

GOOD GREEN GROUP, LLC

FINANCIAL STATEMENTS

**FOR THE FOUR MONTHS ENDED APRIL 30, 2015
AND COMMENCEMENT OF OPERATIONS
OCTOBER 17, 2014 THROUGH DECEMBER 31, 2014**

**GOOD GREEN GROUP, LLC.
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Amedeo, **M**arano & **H**ufnagel
Certified Public Accountants

To the Member
Good Green Group, LLC
Yorktown Heights, N.Y.

We have compiled the accompanying balance sheets of Good Green Group, LLC (a New York Limited Company) as of April 30, 2015 and December 31, 2014 and the related statements of operations, members' capital, and cash flows for the four months ended April 30, 2014 and commencement of operations October 17, 2014 to December 31, 2014. We have not audited or reviewed the accompanying financial statements and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with accounting principles generally accepted in the United States of America.

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Management has elected to omit substantially all of the disclosures required by accounting principles generally accepted in the United States of America. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the company's financial position, results of operations, and cash flows. Accordingly, the financial statements are not designed for those who are not informed about such matters.

Amedeo Marano and Hufnagel

May 21, 2015

**GOOD GREEN GROUP, LLC
BALANCE SHEETS**

	<u>April 30, 2015</u>	<u>December 31, 2014</u>
ASSETS		
Current assets		
Cash	\$ -	\$ -
Property		
Website	637	637
Less, accumulated depreciation	<u>-</u>	<u>-</u>
	<u>637</u>	<u>637</u>
Other assets		
Organization costs, net	<u>288</u>	<u>308</u>
Total assets	<u>\$ 925</u>	<u>\$ 945</u>
 MEMBERS' CAPITAL		
Members' capital	<u>\$ 925</u>	<u>\$ 945</u>

**GOOD GREEN GROUP, LLC
STATEMENTS OF OPERATIONS**

	<u>Four months ended April 30, 2015</u>	<u>Commencement of operations October 17, 2014 through December 31, 2013</u>
Expenses:		
Amortization	<u>\$ 20</u>	<u>\$ 13</u>
Members' loss	<u><u>\$ 20</u></u>	<u><u>\$ 13</u></u>

GOOD GREEN GROUP, LLC
STATEMENTS OF CHANGES IN MEMBERS' CAPITAL

	<u>Members' Capital</u>	<u>Total</u>	<u>Membership</u>
	Kristen Steeneck	Comprehensive Income	Capital Total
Balance, October 17, 2014	\$ -		\$ -
Members' contribution	█		█
Members' loss	█	\$ (13)	█
Balance, December 31, 2014	█		█
Members' loss	█	\$ (20)	█
Balance, April 30, 2015	\$ █		\$ █

See accountant's compilation report

**GOOD GREEN GROUP, LLC
STATEMENTS OF CASH FLOWS**

	<u>Four months ended April 30, 2015</u>	<u>Commencement of operations October 17, 2014 through December 31, 2013</u>
Cash flows from operating activities		
Members' loss	\$ 20	\$ 13
Adjustments to reconcile net loss to net cash provided by (used in) operating activities:		
Depreciation and amortization	(20)	(13)
Decrease (increase) in other assets:		
Organizational costs		(321)
	<hr/>	<hr/>
Net cash used in operating activities	-	(321)
	<hr/>	<hr/>
Cash flows used in investing activities		
Purchase of property	-	(637)
	<hr/>	<hr/>
Cash flows provided by financing activities		
Members' contributions	-	958
	<hr/>	<hr/>
Net (decrease) increase in cash	-	-
Cash, beginning of period	-	-
	<hr/>	<hr/>
Cash, end of period	<u>\$ -</u>	<u>\$ -</u>

A note from our Founder and President:

After watching too many great people and dear friends suffer needlessly from cancer and other debilitating diseases, I decided to make a conscientious choice to give back and do all I could to help anyone in need and in pain. I asked my [REDACTED] Stephen, to help and together we started the Relay for Life annual drive to raise money for Cancer.

There is no greater reward when you see the survivors take a walk around the track and prove that human will and desire will endure, no matter what. This provided me with a passion to help, give back and establish the Good Green Group LLC and pursue my passion to help others in ways that will give back. The line, pay it forward, is very evident and true where you can choose to sit on the sidelines or you can step up and do something. The Good Green Group LLC. has built a great group whom are dedicated to paying it forward, hard work and providing only the best we can for others who truly need us. We are capable, willing and just seeking the chance to showcase we can perform and we can help our friends, our families, our neighbors and most importantly our fellow New Yorker's.

I am a [REDACTED] and I have a long line of [REDACTED] who are entrepreneurs and successful business people in the State of New York. From my [REDACTED] down, who slept on cardboard in the back of a grocery store to eventually purchasing that very store and becoming a part of New York Cities rich history in successful immigrants to my [REDACTED] fighting in WWII and becoming a pioneer in the Commercial Air Conditioning Industry with his largest customers being the Waldorf Astoria and being one of the first to join a Union and then onto a successful small business of his own. To my very own [REDACTED] who decided to break away and start his own business in the gasoline industry. Just shows and proves to me, that follow your dreams and always do what is right for your family, friends and community. This [REDACTED] lineage has shown me the desire to step out of my comfort zone to pursue a passion of what I feel is in my heart. My heart says to take a chance, build the dream and execute my goals of helping others who may not be able to help themselves.

My goal is clear, build a State of the Art Manufacturing Facility, surrounded by great people who are passionate about the same things, same goals, same desires and build the dream. This dream can and will be realized with the License from the State of New York, Medical Marijuana Program and all that is needed is the opportunity to showcase what our team has accomplished and achieved.

*Sincerely yours,
Kristen S. Steeneck, Founder and President*

Letter of Engagement

Dear Ms. Kristen Steeneck (Good Green Group LLC),

Based on our previous conversations, I appreciate the opportunity to provide security and investigative services to your company. This letter will serve to clarify and confirm the terms of our proposal of services to you. Specifically, this Engagement Letter describes the terms upon which Agent Investigative Services will provide professional services to your organization. Upon mutual agreement, Agent Investigative Services will undertake to provide appropriate security and investigative services in order to advance such matters as you may assign to us and we may accept on a continuous and/or periodic basis. The following will outline our proposed services to you:

1. SECURITY PERSONNEL

- 1.1 Uniformed armed and/or unarmed security personnel in order to provide safety for employees and customers, observation and reporting, access control, static and perimeter patrols, alarm response, key control, video monitoring, safety and asset escorts, and prevent and detect diversion, theft or loss of products.
- 1.2 Plainclothes armed and/or unarmed security personnel in order to provide safety for employees and customers, observation and reporting, access control, static and perimeter patrols, alarm response, key control, video monitoring, safety and asset escorts, and prevent and detect diversion, theft or loss of products.
- 1.3 Executive/Client Protection. We can provide any off-site protective services based on the needs of our client.

2. EQUIPMENT

- 2.1 Our personnel will have access to the equipment they require to perform their duties, which will include, but not limited to; handheld two-way radios and/or cellular phones, appropriate uniform (if applicable), firearms (if applicable), and other personal protective gear as required and/or determined by contractual obligation.

3. RISK ASSESSMENT/THREAT ASSESSMENT

- 3.1 We are equipped to provide thorough site and procedural inspections in order to identify and mitigate vulnerabilities within the client's organization. Based on these inspections, detailed reports are prepared outlining our recommendations along with implementation cost estimates. These services are offered through the life of the contract to serve to provide a system that adjusts to changes in industry standards and environmental conditions.

