar" flow of clean, conditioned air within the space will wash the production area with clean air and prevent debris from entering the process.
d. Proper placement of low wall returns will capture any particulate that may enter through personnel or process, and will provide a layer of protection for the product.
e. Clean conditioned air will provide comfort for personnel within the space so as to minimize particulate and bio burden (e.g., sweat, skin squams) that can be absorbed by the product.

f. By nature, extraction is a dirty process characterized by oils and other debris entering the air stream. By supplying air through HEPA Filters of Fan Powered HEPA units (FFU's), and recirculating the conditioned air (recirculating includes mixing the return air with fresh outside air), much of the impurities (oil, duct, etc.) will be removed from the space creating a cleaner environment.

g. A cleanroom environment will also provide less waste in the process as a clean (and easy to clean) space will allow for any spilled product to be easily contained and recycled for use.

h. Carbon/MERV filters on the air handing unit will also remove many odors associated with the process and prevent any disturbance to nearby neighbors.

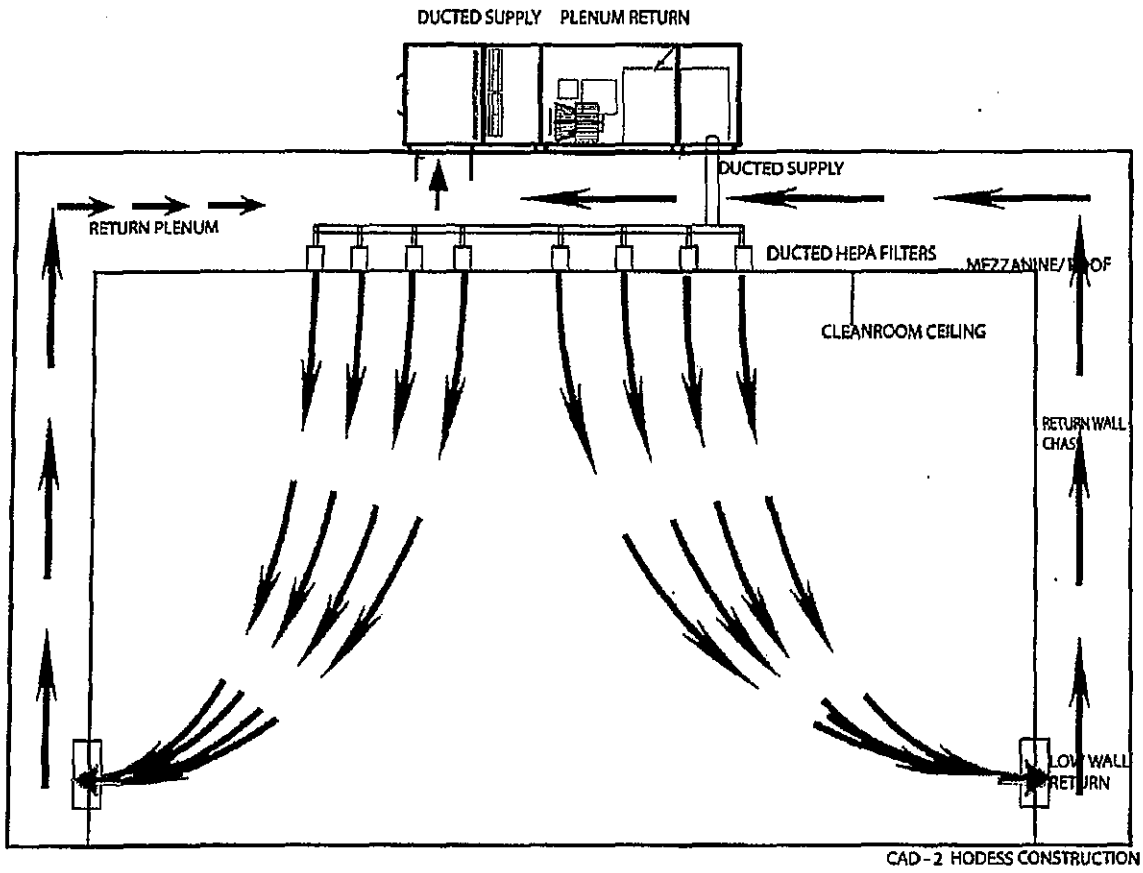
i. The walls will be cleanroom wall panels (walls coated with a smooth faced FRP (glassboard) material as in the below attachments) to create a smooth, progressive and easy to clean surface that the New York State Department of Health of Health will appreciate. Such material is FDA-compliant and has been tested against some of the harshest cleaning compounds found in the Pharma industry. Since the extraction process will involve heat and moisture, in addition to the presence of organic substances, mold growth potential is a risk. However, these walls can easily be cleaned to prevent the growth and spreading of mold.

j. A properly designed air delivery system will also help with controlling mold.

k. A cleanroom ceiling system (900 square feet of cleanroom ceiling grid with vinyl faced tiles) together with gaskets and sealed light fixtures (8 to 10) will prevent any particulate or pestilence from entering the space. The ceiling tiles will be vinyl faced gypsum with sealed edges and can be easily "swiffered" for cleaning.

l. The same walls and ceiling system in the kitchen would be well received and provide an aseptic look to the kitchen that will be well received by the New York State Department of Health.