4. INVESTIGATIVE SERVICES

- 4.1 We are equipped to provide a full range of investigative services to include, but not limited to; criminal investigations, surveillance and counter-surveillance, covert and undercover

operations, asset searches, interview and interrogation, background investigations and pre-employment investigations.

5. TRAINING

- 5.1** Our security and investigative professionals will be trained based on industry standards and applicable State law. Training will include proficiency in all issued equipment. All of our personnel are certified in CPR/AED/First Aid.
- 5.2** We offer training to our clients in a variety of fields based on the needs of the industry. This training includes, but not limited to; Active Shooter, Violence in the Workplace, CRP/AED/First Aid, Defensive Tactics, Conflict Resolution, and Legal Issues.

6. LICENSURE/INSURANCE/BONDING

- 6.1** Agent Investigative Services is responsible for keeping current on State licensing requirements as it pertains to our capacity to provide security and investigative services.
- 6.2** Agent Investigative Services is responsible for obtaining and maintaining all applicable insurance and/or bonding as it pertains to our licensure and personnel.

7. FEES

- 7.1** Generally, our fees are calculated based upon applicable hourly and contractual rates as provided by industry standards and agreed to by Agent Investigative Services and the client.
- 7.2** Fees will be based on the totality of services required and requested by the client; at which point Agent Investigative Services may engage in a solidified contract with the client for proposed services rendered.
- 7.3** The cost for any additional services that fall outside of agreed upon contractual terms will be charged at a mutually agreed upon fee prior to the commencement of such services. In such case, the fee and payment schedule will be set forth in a separate agreement or addendum, but all other terms of this Engagement Letter will apply.

8. INVOICES

- 8.1** Generally, our invoices are prepared and mailed as services or expenses are incurred. Our invoices are payable upon presentation, and are overdue if not paid by the Due Date set forth on the invoices.

9. WARRANTIES

- 9.1** During the course of engagement, we may recommend the purchase and installation of computer or technical hardware, software, communication devices and/or services by your company. Warranties, to the extent they exist, are provided solely by the manufacturer/vendor of those products, and we specifically disclaim all warranties, expressed or implied, including the implied warranty of merchantability and fitness for a particular purpose associated with these products or services.



Agent Investigative Services LLC

1710 First Avenue # 344

New York, NY 10128

888-644-0384

www.AgentISS.com

10. TERMINATION

10.1 At the time of this proposal, you have the right to terminate our services at any time. We have the same right, subject to a professional and ethical obligation to give you reasonable notice to arrange for alternative support.

11. CONFIDENTIALITY

11.1 We treat all aspects of our client relationships as confidential, and will provide or sign appropriate non-disclosure agreements; if requested and/or desired.

12. MISCELLANEOUS MATTERS

12.1 Unless we otherwise agree, the terms and conditions of this letter will apply to all matters for which you engage us. If you have any questions or concerns about the terms of this Engagement Letter, please contact us immediately.

Please acknowledge your receipt of this letter and your agreement with the terms and conditions set forth by signing below. Note that this Letter does not obligate you in any way to contract with us for services, instead it simply defines the terms and conditions in the event you chose to engage us at some point in time.

Company Name: _____

Address: _____

Name (Printed): _____

Signature: _____

Title: _____

Date: _____



Section A: Business Entity Information

1. Business Name: Good Green Group LLC
2. Organization Type (choose one): [X] For-profit [] Non-profit
3. Business Type (choose one): [] Corporation [X] Limited Liability Company [] Sole Proprietorship [] General Partnership [] Limited Partnership [] Other:
4. Phone: 914-438-0055 5. Fax: 914-302-6965 6. Email: Kristen@goodgreenofnewyork.com
7. Business Address: 500 Chase Road
8. City: Yorktown Heights 9. State: NY 10. ZIP Code: 10598
11. Mailing Address (if different than Business Address):
12. City: 13. State: 14. ZIP Code:

Section B: Primary Contact Information

15. Name: Kristen Steeneck 16. Title: President/ Founder
17. Phone: 914-438-0055 18. Fax: 914-302-6965 19. Email: Kristen@goodgreenofnewyork.com
20. Mailing Address: 500 Chase Road
21. City: Yorktown Heights 22. State: NY 23. ZIP Code: 10598

Section C: Proposed Manufacturing Facility Information

24. Proposed Facility Name: Good Green Group of Hudson
25. Proposed Facility Address: 99 South 3rd. Street
26. City: Hudson 27. State: NY 28. ZIP Code: 12534
29. County: Columbia
30. Property Status (choose one): [] Owned by the applicant [X] Leased by the applicant [] Other:
If you checked "Other" above, describe the property status in the field provided.
31. Proposed Hours of Operation:
Monday: 24hours to Friday: 24hours to
Tuesday: 24hours to Saturday: 24hours to
Wednesday: 24hours to Sunday: 24hours to
Thursday: 24hours to

An additional entry is included below for applicants who are proposing to use more than one manufacturing facility (responsible for cultivation, harvesting, extraction or other processing, packaging and labeling).



32. Proposed Facility Name: Good Green Group of Copake		
33. Proposed Facility Address: Roeliff Jansen School Rt. 22		
34. City: Copake	35. State: NY	36. ZIP Code: 12516
37. County: Columbia	38. Property Status (choose one): <input type="checkbox"/> Owned by the applicant <input type="checkbox"/> Leased by the applicant <input type="checkbox"/> Other: If you checked "Other" above, describe the property status in the field provided.	
39. Proposed Hours of Operation: Monday: 24hours to Friday: 24hours to Tuesday: 24hours to Saturday: 24hours to Wednesday: 24hours to Sunday: 24hours to Thursday: 24hours to		
Section D: Proposed Dispensing Facility #1 Information		
40. Proposed Facility Name: Good Green of Manhattan		
41. Proposed Facility Address: 35-37 East Broadway		
42. City: New York	43. State: NY	44. ZIP Code: 10002
45. County: New York	46. Property Status (choose one): <input type="checkbox"/> Owned by the applicant <input checked="" type="checkbox"/> Leased by the applicant <input type="checkbox"/> Other: If you checked "Other" above, describe the property status in the field provided.	
47. Proposed Hours of Operation: Monday: 8 to 8 Friday: 8 to 8 Tuesday: 8 to 8 Saturday: 8 to 8 Wednesday: 8 to 8 Sunday: 8 to 8 Thursday: 8 to 8		
Section E: Proposed Dispensing Facility #2 Information		
48. Proposed Facility Name: Good Green of Suffolk		
49. Proposed Facility Address: 124 Main Street "The Village Green"		
50. City: Huntington	51. State: NY	52. ZIP Code: 11743
53. County: Suffolk	54. Property Status (choose one): <input type="checkbox"/> Owned by the applicant <input checked="" type="checkbox"/> Leased by the applicant <input type="checkbox"/> Other: If you checked "Other" above, describe the property status in the field provided.	



55. Proposed Hours of Operation:
Monday: 8 to 8 Friday: 8 to 8
Tuesday: 8 to 8 Saturday: 8 to 8
Wednesday: 8 to 8 Sunday: 8 to 8
Thursday: 8 to 8

Section F: Proposed Dispensing Facility #3 Information

56. Proposed Facility Name: Good Green of Albany

57. Proposed Facility Address: 215 Washington Ave Ext

58. City: Albany

59. State: NY

60. ZIP Code: 12205

61. County: Albany

62. Property Status (choose one):

- Owned by the applicant
Leased by the applicant
Other:

If you checked "Other" above, describe the property status in the field provided.

63. Proposed Hours of Operation:
Monday: 8 to 8 Friday: 8 to 8
Tuesday: 8 to 8 Saturday: 8 to 8
Wednesday: 8 to 8 Sunday: 8 to 8
Thursday: 8 to 8

Section G: Proposed Dispensing Facility #4 Information

64. Proposed Facility Name: Good Green of Rochester

65. Proposed Facility Address: 1734 E. Ridge Road

66. City: Rochester

67. State: NY

68. ZIP Code: 14622

69. County: Monroe

70. Property Status (choose one):

- Owned by the applicant
Leased by the applicant
Other:

If you checked "Other" above, describe the property status in the field provided.

71. Proposed Hours of Operation:
Monday: 8 to 8 Friday: 8 to 8
Tuesday: 8 to 8 Saturday: 8 to 8
Wednesday: 8 to 8 Sunday: 8 to 8
Thursday: 8 to 8



Section H: Legal Disclosures

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

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

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

OR

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

Yes No

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

74.

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

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

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

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



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

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

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

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

Section I: Required Attachments

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

77. [X] The applicant has enclosed a non-refundable application fee in the amount of \$10,000. Applications received without the \$10,000 application fee will not be considered.

78. [X] The applicant has enclosed a conditionally refundable registration fee in the amount of \$200,000. Applications received without the \$200,000 registration fee will not be considered. The \$200,000 registration fee will be refunded to applicants that are not selected as registered organizations.

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

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

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

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



83. The applicant has attached an operating plan that includes a detailed description of the applicant's manufacturing processes, transporting, distributing, sale and dispensing policies or procedures, and contains the components set forth in 10 NYCRR § 1004.5(b)(4), and labeled the operating plan as "**Attachment D – Operating Plan**" with the information clearly labeled and divided into the following sections:
- Section 1 - Manufacturing (§ 1004.5(b)(4))
 - Section 2 - Transport and Distribution (§ 1004.5(b)(4))
 - Section 3 - Dispensing and Sale (§ 1004.5(b)(4))
 - Section 4 - Devices (§ 1004.5(b)(4)(i))
 - Section 5 - Security and Control (§ 1004.5(b)(4)(ii))
 - Section 6 - Standard Operating Procedure (§ 1004.5(b)(4)(iii))
 - Section 7 - Quality Assurance Plans (§ 1004.5(b)(4)(iv))
 - Section 8 - Returns, Complaints, Adverse Events and Recalls (§ 1004.5(b)(4)(v))
 - Section 9 - Product Quality Assurance (§ 1004.5(b)(4)(vi))
 - Section 10- Recordkeeping (§ 1004.5(b)(4)(vii))
84. The applicant has attached copies of the organizational and operational documents of the applicant, pursuant to 10 NYCRR § 1004.5(b)(5), which must include the identification of all those holding an interest or ownership in the applicant and the percentage of interest or ownership held, and labeled this attachment as "**Attachment E.**"
85. "**Appendix A: Affidavit for Board Members, Officers, Managers, Owners, Partners, Principal Stakeholders, Directors, and Members**" has been completed for each of the board members, officers, managers, owners, partners, principal stakeholders, directors, and any person or entity that is a member of the applicant setting forth the information required in PHL § 3365(1)(a)(iv) and 10 NYCRR § 1004.5(b)(6).
86. The applicant has attached documentation that the applicant has entered into a labor peace agreement with a bona fide labor organization that is actively engaged in representing or attempting to represent the applicant's employees, pursuant to PHL § 3365(1)(a)(iii) and 10 NYCRR § 1004.5(b)(7), and labeled this attachment as "**Attachment F.**"
87. The applicant has attached a financial statement setting forth all elements and details of any business transactions connected with the application, including but not limited to all agreements and contracts for consultation and/or arranging for the assistance in preparing the application, pursuant to 10 NYCRR § 1004.5(b)(10), and labeled this attachment as "**Attachment G.**"
88. The applicant has completed "**Appendix B – Architectural Program**" and included the components set forth in 10 NYCRR § 1004.5(b)(11) and -(12).
89. The applicant has attached the security plan of the applicant's proposed manufacturing and dispensing facilities indicating how the applicant will comply with the requirements of Article 33 of the Public Health Law, 10 NYCRR Part 1004, and any other applicable state or local law, rule, or regulation, and labeled this attachment as "**Attachment H.**"
90. The applicant has attached the most recent financial statement of the applicant prepared in accordance with generally accepted accounting principles (GAAP) applied on a consistent basis and certified by an independent certified public accountant, in accordance with the requirements of 10 NYCRR § 1004.5(b)(16), and labeled this attachment as "**Attachment I.**"
91. The applicant has attached a staffing plan for staff to be involved in activities related to the cultivation of marijuana, the manufacturing and/or dispensing of approved medical marijuana products, and/or staff with oversight responsibilities for such activities that includes the requirements set forth in 10 NYCRR § 1004.5(b)(18) of the regulations and labeled this attachment as "**Attachment J.**"



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

Section J: Attestation and Signature

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

95. Signature:

96. Date Signed:



97. Print Name:

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

Notary Name:

Notary Registration Number:

Notary (Notary Must Affix Stamp or Seal)

Date:



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: Good Green Group LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Kristen S. Steeneck 3. Title: President
4. Briefly describe the role of this person or entity in the proposed registered organization:
The president is responsible for providing strategic leadership for the company by working with the Board and other management to establish long-range goals, strategies, plans and policies.
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 [Redacted]

10. Email: [Redacted]

11. Residence Address: [Redacted]

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

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Rows include Pace, Fordham, and Westchester Community College.



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

16. Licenses Held: List any and all licenses issued by a governmental or other regulatory entity.
Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date.
17. Employment History for the Past 10 Years: Start with MOST RECENT employment and include employment during the last 10 years. Attach additional copies of page 3, if necessary.

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



Appendix A:

**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**

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
From: NA	Name and Address of Business:	
To:	NA	
Business Type:	Office Held/Nature of Interest:	<input type="checkbox"/> open <input type="checkbox"/> closed <input type="checkbox"/> proposed
Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:		



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

Form with three identical sections for business information. Each section includes fields for 'From: NA', 'To:', 'Business Type', 'Name and Address of Business', 'Office Held/Nature of Interest' (with checkboxes for open, closed, proposed), and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'.



Appendix A:
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 President of Good Green LLC. I am responsible for all aspects of the Company's operation. This includes hands on oversight of the day to the day functioning of the Company including implementation and compliance with all requirements of the New York State Department of Health Medical Marijuana program. I will be directly involved in working with our Board of Directors and Advisory Board to insure that best company practices and procedure are implemented and that the Medical Marijuana produced at our facility is grown and dispensed according to all State legal requirements and protocols and that our security and controls are in full compliance with the law. As the face of Good Green Group LLC, I will also be responsible for our community outreach and assistance program to provide community benefits and education to the residents of the communities where our manufacturing facility and dispensaries will be located.

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

Signature: Date:
Notary Name: Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal) Date:



Appendix A: 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: Good Green Group LLC
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Kristen S. Steeneck 3. Title: President
4. Briefly describe the role of this person or entity in the proposed registered organization:
The president is responsible for providing strategic leadership for the company by working with the Board and other management to establish long-range goals, strategies, plans and policies.
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: [redacted]

10. Email [redacted]

11. Residence Address: [redacted]

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

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Rows include Pace, Fordham, and Westchester Community College.



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

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Includes a row with 'N/A' and a footer section for employment history.