The following basic schematic shows the air path through a cleanroom:



4.6 ISSUE INVESTIGATION AND CORRECTIVE ACTIONS AND PREVENTIVE ACTIONS

All Product Quality problems will be investigated. The in-house Citiva Medical Laboratory will conduct tests to confirm Product Quality. Additionally, an outside independent, State-licensed laboratory will also be enlisted to conduct tests. If results are out of specifications, an investigation will initially occur to insure that the test result obtained is a valid test result and not the result of analyst, equipment or method errors. Once determined to be valid and confirmed, an Investigation will be initiated to determine the root cause of the issue. The Investigation will follow the Citiva Medical procedure on performing and documenting a deviation investigation which includes tools for determining the root cause of the deviation. Once determined, the investigation process results in determining, where possible, Corrective and Preventive Actions to correct the root cause and help prevent the issue from occurring again.

4.7 QUALITY CONTROL PROGRAM

4.7.1 TEST METHODS

Laboratory Methods used at Citiva Medical will be compendia or validated in-house methods. Test

Methods are Controlled Documents and therefore will be formally written, approved and maintained. Test Methods are to be followed at all times, unless with approval of the laboratory Manager, documented by a note on the test records or Lab Notebook.

4.7.2 LAB NOTEBOOKS

Laboratory notebooks will be maintained for all instruments and a log of use and maintenance will be maintained. Logbooks may also be used for documenting routine operation of common laboratory equipment, such as for pH Meter standardizations. Notebooks may be maintained by analysts to record daily activities, solution preparations, etc.

4.7.3 OUT OF SPECIFICATION RESULTS

Out of Specification test results will be formally documented and investigated to determine the root cause of the result. The investigation should follow FDA Guidelines for Laboratory Out-of-Specification Results. The investigation should determine if the root cause is related to an instrument issue, an analyst error, an issue with the method, an issue with the instrument or some other cause. A Root Cause that is preventable will result in Corrective and/or Preventive Actions to prevent reoccurrence of the cause.

4.7.4 TEST RECORDS AND DATA

All laboratory test records, including, but not limited to, Lab Notebooks, Test Results, OOS Reports, etc., will be retained for a period of at least 5 years. Laboratory records include all raw data in computer software operating instruments such as HPLCs and GCs. This data should be retained either on a server back up or burned to DVD discs.

4.7.5 REFERENCE STANDARDS

The Citiva Medical Laboratory will have a system and procedure to order, receive, store, maintain inventory and use Reference Standards used in the testing of the product. The system will include maintaining a file of the standard's Certificates. Reference Standard lot number will always be recorded as part of any test record that uses standards.

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

CITIVA MEDICAL LLC

MEDICAL MARIHUANA PROGRAM

ATTACHMENT D

OPERATING PLAN – SECTION 10 – Recordkeeping

SECTION 10

Recordkeeping

Citiva Medical LLC

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2 OVERALL APPROACH TO RECORD KEEPING

Record keeping encompasses all activities and data related to transaction processing, inventory, manufacturing, accounting and regulatory reporting, and is managed by the Chief Financial Officer ("CFO"). The CFO is ultimately responsible for the accuracy of information derived from Citiva Medical's record keeping and transaction processing systems and serves as the primary custodian and point of governance for Citiva Medical's informational assets. In this capacity, the CFO will implement, keep and maintain sufficient controls to ensure proper use of, and access to Citiva Medical's business records (as described herein).

2.1 PLANS

One of the core components of Citiva Medical's operating plan is to deploy enterprise-class business software to manage key business functions. These functions include: inventory and warehouse management, accounting operations, manufacturing and procurement, and apply to every stage of producing and distributing medical marihuana. Citiva Medical has evaluated traditional enterprise resource planning (ERP) software suites as well as options that cater to the specialized needs of the medical marihuana vertical, in particular, cultivating, processing, manufacturing, delivery, transporting, distributing, sale and dispensing of medical marihuana products.

Citiva Medical's functional requirements for its selected business software platform include: compliance with all applicable requirements for regulatory reporting and electronic data interchange (e.g. full support of common EDI transaction sets and integration with New York State's I-STOP program), comprehensive LOT tracking and recall functionality, HIPPA compliance for data security and access to patient information, perpetual inventory management and reconciliation, SKU-level and product roll-up costing, flexible warehouse configuration, support of multi-level bills of material to support Seed-to-Sale LOT tracking, formula version control, advanced production planning and forecasting, cost center and consolidated financial reporting and business intelligence features and key performance indicator reporting.