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:



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

Form with multiple sections for business information, including Type of Business, Street Address, City/State/Zip, Starting/Ending Dates of Employment, Name of Supervisor, Position/Responsibilities, Reason For Departure, and 18. Offices Held or Ownership Interest in Other Businesses.



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

Form with three identical sections for business registration details, including fields for 'From: NA', 'To:', 'Business Type', 'Office Held/Nature of Interest', and checkboxes for 'open', 'closed', and '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.

As President of Good Green LLC. I am responsible for all aspects of the Company's operation. This includes hands on oversight of the day to the day functioning of the Company including implementation and compliance with all requirements of the New York State Department of Health Medical Marijuana program. I will be directly involved in working with our Board of Directors and Advisory Board to insure that best company practices and procedure are implemented and that the Medical Marijuana produced at our facility is grown and dispensed according to all State legal requirements and protocols and that our security and controls are in full compliance with the law. As the face of Good Green Group LLC, I will also be responsible for our community outreach and assistance program to provide community benefits and education to the residents of the communities where our manufacturing facility and dispensaries will be located.

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

Signature: Date:
Notary Name: Notary Registration Number:
Notary (Notary Must Affix Stamp or Seal) Date:



Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION
Business Name: Good Green Group LLC
Facility Type: Manufacturing Facility [checked] Dispensing Facility []
Use and Occupancy Classification: Industrial I-1 with Agricultural use, permitted by right.
Building Construction Type and Classification: Type 1 - A
Facility Address: 99 South 3rd Street, Hudson, NY 12534
Primary Contact Telephone number: Jason O'Toole - Realtor
Primary Contact Fax number: Please see lease agreement
PART I - ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:
Applicant shall identify planning requirements, including but not limited to:
[] TOWN BOARD APPROVAL
[] PLANNING BOARD APPROVAL
[] ZONING BOARD OF APPEALS APPROVAL
[] PREPARATION OF CONSTRUCTION DOCUMENTS
[checked] BUILDING PERMIT
[] BIDDING PHASE
[] CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
[checked] COMMENCEMENT OF CONSTRUCTION
[checked] COMPLETION OF CONSTRUCTION



Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Entrance and Exits | <input checked="" type="checkbox"/> Fire Lane and/or Fire Apparatus Road |
| <input checked="" type="checkbox"/> Public Parking Spaces | <input type="checkbox"/> Percentage of Green Space |
| <input checked="" type="checkbox"/> Staff Parking Spaces | <input checked="" type="checkbox"/> Location of Emergency Power Systems |
| <input type="checkbox"/> Accessible Parking Spaces | <input type="checkbox"/> Loading & Unloading |
| <input type="checkbox"/> Accessible Route(s) | <input type="checkbox"/> Security Gates & Fences |

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

- Energy Source:
- | | | |
|---|--------------------------------------|--|
| <input checked="" type="checkbox"/> Natural Gas | <input type="checkbox"/> Oil | <input checked="" type="checkbox"/> Electric |
| <input type="checkbox"/> Solar | <input type="checkbox"/> Other _____ | |
- Engineering Systems:
- Heating System: Type _____, Size _____, Efficiency _____,
Ventilation Requirements On site plan
- Cooling System: Type _____, Size _____, Efficiency _____,
Ventilation Requirements _____
- Ventilation & Humidification Systems:
Type _____, Size _____, Efficiency _____,
Ventilation Requirements On site plan
- Electrical Distribution Available On site plan
- Water Supply: Municipal Water Service Yes or Private Well Water _____
- Sewage: Municipal Sewer System Yes or Private Septic System _____
- Emergency Power System:
Type _____, Size _____, Efficiency _____



Appendix B – Architectural Program

Table with 2 columns: Compliance status (checkbox) and Code description. Includes codes like 2010 BUILDING CODE OF NYS, 2010 FIRE CODE OF NYS, etc.



Appendix B – Architectural Program

<p>Select Project Type: Check all that apply. Refer to the Existing Building Code for definitions.</p>	<input type="checkbox"/> New Building <input type="checkbox"/> Repair <input checked="" type="checkbox"/> Alteration Level 1 <input checked="" type="checkbox"/> Alteration Level 2	<input type="checkbox"/> Alteration Level 3 <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Addition <input type="checkbox"/> Historic Building	<input type="checkbox"/> Demolition <input type="checkbox"/> Chapter 3. Prescriptive Compliance Method <input type="checkbox"/> Chapter 13. Performance Compliance Method
<p>Select Work Involved: Check all that apply.</p>	<input checked="" type="checkbox"/> General Construction <input type="checkbox"/> Roofing <input type="checkbox"/> Asbestos Abatement/Environmental <input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Structural <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Electrical	<input type="checkbox"/> Site Work <input type="checkbox"/> Sprinkler <input type="checkbox"/> Elevators <input checked="" type="checkbox"/> Other: <u>HVAC</u>

CODE COMPLIANCE REVIEW						
Applicant shall provide all applicable information in regards to the code topic and section listed below.						
1. Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: FC: Fire Code, PC: Plumbing Code, MC: Mechanical Code, FGC: Fuel Gas Code, ECCC: Energy Conservation Code.						
2. Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: NA: Not Applicable, NR: Not Required, NP: Not Permitted						
3. Provide your facilities "Actual" value for each required standard as per applicable code section.						
No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	Lighting and HVAC systems.	



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
2	Combustible Storage	413	NA	All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.		
3	Hazardous Materials	414	NA	All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.		
4	Hazardous Materials Control Areas	414.2	NA	Provide additional information indicating number, size, materials stored, and quantity of each material.		
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	On Site Plan	
6	Incidental Use Areas	508.2	NA	Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Please refer to Engineers Report, a wall to be constructed.	
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Please refer to Engineers Report, a wall to be constructed.	
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	Please refer to Engineers Report, a wall to be constructed.	
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	General Construction	
11	Fire Resistance Rating Req'm't for Building Elements	Table 601	Type 1 - A	Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
12	Exterior Wall Fire-Resistance Rating	Table 602	NA	Identify required fire resistance rating of exterior walls on Building Plan(s).		
13	Exterior Fire Separation Distance	Table 602	NA	Identify required fire separation distance of exterior walls between Buildings on Plan.		
14	Fire Walls	705	NA	Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.		
15	Fire Barriers	706	NA	Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.		
16	Shaft Enclosures	707	NA	Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.		
17	Fire Partitions	708	NA	Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
18	Horizontal Assemblies	711	NA	Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.		
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	On site sprinkler system. Please refer to Engineers Report for clarification.	
20	Alt. Fire Extinguishing System	904	NA	Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.		
21	Standpipe System	905	NA	Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.		
22	Fire Alarm & Detection Systems	907	NA	Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input type="checkbox"/> Addressable <input type="checkbox"/> Hardwired (zoned)		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	Software Computer System with sensors.	
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	On Site Plan.	
25	Exits	1001.1 & 2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	On Site Plan and Engineers Report.	
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	On Site Plan and Engineers Report.	
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	On Site Plan.	
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	On Site Plan and Engineers Report.	



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	On Site Plan	
30	Interior Stairs	1009	NA	Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.		
31	Ramps	1010.1	NA	Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.		
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	On Site Plan and with a wall to be built, stopping access.	
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	On Site Plan and Engineers Report.	
34	Corridor Fire Rating	1017.1	NA	Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
35	Corridor Width	1017.2	NA	Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).		
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	On Site Plan and Engineers Report.	
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	On Site Plan and Engineers Report.	
38	Vertical Exit Enclosures	1020	NA	Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.		
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	On Site Plan and Engineers Report.	
40	Horizontal Exits	1022	NA	Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	On Site Plan and Engineers Report.	
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	On Site Plan and Engineers Report.	
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	On Site Plan and Engineers Report.	
44	Energy Conservation	2010 NYS ECCC & IECC 2012	NA	Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).		
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	Standby Generator, 250 KW Propane.	
46	Smoke Control Systems	2702.2.2		Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.	On site sprinkler system.	



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
47	Plumbing Fixture Count	2902.1	NA	Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).		
48	Available Street Water Pressure			Provide the available street or well water pressure.	100 psi	
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	On Site Plan and Engineers Report.	



Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION
Business Name: Good Green Group LLC
Facility Type: Manufacturing Facility [checked] Dispensing Facility []
Use and Occupancy Classification: Agricultural Use, as permitted by right. R District
Building Construction Type and Classification: Type 1-B
Facility Address: Former Roeliff Jansen School, Rt. 22, Copake, NY
Primary Contact Telephone number: 718-401-1511
Primary Contact Fax number: n/a - See Letter attached
PART I - ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:
Applicant shall identify planning requirements, including but not limited to:
[] TOWN BOARD APPROVAL
[] PLANNING BOARD APPROVAL
[] ZONING BOARD OF APPEALS APPROVAL
[] PREPARATION OF CONSTRUCTION DOCUMENTS
[checked] BUILDING PERMIT
[] BIDDING PHASE
[] CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
[checked] COMMENCEMENT OF CONSTRUCTION
[checked] COMPLETION OF CONSTRUCTION



Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Entrance and Exits | <input checked="" type="checkbox"/> Fire Lane and/or Fire Apparatus Road |
| <input checked="" type="checkbox"/> Public Parking Spaces | <input checked="" type="checkbox"/> Percentage of Green Space |
| <input checked="" type="checkbox"/> Staff Parking Spaces | <input checked="" type="checkbox"/> Location of Emergency Power Systems |
| <input checked="" type="checkbox"/> Accessible Parking Spaces | <input checked="" type="checkbox"/> Loading & Unloading |
| <input checked="" type="checkbox"/> Accessible Route(s) | <input checked="" type="checkbox"/> Security Gates & Fences |

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

- Energy Source:
- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Natural Gas | <input checked="" type="checkbox"/> Oil | <input checked="" type="checkbox"/> Electric |
| <input type="checkbox"/> Solar | <input checked="" type="checkbox"/> Other <u>Bio-Mass Energy Heating</u> | |
- Engineering Systems:
- Heating System: Type _____, Size _____, Efficiency _____,
Ventilation Requirements _____
- Cooling System: Type _____, Size _____, Efficiency _____,
Ventilation Requirements _____
- Ventilation & Humidification Systems:
Type _____, Size _____, Efficiency _____,
Ventilation Requirements _____
- Electrical Distribution Available Multiple systems in site
- Water Supply: Municipal Water Service _____ or Private Well Water Well
- Sewage: Municipal Sewer System _____ or Private Septic System Septic
- Emergency Power System:
Type _____, Size _____, Efficiency _____,



Appendix B – Architectural Program

Table with 2 columns: Compliance status (checkbox) and Code description. Includes codes like 2010 BUILDING CODE OF NYS, 2010 FIRE CODE OF NYS, etc.



Appendix B – Architectural Program

<p>Select Project Type: Check all that apply. Refer to the Existing Building Code for definitions.</p>	<input type="checkbox"/> New Building <input checked="" type="checkbox"/> Repair <input checked="" type="checkbox"/> Alteration Level 1 <input type="checkbox"/> Alteration Level 2	<input type="checkbox"/> Alteration Level 3 <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> Addition <input type="checkbox"/> Historic Building	<input type="checkbox"/> Demolition <input type="checkbox"/> Chapter 3. Prescriptive Compliance Method <input type="checkbox"/> Chapter 13. Performance Compliance Method
<p>Select Work Involved: Check all that apply.</p>	<input checked="" type="checkbox"/> General Construction <input type="checkbox"/> Roofing <input type="checkbox"/> Asbestos Abatement/Environmental <input type="checkbox"/> Fire Alarm	<input type="checkbox"/> Structural <input type="checkbox"/> Mechanical <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> Electrical	<input type="checkbox"/> Site Work <input type="checkbox"/> Sprinkler <input type="checkbox"/> Elevators <input checked="" type="checkbox"/> Other: <u>HVAC</u>

CODE COMPLIANCE REVIEW						
Applicant shall provide all applicable information in regards to the code topic and section listed below.						
1. Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: FC: Fire Code, PC: Plumbing Code, MC: Mechanical Code, FGC: Fuel Gas Code, ECC: Energy Conservation Code.						
2. Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: NA: Not Applicable, NR: Not Required, NP: Not Permitted						
3. Provide your facilities "Actual" value for each required standard as per applicable code section.						
No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
1	Use & Occupancy Classification	302.1 - 312	NA	Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
2	Combustible Storage	413	NA	All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.		
3	Hazardous Materials	414	NA	All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.		
4	Hazardous Materials Control Areas	414.2	NA	Provide additional information indicating number, size, materials stored, and quantity of each material.		
5	Building Area & Height	501-507	NA	Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).		
6	Incidental Use Areas	508.2	NA	Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
7	Mixed Occupancies	508.3	NA	Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).		
8	Nonseparated Uses	508.3.2	NA	Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).		
9	Separated Uses (Ratio < 1)	508.3.3	NA	Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).		
10	Construction Classification	602	NA	Provide Construction Classification per each building included in Application.		
11	Fire Resistance Rating Req'm't for Building Elements	Table 601	Type 1 - B	Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
12	Exterior Wall Fire-Resistance Rating	Table 602	NA	Identify required fire resistance rating of exterior walls on Building Plan(s).		
13	Exterior Fire Separation Distance	Table 602	NA	Identify required fire separation distance of exterior walls between Buildings on Plan.		
14	Fire Walls	705	NA	Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.		
15	Fire Barriers	706	NA	Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.		
16	Shaft Enclosures	707	NA	Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.		
17	Fire Partitions	708	NA	Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
18	Horizontal Assemblies	711	NA	Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.		
19	Fire Protection: Sprinkler System	903	NA	Indicate Type of Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.		
20	Alt. Fire Extinguishing System	904		Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.	1 Fire Extinguisher per room	
21	Standpipe System	905	NA	Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.		
22	Fire Alarm & Detection Systems	907		Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input type="checkbox"/> Addressable <input type="checkbox"/> Hardwired (zoned)	Fire Alarm and smoke detectors per room	



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	Software Computer System with sensors	
24	Fire Department Connections	912	NA	Identify Fire Department connections in accordance with NFPA applicable standard.		
25	Exits	1001.1 & 2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	Site plan completed	
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	Site is an old school with plenty of occupant load	
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	Site plan completed	
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	Site plan completed	



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	Site plan completed	
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	6ft. Wide, 2 floors. With handrails.	
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	4ft. Wide on Site Plan	
32	Common Path of Travel	1014.3	NA	Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.		
33	Exit Doorway Arrangement	1015	NA	Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.		
34	Corridor Fire Rating	1017.1	NA	Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	7' to 10'	
36	Dead End Corridor	1017.3	NA	Corridors shall not exceed the maximum dead end corridor length as per applicable code.		
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	On Site Plan	
38	Vertical Exit Enclosures	1020	NA	Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.		
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	On site Plan	
40	Horizontal Exits	1022	NA	Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	On Site Plan	
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	On Site Plan	
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	On Site Plan	
44	Energy Conservation	2010 NYS ECCC & IECC 2012	NA	Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).		
45	Emergency & Standby Power	2702.1		Identify emergency & Standby Power locations and specifications of the system to be provided.	Standby Generator, 250 KW Propane.	
46	Smoke Control Systems	2702.2.2	NA	Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	On Site Plan	
48	Available Street Water Pressure			Provide the available street or well water pressure.	60 psi	
49	Fire Apparatus Access Road	FC503.1	NA	Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.		



Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION

Business Name: Good Green of Albany
Facility Type: Manufacturing Facility [] Dispensing Facility [x]
Use and Occupancy Classification: Commercial C-1
Building Construction Type and Classification: Type 1 - G
Facility Address: 215 Washington Ave., Albany, New York, 12205
Primary Contact Telephone number: 518-225-7608
Primary Contact Fax number:

PART I - ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:

Applicant shall identify planning requirements, including but not limited to:

- TOWN BOARD APPROVAL []
PLANNING BOARD APPROVAL []
ZONING BOARD OF APPEALS APPROVAL []
PREPARATION OF CONSTRUCTION DOCUMENTS []
BUILDING PERMIT [x]
BIDDING PHASE []
CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply) []
COMMENCEMENT OF CONSTRUCTION [x]
COMPLETION OF CONSTRUCTION [x]



Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- Entrance and Exits
Public Parking Spaces
Staff Parking Spaces
Accessible Parking Spaces
Accessible Route(s)
Fire Lane and/or Fire Apparatus Road
Percentage of Green Space
Location of Emergency Power Systems
Loading & Unloading
Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

- Energy Source: Natural Gas, Solar, Oil, Other, Electric
Engineering Systems: Heating System, Cooling System, Ventilation & Humidification Systems, Electrical Distribution Available, Water Supply, Sewage, Emergency Power System



Appendix B – Architectural Program

PART IV – BUILDING CODE COMPLIANCE: (pages 3-13)

CHECK ALL APPLICABLE CODES FOR THE FACILITY

- 2010 BUILDING CODE OF NYS
2010 FIRE CODE OF NYS
2010 PLUMBING CODE OF NYS
2010 MECHANICAL CODE OF NYS
2010 FUEL GAS CODE OF NYS
2010 PROPERTY MAINTENANCE CODE OF NYS
2010 ENERGY CONSERVATION CONSTRUCTION CODE OF NYS
2012 IECC COMMERCIAL PROVISIONS
2010 EXISTING BUILDING CODE OF NYS
NEC NATIONAL ELECTRIC CODE, (Specify Applicable Version)
2014 NY CITY CONSTRUCTION CODE
2008 NY CITY CONSTRUCTION CODE
1968 NY CITY CONSTRUCTION CODE
NFPA 101-06 LIFE SAFETY CODE
ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES
OTHER



Appendix B – Architectural Program

Select Project

Type:
Check all that apply.
Refer to the Existing
Building Code for
definitions.

- New Building
- Repair
- Alteration Level 1
- Alteration Level 2
- Alteration Level 3
- Change of Occupancy
- Addition
- Historic Building
- Demolition
- Chapter 3. Prescriptive Compliance Method
- Chapter 13. Performance Compliance Method

Select Work

Involved:
Check all that apply.

- General Construction
- Roofing
- Asbestos Abatement/Environmental
- Fire Alarm
- Structural
- Mechanical
- Plumbing
- Electrical
- Site Work
- Sprinkler
- Elevators
- Other: _____

CODE COMPLIANCE REVIEW

Applicant shall provide all applicable information in regards to the code topic and section listed below.

1. Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: **FC: Fire Code, PC: Plumbing Code, MC: Mechanical Code, FGC: Fuel Gas Code, ECCC: Energy Conservation Code.**
2. Provide the Required standard for each applicable code section. (I.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: **NA: Not Applicable, NR: Not Required, NP: Not Permitted**
3. Provide your facilities "Actual" value for each required standard as per applicable code section.

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	Commercial Use	



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
2	Combustible Storage	413	NA	All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.		
3	Hazardous Materials	414	NA	All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.		
4	Hazardous Materials Control Areas	414.2	NA	Provide additional information indicating number, size, materials stored, and quantity of each material.		
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	Provided on site plan	
6	Incidental Use Areas	508.2	NA	Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	On Site Plan	
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	On Site Plan	
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	On Site Plan	
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	Minor construction build out	
11	Fire Resistance Rating Req'm't for Building Elements	Table 601	Type 1-G	Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.		



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No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
12	Exterior Wall Fire-Resistance Rating	Table 602	NA	Identify required fire resistance rating of exterior walls on Building Plan(s).		
13	Exterior Fire Separation Distance	Table 602	NA	Identify required fire separation distance of exterior walls between Buildings on Plan.		
14	Fire Walls	705	NA	Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.		
15	Fire Barriers	706	NA	Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.		
16	Shaft Enclosures	707	NA	Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.		
17	Fire Partitions	708	NA	Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
18	Horizontal Assemblies	711	NA	Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.		
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	On site sprinkler system	
20	Alt. Fire Extinguishing System	904	NA	Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.		
21	Standpipe System	905	NA	Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.		
22	Fire Alarm & Detection Systems	907	NA	Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input type="checkbox"/> Addressable <input type="checkbox"/> Hardwired (zoned)		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	Software Computer System with Sensors	
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	On Site Plan	
25	Exits	1001.1 & 2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	On Site Plan	
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	On Site Plan	
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	On Site Plan	
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	On Site Plan	



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	On Site Plan	
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	On Site Plan	
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	On Site Plan	
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	On Site Plan	
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	On Site Plan	
34	Corridor Fire Rating	1017.1	NA	Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	On Site Plan	
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	On Site Plan	
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	On Site Plan	
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	On Site Plan	
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	On Site Plan	
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	On Site Plan	



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	On Site Plan	
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	On Site Plan	
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	On Site Plan	
44	Energy Conservation	2010 NYS ECCC & IECC 2012	NA	Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).		
45	Emergency & Standby Power	2702.1	NA	Identify emergency & Standby Power locations and specifications of the system to be provided.		
46	Smoke Control Systems	2702.2.2	NA	Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	On Site Plan	
48	Available Street Water Pressure			Provide the available street or well water pressure.	80 PSI	
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	On Site Plan	



Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION

Business Name: Good Green of Manhattan
Facility Type: Manufacturing Facility [] Dispensing Facility [x]
Use and Occupancy Classification: Commercial C-6
Building Construction Type and Classification: Type 1 - G
Facility Address: 35-37 East Broadway, New York, 10002
Primary Contact Telephone number: 212-213-7800
Primary Contact Fax number: 212-213-7801

PART I - ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:

Applicant shall identify planning requirements, including but not limited to:

- [] TOWN BOARD APPROVAL
[] PLANNING BOARD APPROVAL
[] ZONING BOARD OF APPEALS APPROVAL
[] PREPARATION OF CONSTRUCTION DOCUMENTS
[x] BUILDING PERMIT
[] BIDDING PHASE
[] CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply)
[x] COMMENCEMENT OF CONSTRUCTION
[x] COMPLETION OF CONSTRUCTION



Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- Entrance and Exits
Public Parking Spaces
Staff Parking Spaces
Accessible Parking Spaces
Accessible Route(s)
Fire Lane and/or Fire Apparatus Road
Percentage of Green Space
Location of Emergency Power Systems
Loading & Unloading
Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

- Energy Source: Natural Gas, Oil, Electric, Solar, Other
Engineering Systems: Heating System, Cooling System, Ventilation & Humidification Systems, Electrical Distribution Available, Water Supply, Sewage, Emergency Power System