In addition to the above functional requirements, Citiva Medical will evaluate business software options to ensure that the selected technology platform will effectively scale to meet its future business needs. Specific technology requirements include: utilization of an open, tier-one relational database (e.g. Oracle, MS SQL, MySQL), database encryption, thin client architecture to support full-feature application access over broadband Internet links, client/server data encryption to support HIPPA privacy requirements for electronic private health information (EPHI), and transaction-level auditing.

To facilitate Citiva Medical's ability to rapidly scale the size of its operation, all business systems will be hosted using a cloud-based service provider. Citiva Medical intends to select an enterprise-grade cloud-service host such as Amazon Web Services or Microsoft Azure for all of its core business systems.

Citiva Medical's corporate network will utilize an advanced virtual network infrastructure design to ensure application availability and data security. Citiva Medical facilities will be interconnected using an encrypted virtual private network (VPN) to ensure utmost security and control over EPHI

and company data. Citiva Medical's corporate network will be continually monitored for bandwidth utilization and application service-level performance. In addition, a centralized intrusion detection/prevention system will be implemented to proactively monitor and log network traffic and mitigate detected network intrusion and denial of service events. Citiva Medical's network design will provide a robust, secure corporate network infrastructure with advanced disaster recovery capabilities to meet or exceed industry best practices for manufacturers and distributers of pharmaceutical grade products and preparations.

Citiva Medical will follow a comprehensive data security policy to codify the foregoing and ensure ongoing compliance with its general operating procedures, HIPPA privacy requirements for EPHI and industry best practices as described in *NIST Special Publication 800-53 rev 4.* (National Institute of Standards and Technology, April 2013). In addition, and in anticipation of future federal guidelines and mandates, Citiva Medical will validate its data security policy with the requirements set forth in Federal Regulation Title 21 Part 11 (21 CFR Part 11) as they relate to electronic records and electronic signatures.

2.2 PROCEDURES

Operational procedures related to recordkeeping and information management are reflected in Citiva Medical's standard operating procedures (SOPs). Although distinct for each business function, Citiva Medical's SOPs will be consistent regarding record keeping and data security. Citiva Medical's SOPs are designed to be consistent with industry standard protocols and guidelines (e.g. GAAP, FASB, APICS) and to ensure compliance with its internal control system governing cultivating, processing, manufacturing, delivery, transporting, distributing, sale and dispensing of medical marihuana products.

2.2.1 PRODUCTION & MATERIAL MANAGEMENT

Citiva Medical's operating plan requires comprehensive visibility and control over all aspects of material management, product formulation, manufacturing and distribution. To meet this requirement, Citiva Medical's recordkeeping system will capture and record all of the processes mentioned above.

Materials management relative to cultivation and processing of medical marihuana products will be a vital component of Citiva Medical's record keeping system. Following are summary descriptions of the primary material handling functions and activates which interface to Citiva Medical's recordkeeping systems:

- Procurement – The procurement activity encompasses inventory management for the materials required in the production of medical marihuana. Specific activities include: monitoring on-hand inventory balances against defined stock level reorder points, issuing purchase orders, preparing and maintaining vendor contracts, qualifying and recertifying vendors, remediating identified vendor quality and service-level problems, managing certificate of analysis (COA) specifications and recordkeeping for pending and received COAs for materials.
- Material Receipt – The receipt activity encompasses physical or virtual receipt of any material or intermediate compound, used in the production of medical marihuana. This activity

includes items received from vendors or produced internally as an intermediate item or compound used in the production of medical marihuana products.

- Material Put-Away – The put-away activity encompasses the physical movement of raw materials, intermediate compounds or finished goods items. In general, this activity applies to the movement of inventory items (such as plant clippings, marihuana extract compounds or packaging materials) from a designated staging location to a designated storage location.
- Material Issuance – The issuance activity encompasses the physical movement or virtual allocation of materials (such as plant clippings, marihuana extract compounds or packaging materials) from a storage location to a processing area or materials allocated to a planned work or sales order.
- Material Return – The return activity encompasses the physical return of raw materials, work-in-process compounds or finished goods items from the receiver to the issuer. In general, this activity applies to the internal return of inventory items from a processing or staging area to a storage location, however the process also applies to finished goods items in the event of a partial or full recall of medical marihuana products. The primary purpose of the return activity is to provide a closed-loop process whereby inventory can be tracked and the chain of custody for each inventory item is recorded along with associated item LOT information.
- Shipment – The shipment activity encompasses the physical or virtual movement of raw material items, intermediate compounds or finished goods medical marihuana products from one stage of cultivation or production to another, or when dispensing of medical marihuana product to a patient. Like the return activity, the primary purpose of the shipment activity is to provide a closed-loop process whereby inventory can be tracked and the chain of custody for each inventory item is recorded.