Appendix B – Architectural Program

PART IV – BUILDING CODE COMPLIANCE: (pages 3-13)

CHECK ALL APPLICABLE CODES FOR THE FACILITY

- 2010 BUILDING CODE OF NYS
2010 FIRE CODE OF NYS
2010 PLUMBING CODE OF NYS
2010 MECHANICAL CODE OF NYS
2010 FUEL GAS CODE OF NYS
2010 PROPERTY MAINTENANCE CODE OF NYS
2010 ENERGY CONSERVATION CONSTRUCTION CODE OF NYS
2012 IECC COMMERCIAL PROVISIONS
2010 EXISTING BUILDING CODE OF NYS
NEC NATIONAL ELECTRIC CODE, (Specify Applicable Version)
2014 NY CITY CONSTRUCTION CODE
2008 NY CITY CONSTRUCTION CODE
1968 NY CITY CONSTRUCTION CODE
NFPA 101-06 LIFE SAFETY CODE
ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES
OTHER



Appendix B – Architectural Program

Select Project

Type:
Check all that apply.
Refer to the Existing
Building Code for
definitions.

- New Building
- Repair
- Alteration Level 1
- Alteration Level 2
- Alteration Level 3
- Change of Occupancy
- Addition
- Historic Building
- Demolition
- Chapter 3. Prescriptive Compliance Method
- Chapter 13. Performance Compliance Method

Select Work

Involved:
Check all that apply.

- General Construction
- Roofing
- Asbestos Abatement/Environmental
- Fire Alarm
- Structural
- Mechanical
- Plumbing
- Electrical
- Site Work
- Sprinkler
- Elevators
- Other: _____

CODE COMPLIANCE REVIEW						
Applicant shall provide all applicable information in regards to the code topic and section listed below.						
1. Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: FC: <i>Fire Code</i> , PC: <i>Plumbing Code</i> , MC: <i>Mechanical Code</i> , FGC: <i>Fuel Gas Code</i> , ECCC: <i>Energy Conservation Code</i> .						
2. Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: NA: <i>Not Applicable</i> , NR: <i>Not Required</i> , NP: <i>Not Permitted</i>						
3. Provide your facilities "Actual" value for each required standard as per applicable code section.						
No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	Commercial Use	



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
2	Combustible Storage	413	NA	All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.		
3	Hazardous Materials	414	NA	All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.		
4	Hazardous Materials Control Areas	414.2	NA	Provide additional information indicating number, size, materials stored, and quantity of each material.		
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	Provided on site plan	
6	Incidental Use Areas	508.2	NA	Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	On Site Plan	
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	On Site Plan	
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	On Site Plan	
10.	Construction Classification	602		Provide Construction Classification per each building included in Application.	Minor construction build out	
11	Fire Resistance Rating Req'm't for Building Elements	Table 601	Type 1-G	Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
12	Exterior Wall Fire-Resistance Rating	Table 602	NA	Identify required fire resistance rating of exterior walls on Building Plan(s).		
13	Exterior Fire Separation Distance	Table 602	NA	Identify required fire separation distance of exterior walls between Buildings on Plan.		
14	Fire Walls	705	NA	Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.		
15	Fire Barriers	706	NA	Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.		
16	Shaft Enclosures	707	NA	Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.		
17	Fire Partitions	708	NA	Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
18	Horizontal Assemblies	711	NA	Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.		
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	On site sprinkler system	
20	Alt. Fire Extinguishing System	904	NA	Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.		
21	Standpipe System	905	NA	Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.		
22	Fire Alarm & Detection Systems	907	NA	Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input type="checkbox"/> Addressable <input type="checkbox"/> Hardwired (zoned)		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	Software Computer System with Sensors	
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	On Site Plan	
25	Exits	1001.1 & 2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	On Site Plan	
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	On Site Plan	
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	On Site Plan	
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	On Site Plan	



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	On Site Plan	
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	On Site Plan	
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	On Site Plan	
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	On Site Plan	
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	On Site Plan	
34	Corridor Fire Rating	1017.1	NA	Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	On Site Plan	
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	On Site Plan	
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	On Site Plan	
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	On Site Plan	
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	On Site Plan	
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	On Site Plan	



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	On Site Plan	
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	On Site Plan	
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	On Site Plan	
44	Energy Conservation	2010 NYS ECCC & IECC 2012	NA	Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).		
45	Emergency & Standby Power	2702.1	NA	Identify emergency & Standby Power locations and specifications of the system to be provided.		
46	Smoke Control Systems	2702.2.2	NA	Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	On Site Plan	
48	Available Street Water Pressure			Provide the available street or well water pressure.	100 PSI	
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	On Site Plan	



Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION

Business Name: Good Green of Suffolk
Facility Type: Manufacturing Facility [] Dispensing Facility [x]
Use and Occupancy Classification: Commercial C-1
Building Construction Type and Classification: Type 1 - G
Facility Address: 124 Main Street, Huntington, NY, 11743
Primary Contact Telephone number: 631-673-9280
Primary Contact Fax number:

PART I - ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:

Applicant shall identify planning requirements, including but not limited to:

- TOWN BOARD APPROVAL []
PLANNING BOARD APPROVAL []
ZONING BOARD OF APPEALS APPROVAL []
PREPARATION OF CONSTRUCTION DOCUMENTS []
BUILDING PERMIT [x]
BIDDING PHASE []
CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply) []
COMMENCEMENT OF CONSTRUCTION [x]
COMPLETION OF CONSTRUCTION [x]



Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- Entrance and Exits
Public Parking Spaces
Staff Parking Spaces
Accessible Parking Spaces
Accessible Route(s)
Fire Lane and/or Fire Apparatus Road
Percentage of Green Space
Location of Emergency Power Systems
Loading & Unloading
Security Gates & Fences

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

- Energy Source:
Natural Gas
Solar
Oil
Other
Electric
Engineering Systems:
Heating System: Type, Size, Efficiency, Ventilation Requirements
Cooling System: Type, Size, Efficiency, Ventilation Requirements
Ventilation & Humidification Systems: Type, Size, Efficiency, Ventilation Requirements
Electrical Distribution Available
Water Supply: Municipal Water Service Yes or Private Well Water
Sewage: Municipal Sewer System Yes or Private Septic System
Emergency Power System: Type, Size, Efficiency



Appendix B – Architectural Program

PART IV – BUILDING CODE COMPLIANCE: (pages 3-13)

CHECK ALL APPLICABLE CODES FOR THE FACILITY

- 2010 BUILDING CODE OF NYS
2010 FIRE CODE OF NYS
2010 PLUMBING CODE OF NYS
2010 MECHANICAL CODE OF NYS
2010 FUEL GAS CODE OF NYS
2010 PROPERTY MAINTENANCE CODE OF NYS
2010 ENERGY CONSERVATION CONSTRUCTION CODE OF NYS
2012 IECC COMMERCIAL PROVISIONS
2010 EXISTING BUILDING CODE OF NYS
NEC NATIONAL ELECTRIC CODE, (Specify Applicable Version)
2014 NY CITY CONSTRUCTION CODE
2008 NY CITY CONSTRUCTION CODE
1968 NY CITY CONSTRUCTION CODE
NFPA 101-06 LIFE SAFETY CODE
ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES
OTHER



Appendix B – Architectural Program

Select Project

Type:
Check all that apply.
Refer to the Existing
Building Code for
definitions.