2.2.2 BUSINESS CONTINUITY & RECORD RETENTION

Citiva Medical will build-in robust disaster recovery capabilities into its corporate network design. Citiva Medical will use a virtual network infrastructure to provide data center redundancy between geographically distributed server clusters utilizing synchronous data replication. This capability will enable flexible recovery options and ensure the rapid resumption of normal business operations in the event of a disaster or contingency situation.

Citiva Medical conducted a due diligence review of available internet service providers (ISPs) offering broadband internet services within the locality of each planned Citiva facility. For this review, Citiva evaluated ISPs based on their backbone network connectivity to the Internet (tier level), service level options for customers and the network topology utilized to connect subscribers to central office hubs. Citiva utilized The National Broadband Map[1] (NBM), an independent, government sanctioned resource, to identify ISP's currently offering broadband Internet services to each Citiva facility (see exhibit 2).

Citiva Medical will utilize a unified combination of on-line, near-line and off-line backup for all data related to business and patient data. This capability will enable secure, transaction-level and point-in-time restore capabilities for all business and patient data. All backup data will be encrypted prior to

[1] The National Telecommunications and Information Administration (NTIA) created the NBM, in collaboration with the Federal Communications Commission (FCC), and in partnership with 50 states, five (5) territories and the District of Columbia. The NBM is part of NTIA's State Broadband Initiative. The NBM is updated approximately every six (6) months and was first published on February 17, 2011.

upload to backup devices and will, at all times, remain encrypted on backup media and remain in the exclusive control of Citiva Medical. All business and patient data backups will be retained for a minimum period of seven (7) years.

2.2.3 DATA SECURITY

Citiva Medical will follow the guidelines set forth in *NIST Special Publication 800-53 rev 4*. When developing its data security policy. Citiva Medical's data security policy will address threats including hostile cyber attacks, natural disasters, structural failures, and human errors, and will represent an organization-wide process to manage information security and privacy risk. Citiva Medical will qualify its data security plan via an independent assessment and audit/validate its data security policy annually.

2.3 SYSTEMS

Business Systems

The New York State Department of Health (NYS DOH) has selected an inventory management software application, which satisfies the requirements under Section 1004.5 of the application to receive Registered Organization (RO) status to produce and dispense medical marihuana. Citiva Medical will utilize the system mandated under the terms of the RO status qualification, to implement a comprehensive and integrated Seed-to-Sale business system platform that meets all regulatory and business requirements. Prior to implementation of the New York State Department of Health selected software application, Citiva Medical will evaluate the features and functionality of the selected system to identify any functionality gaps in meeting its overall business needs. Where gaps are identified, needed, Citiva Medical will select best-of-breed software options that can bridge identified gaps and also tightly integrate with the New York State Department of Health selected software application.

Citiva Medical will utilize the following usage scenarios and guideline rational to implement the New York State Department of Health selected software application and to identify any functionality gaps that need to be addressed prior to commencing operations:

- Batch Processing – Medical marihuana products are produced in specific batch sizes. As with any batch process, individual production batches will vary in terms of yield and strength of both active and inactive compounds.
- Lot Expiry – Medical marihuana products have a limited shelf life. Beyond their shelf life, medical marihuana products may not be sold or used.
- Lot Traceability – Full end-to-end traceability is a regulatory requirement for medical marihuana products. This means, for example, that where a specific batch of active ingredient is deemed to be suspect, all finished products containing that batch can be traced within every market, and recalled if necessary.
- Quality Management – Citiva Medical's comprehensive Quality Management (QM) program will be heavily information driven and reliant on transactional data derived from the procurement, warehousing, and customer service activities. QM activities will include: corrective and preventive actions, customer complaints, deviations, change control, training and certification.

- Supply Chain Management – Supply chain planning information is critical to the effective operation of the supply chain. Due to potential long raw material lead times, it is necessary to de-couple the normal linkage between supply and demand. This means that manufacturing must be driven by production forecasts (push system) while the distribution end is driven by consumption (pull system).
- Stock Keeping Units (SKU's) Scalability – Due to the nature of medical marihuana products, the active component of a product formulation is often packaged into dozens or more different stock keeping units (SKUs) when quantity per pack and market presentation variation is taken into consideration. As such, market demand must be forecasted at the SKU level for final distribution. Due to the inevitable volatility of market level forecasts, production plans must be translated into production forecasts for formulated products, as well as material forecasts for packaging component such as bottles, blisters, leaflets, labels and cartons.
- 21 CFR Part 11 Compliance – Title 21 of the Code of Federal Regulations, Part 11 deals with the Food and Drug Administration (FDA) guidelines on electronic records and electronic signatures (in anticipation of Federal guideline requirements in the future).

Voice Communications

Citiva Medical will utilize a voice over Internet protocol (VoIP) based telephone system in its production facility and each of its four (4) dispensaries. The VoIP telephone system will reduce physical cabling requirements and provide centralized management of wired and wireless telephone devices. In addition, the VoIP telephone system provides enhanced security of voice communications as compared to a traditional private branch exchange (PBX) telephone system. The local area network (LAN) in each Citiva Medical facility will be configured with separate virtual local area networks (VLANS) to isolate and prioritize network traffic for low latency applications such as digital voice and streaming video.

In addition the VoIP based telephone system, each Citiva Medical facility will be provisioned with four 'plain old telephone service' (POTS) lines. POTS lines will be used exclusively for central office alarm system monitoring and out-of-band management of programmable logic controls (PLCs) for heating, ventilation and cooling (HVAC).

Video Surveillance

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

Alarms

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

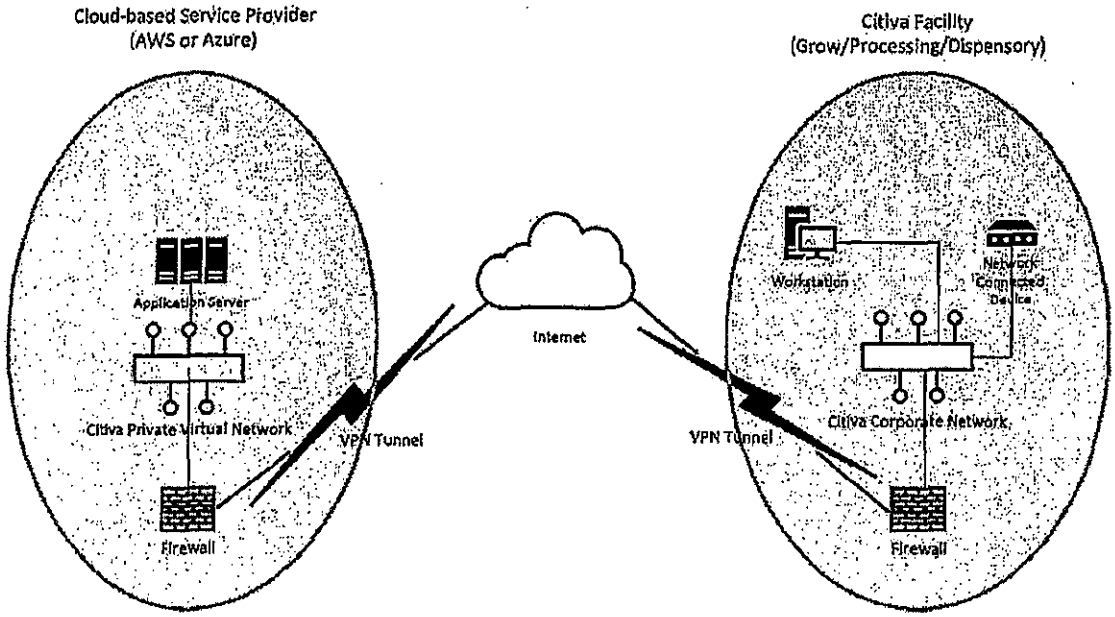
2.4 EXHIBITS

The following exhibits describe and depict Citiva Medical's planned wide area network (WAN) topology and a due diligence review of available Internet service provider offering broadband Internet connectivity to each Citiva Medical facility.

2.4.1 WIDE AREA NETWORK:

Citiva Medical's WAN will securely interconnect Citiva Medical facilities and the Citiva Medical WAN to a cloud-based applications over the Internet. The Citiva Medical WAN will be designed to ensure hi-availability and data security for application services and data storage. The local network of each Citiva Medical facility will be configured to fail-over to a backup Internet service provider (ISP) in the event of service disruption of the primary ISP. ISP fail-over will occur automatically and provide uninterrupted access to Citiva Medical's systems and application.

EXHIBIT 1:



2.4.2 INTERNET CONNECTIVITY:

As a result of its due diligence market review, Citiva Medical's identified several ISPs offering broadband Internet connectivity to the street address of each planned facility. Following are the findings of Citiva Medical's ISP market review:

EXHIBIT 2:

Facility	Street Address	ISP	Services Provided
Processing/Manufacturing	5786 State Route 96 Romulus, NY 14541	Verizon Communications Inc.	Business class fiber optic, wired, wireless @ 10-25 Mbps.
		AT&T	Business class wired, wireless @ 10-25 Mbps.
		Time Warner Cable Inc.	Business class cable @ 50-100Mbps.
		Trumansburg Telephone Co.,	Business class wired @ 50 – 100 Mbps.
		Inc./Ontario Telephone Co., Inc.	
Dispensary 1	5788 East Circle Drive Cicero, NY 13039	Verizon Communications Inc.	Business class fiber optic, wired, wireless @ 100 -1000 Mbps.
		Time Warner Cable Inc.	Business class cable @ 50-100Mbps.
		T-Mobile	Business class wireless @ 10-25 Mbps.
		AT&T	Business class wired, wireless @ 10-25 Mbps.

Facility	Street Address	ISP	Services Provided
Dispensary 2	4 Hinchey Road, Rochester, NY 14624	Fibertech Networks, LLC	Business class fiber optic @ 100-1000 Mbps.
		Verizon Communications	Business class wireless @ 10-25 Mbps.
		Frontier Communications Corporation	Business class cable @ 25-50 Mbps.
Dispensary 3	2290 South Rd, Poughkeepsie, NY 12601	Level 3 Communications, LLC	Business class fiber optic @ 1 Gbps. +
		Verizon Communications Inc.	Business class fiber optic, wired, wireless @ 100 -1000 Mbps.
		CSC Holdings	Business class cable @ 100-1000 Mbps.
Dispensary 4	35 1st Ave, New York, NY 10003	Time Warner Cable Inc.	Business class cable @ 50-100Mbps.
		Verizon Communications	Business class fiber optic, wired, wireless @ 10-25 Mbps.
		T-Mobile	Business class wireless @ 10-25.
		Business Only Broadband, LLC	Business class wired @ 10 – 25 Mbps.

CITIVA MEDICAL LLC

ATTACHMENT NO. 4

CERTIFIED FINANCIAL STATEMENTS

[redacted] seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

CITIVA MEDICAL LLC

ATTACHMENT NO. 5

DESIRED REGISTRATION ACTIVITIES

1. General Overview
2. Delivery Service Plan
3. Wholesaling Operating Plan

Citiva Medical LLC

Desired Registration Activities

General Overview

Citiva Medical LLC (Citiva Medical) is a New York Limited Liability Company whose members include a strong core of New York-based individuals with healthcare and business experience, with a complement of individuals with national experience in the medical marijuana industry. The members of Citiva Medical have come together with the express purpose of developing a New York State medical marijuana program that achieves the highest standards, operated in keeping with the Compassionate Care Act, and with the guiding principle that all those with a documented need for this service shall receive care, with a special emphasis on children and families in crisis. Citiva Medical intends to grow, process and dispense approved medical marijuana products.

Question: Do you intend to manufacture your own medical marijuana?

Answer: Yes, Citiva Medical intends to manufacture its own medical marijuana. Please refer to **Attachment No. 3** for the Operating Plan of Citiva Medical (Section 1 pertains to the manufacturing of medical marijuana).

Question: Are you interested in wholesaling extracts and/or approved medical marijuana products to/from other registered organizations.

Answer: Yes, Citiva Medical is interested in wholesaling extracts and/or approved medical marijuana products to/from other registered organizations. Please refer to **this Attachment** for a Wholesaling Operating Plan.

Question: Do you intend to open one or more (limit of 4) dispensing facilities?

Answer: Yes, Citiva Medical intends to open four (4) dispensing facilities. Please refer to **Attachment No. 6** for the desired county locations of the dispensing facilities.

Question: Are you interested in resale of approved medical marijuana products manufactured by other registered organizations?

Answer: Yes, Citiva Medical is interested in resale of approved medical marijuana products manufactured by other registered organizations.

Question: Do you intend to establish a medical marijuana delivery service program?

Answer: Yes, Citiva Medical intends to establish a medical marijuana delivery service program. Please refer to **this Attachment** (following this document) for a Delivery Service Plan.

Question: Do you intend to use the BioTrack seed-to-sale tracking system or will you be seeking Department approval for an alternative system?

Answer: Citiva Medical intends to use the BioTrack seed-to-sale tracking system.

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

DELIVERY SERVICE PLAN

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

General

Introduction

Delivery of approved medical marihuana products to certified patients or caregivers will be managed by the Director of Security and an Inventory Specialist, and will be coordinated with local law enforcement. The Inventory Specialist will remove approved medical marihuana products to be delivered to certified patients or caregivers from the Manufacturing Facility secure facility vault or from one of the registered organization's dispensing facilities. Citiva Medical authorized employees will weigh, inventory and account for all deliverable products, and will do so while on recorded CCTV surveillance. All products to be delivered will be placed in secure packing/transport containers and labeled in accordance with State regulations. The products to be delivered will be reconciled individually in Citiva Medical's inventory management system, and a Medical Marihuana Manifest and Trip Plan of all products to be transported will be created by authorized employees (not Security Officers, who are responsible for transport). A copy of the Medical Marihuana Manifest and Trip Plan will then be transmitted to the Department and a hard copy will accompany the Security Officers. An authorized employee at the Manufacturing or Dispensing Facility will then load all products in their official packing/transport containers into the vehicle vault while under videotape recording. A Security Officer will acknowledge receipt by signing the Citiva Medical chain of custody forms.

Approved medical marihuana products will be transported via unmarked low profile vans (absent of Citiva Medical's name, business, etc.) equipped with a secure vault attached to the vehicle which will allow the marihuana products to remain secure and free from outside contamination during transport. The vehicle will feature a Commercial Grade Global Positioning System which will provide law enforcement and Citiva Medical the ability to track the vehicle; VHF and Digital Radio Communications; and Run Flat Tires to enable the vehicle to return to a secure location in the event of a flat tire. Citiva Medical will own or lease at least two (2) such vehicles, which will always be securely locked, alarmed and stored indoors. The vehicle will be staffed by at least two (2) security officers who are Citiva Medical employees (and equipped with company issued mobile devices), with at least one (1) remaining with the vehicle at all times that the vehicle contains approved medical marihuana products.

All marihuana product transportation will be conducted with the most secure and precise operational planning. All times and routes will be pre-planned and randomized; transport will not follow any set route. Security Officers transporting approved medical marihuana products will have constant access to a secure form of communication with

security personnel at the sending site. Each Citiva Medical Security Officer shall carry his or her State-issued registration card at all times when transporting marihuana products, and will produce it when requested by law enforcement or a State representative.

The Security Officer shall operate the vehicle in accordance with all license requirements, and keep all doors locked while driving. The Security Officer driving the transport vehicle shall travel directly to the receiving designated site and shall not make any stops. In case of an emergency stop, a detailed log must be maintained describing the reason for the event, the duration, the location and any activities of personnel exiting the vehicle. At no point will the vehicle be left unattended during transport.

Prior to arrival at the delivery location, the security officer will contact the certified patient or caregiver to ensure they are able to personally receive the delivery. Upon arrival the Security Officer will ensure the area is secure. Then the Security Officer will ensure: (1) the person receiving the delivery is the intended recipient and is able to prove and affirm their identity, (2) the patient or caregiver receives the correct approved medical marijuana, and (3) that the patient or caregiver understands how to take their medicines and has relevant questions answered. After delivery, that information is reconciled with the shipping Medical Marihuana Manifest and Trip Plan. These procedures will be documented with video recording. These delivery records or recordings shall include, at a minimum, the date and time, a summary of any inventory findings and the name, signature and title of the individual security officer who conducted the delivery. The Director of Security shall confirm at the end of the day that there was no discrepancy in, or adverse event with respect to, any of the inventory of marihuana or approved medical marihuana products subject to transportation throughout the day. Upon discovery of a discrepancy in the inventory record, the Director of Security will report it immediately to the State and the local law enforcement agency of jurisdiction. Citiva Medical shall retain all Medical Marihuana Manifest and Trip Plans for five (5) years and make them available to the State upon request.

Hours of Delivery

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

Areas of Service

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

Responsibility for and Origin of Deliveries

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

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

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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

Transportation

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

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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

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CITIVA MEDICAL

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

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CITIVA
MEDICAL

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

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

Citiva Medical LLC

Desired County Location of Dispensing Facilities

Dispensary Site #1
Choice 1: Kings County
Choice 2: Queens County
Choice 3: New York County

Dispensary Site #2
Choice 1: Nassau County
Choice 2: Richmond County
Choice 3: Westchester County

Dispensary Site #3
Choice 1: Dutchess County
Choice 2: Ulster County
Choice 3: Columbia County

Dispensary Site #4
Choice 1: Sullivan County
Choice 2: Orange County
Choice 3: Putnam County

Wholesaling Operating Plan

Citiva Medical LLC

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

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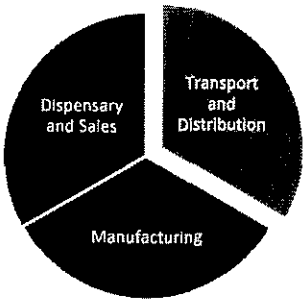
2 OVERARCHING DESCRIPTION AND APPROACH



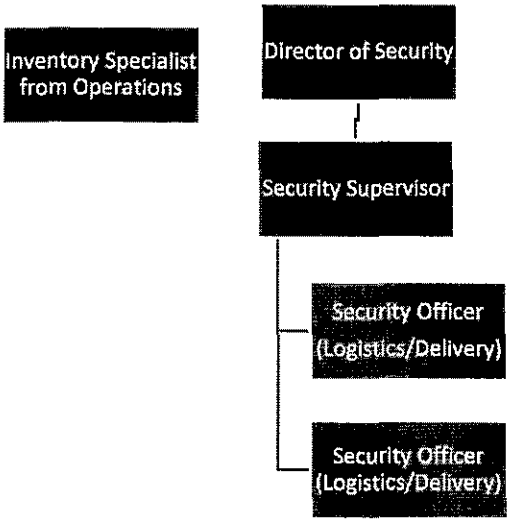
The duration of this wholesaling plan is permanent. Citiva Medical will not make any changes to this wholesaling plan without prior written approval from the Department.

Inventory Transport and Distribution will be managed by the Director of Security and the Inventory Specialist. and will be coordinated with local law enforcement. [redacted]

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

Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

2.1 ORGANIZATION CHART



Citiva Medical LLC seeks an exemption from disclosure under FOIL for this documentation because it contains trade secrets and/or critical infrastructure information.

Approved Medical Marijuana Products Offered to Purchasing Registered Organizations
Redacted pursuant to N.Y. Public Officers Law, Art. 6

All approved medical marijuana products will delivered in discreet, tamper proof, child-resistant packaging. The packaging will be made to exceed the standards set forth in the pharmaceutical industry. Citiva Medical will provide maximum wholesale price(s) for each extract and/or approved medical marijuana product to be wholesaled.

Extracts and/or approved medical marijuana products will only be sold and distributed to other New York State registered organizations, in accordance with the approved wholesaling plan. In addition, only approved medical marijuana products (excluding extracts) that have passed all laboratory testing requirements as indicated in Section 1004.14 of 10 New York Codes, Rules and Regulations, will be offered for wholesale.

2.2 JOB DESCRIPTIONS

2.2.1 DIRECTOR OF SECURITY

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

2.2.2 INVENTORY SPECIALIST

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

2.2.3 SECURITY OFFICER (LOGISTICS AND DELIVERY)

2.3 DESCRIPTION OF ACTIVITIES FOR TRANSPORT AND DISTRIBUTION

Citiva Medical is particularly sensitive to all risks surrounding the transportation of approved medical marihuana products and will continually work in collaboration with local and State law enforcement to identify potential dangers and minimize risk. In light of the violence that has occurred within the medical marihuana industry across the country, Citiva Medical is well aware of the real risk presented to Dispensaries and cultivation facilities. Transportation of marihuana and approved medical marihuana products presents an increased risk. Citiva Medical is dedicated to safeguarding employees and product.

Citiva Medical has taken extreme care with respect to developing its Safety and Security Plan, and in establishing the protocols relating to the transportation of approved medical marihuana. Citiva Medical has adopted the highest standards and best practices being implemented in other operations associated with our team such as in Maine, Rhode Island, Colorado and Nevada. The Citiva Medical team is implementing the best practices developed by our security team and enhanced by law enforcement officials familiar with this industry. Citiva Medical will implement an efficient set of procedures designed to securely transport marihuana and approved medical marihuana products in accordance with New York State laws and regulations.

With a Manufacturing Facility and four (4) Dispensaries, Citiva Medical will coordinate deliveries between its facilities in accordance with the New York regulations and laws, and according to the policies and procedures in its Application to become a Registered Organization. Extracts will only be delivered to a purchasing registered organization's manufacturing facility.

Inventory transport will be managed by the Director of Security and Inventory Manager, and detailed written procedures will be provided to local law enforcement.

2.4 WORK/PROCESS DIAGRAM

2.5 FACILITY-WIDE SECURITY PROTOCOLS

2.6 POLICIES AND PROCEDURES

2.6.1 POLICY

2.6.2 RESPONSIBILITY

The Director of Security is responsible for the maintenance and inspection of each Delivery Vehicle, defined below.

All of Citiva Medical's employees will be required to comply with this policy and for carrying his or her Registered Organization employee identification at all times.

2.6.3 SAFETY

The safety of each employee is a primary concern of Citiva Medical. If a Citiva Medical employee is ever placed in a situation where a weapon is displayed or alluded to for the purpose of theft of product, the employee should:

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

2.6.4 ACCIDENTS: LOSS OR THEFT

Each Citiva Medical employee transporting marihuana and approved medical marihuana products must:

1. Report any vehicle accident that occurs during the transportation to the Director of Security within two (2) hours, where reasonably possible to do so, after the accident occurs; and
2. Report any loss or theft of approved medical marihuana products that occurs during the transportation to the Director of Security immediately after the Citiva Medical employee becomes aware of the loss or theft.

Immediately after receiving any report of loss or theft pursuant to paragraph 2 above, Citiva Medical shall immediately report the loss or theft to the appropriate law enforcement agency and to the New York State Department of Health.

2.6.5 DELIVERY STAFFING

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

2.6.6 DELIVERY EQUIPMENT

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

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

2.6.7 COMMUNICATION

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

2.6.8 PRE-TRANSPORT DOCUMENTATION

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

2.6.9 PROCEDURE FOR TRANSPORTING APPROVED MEDICAL MARIHUANA PRODUCTS TO A REGISTERED ORGANIZATION FACILITY

2.6.9.1 BEFORE TRANSPORTATION

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

2.6.9.2 DURING TRANSPORTATION

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

2.6.9.3 AFTER TRANSPORTATION

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

2.7 TRANSPORTATION

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

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

2.7.1 SHIPMENT FROM MANUFACTURING FACILITY TO OTHER REGISTERED ORGANIZATIONS

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

2.7.2 RECEPTION AT REGISTERED ORGANIZATIONS

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

2.7.3 RETURN TO MANUFACTURING FACILITY

2.8 EQUIPMENT LIST

2.8.1 VEHICLES USED IN TRANSPORT AND DISTRIBUTION

CITIVA MEDICAL LLC

ATTACHMENT NO. 7

STATEMENT RE: COMPLIANCE WITH PROOPOSED AMENDMENTS