- New Building
- Repair
- Alteration Level 1
- Alteration Level 2
- Alteration Level 3
- Change of Occupancy
- Addition
- Historic Building
- Demolition
- Chapter 3. Prescriptive Compliance Method
- Chapter 13. Performance Compliance Method

Select Work

Involved:
Check all that apply.

- General Construction
- Roofing
- Asbestos Abatement/Environmental
- Fire Alarm
- Structural
- Mechanical
- Plumbing
- Electrical
- Site Work
- Sprinkler
- Elevators
- Other: _____

CODE COMPLIANCE REVIEW

Applicant shall provide all applicable information in regards to the code topic and section listed below.

1. Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: **FC: Fire Code, PC: Plumbing Code, MC: Mechanical Code, FGC: Fuel Gas Code, ECC: Energy Conservation Code.**
2. Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: **NA: Not Applicable, NR: Not Required, NP: Not Permitted**
3. Provide your facilities "Actual" value for each required standard as per applicable code section.

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	Commercial Use	



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
2	Combustible Storage	413	NA	All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.		
3	Hazardous Materials	414	NA	All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.		
4	Hazardous Materials Control Areas	414.2	NA	Provide additional information indicating number, size, materials stored, and quantity of each material.		
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	Provided on site plan	
6	Incidental Use Areas	508.2	NA	Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	On Site Plan	
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	On Site Plan	
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	On Site Plan	
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	Minor construction build out	
11	Fire Resistance Rating Reqmt' for Building Elements	Table 601	Type 1-G	Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
12	Exterior Wall Fire-Resistance Rating	Table 602	NA	Identify required fire resistance rating of exterior walls on Building Plan(s).		
13	Exterior Fire Separation Distance	Table 602	NA	Identify required fire separation distance of exterior walls between Buildings on Plan.		
14	Fire Walls	705	NA	Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.		
15	Fire Barriers	706	NA	Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.		
16	Shaft Enclosures	707	NA	Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.		
17	Fire Partitions	708	NA	Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.		



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No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
18	Horizontal Assemblies	711	NA	Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.		
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	On site sprinkler system	
20	Alt. Fire Extinguishing System	904	NA	Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.		
21	Standpipe System	905	NA	Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.		
22	Fire Alarm & Detection Systems	907	NA	Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input type="checkbox"/> Addressable <input type="checkbox"/> Hardwired (zoned)		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	Software Computer System with Sensors	
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	On Site Plan	
25	Exits	1001.1 &2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	On Site Plan	
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	On Site Plan	
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	On Site Plan	
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	On Site Plan	



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	On Site Plan	
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	On Site Plan	
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	On Site Plan	
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	On Site Plan	
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	On Site Plan	
34	Corridor Fire Rating	1017.1	NA	Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	On Site Plan	
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	On Site Plan	
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	On Site Plan	
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	On Site Plan	
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	On Site Plan	
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	On Site Plan	



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	On Site Plan	
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	On Site Plan	
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	On Site Plan	
44	Energy Conservation	2010 NYS ECCC & IECC 2012	NA	Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).		
45	Emergency & Standby Power	2702.1	NA	Identify emergency & Standby Power locations and specifications of the system to be provided.		
46	Smoke Control Systems	2702.2.2	NA	Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	On Site Plan	
48	Available Street Water Pressure			Provide the available street or well water pressure.	80 PSI	
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	On Site Plan	



Appendix B: Architectural Program

A SEPARATE "APPENDIX B" SHALL BE COMPLETED FOR EACH SEPARATE BUILDING AND/OR FACILITY INCLUDED IN THE ORGANIZATION'S BUSINESS PLAN

COMPANY INFORMATION

Business Name: Good Green of Rochester
Facility Type: Manufacturing Facility [] Dispensing Facility [x]
Use and Occupancy Classification: Commercial C-1
Building Construction Type and Classification: Type 1 - G
Facility Address: 1734 E. Ridge Road, Rochester, New York 14622
Primary Contact Telephone number:
Primary Contact Fax number:

PART I - ARCHITECTURAL PROGRAM & CONSTRUCTION TIMELINE:

Applicant shall identify planning requirements, including but not limited to:

- TOWN BOARD APPROVAL []
PLANNING BOARD APPROVAL []
ZONING BOARD OF APPEALS APPROVAL []
PREPARATION OF CONSTRUCTION DOCUMENTS []
BUILDING PERMIT [x]
BIDDING PHASE []
CONTRACT AWARD PHASE PER EACH APPLICABLE CONTRACTOR (Identify all that apply) []
COMMENCEMENT OF CONSTRUCTION [x]
COMPLETION OF CONSTRUCTION [x]



Appendix B – Architectural Program

PART II – SITE PLAN(S)

Applicant shall provide the appropriate details for each of the following by identifying the location and dimension on the Site Plan attached to the application for each building location.

- Checkboxes for: Entrance and Exits, Public Parking Spaces, Staff Parking Spaces, Accessible Parking Spaces, Accessible Route(s), Fire Lane and/or Fire Apparatus Road, Percentage of Green Space, Location of Emergency Power Systems, Loading & Unloading, Security Gates & Fences.

PART III – ENERGY SOURCES & ENGINEERING SYSTEMS:

Applicant shall provide the following minimum information to outline the specifications relating to the energy sources and engineering systems of each building included in the application.

- Energy Source: Natural Gas, Solar, Oil, Other, Electric.
Engineering Systems: Heating System, Cooling System, Ventilation & Humidification Systems, Electrical Distribution Available, Water Supply, Sewage, Emergency Power System.



Appendix B – Architectural Program

PART IV – BUILDING CODE COMPLIANCE: (pages 3-13)

CHECK ALL APPLICABLE CODES FOR THE FACILITY

- 2010 BUILDING CODE OF NYS
2010 FIRE CODE OF NYS
2010 PLUMBING CODE OF NYS
2010 MECHANICAL CODE OF NYS
2010 FUEL GAS CODE OF NYS
2010 PROPERTY MAINTENANCE CODE OF NYS
2010 ENERGY CONSERVATION CONSTRUCTION CODE OF NYS
2012 IECC COMMERCIAL PROVISIONS
2010 EXISTING BUILDING CODE OF NYS
NEC NATIONAL ELECTRIC CODE, (Specify Applicable Version)
2014 NY CITY CONSTRUCTION CODE
2008 NY CITY CONSTRUCTION CODE
1968 NY CITY CONSTRUCTION CODE
NFPA 101-06 LIFE SAFETY CODE
ICC/ANSI A117.1-03 ACCESSIBLE AND USABLE BUILDINGS AND FACILITIES
OTHER



Appendix B – Architectural Program

Select Project

Type:

Check all that apply.
Refer to the Existing
Building Code for
definitions.

- New Building
- Repair
- Alteration Level 1
- Alteration Level 2

- Alteration Level 3
- Change of Occupancy
- Addition
- Historic Building

- Demolition
- Chapter 3. Prescriptive Compliance Method
- Chapter 13. Performance Compliance Method

Select Work

Involved:

Check all that apply.

- General Construction
- Roofing
- Asbestos Abatement/Environmental
- Fire Alarm

- Structural
- Mechanical
- Plumbing
- Electrical

- Site Work
- Sprinkler
- Elevators
- Other: _____

CODE COMPLIANCE REVIEW

Applicant shall provide all applicable information in regards to the code topic and section listed below.

- Code Compliance Review is based on the 2010 NY State Building Code for New Construction. If any other building code applies to the location or type of construction, provide applicable code and sections that most closely relates and references the code topic and information in the code sections listed below. Provide appropriate abbreviations for other applicable codes, such as: **FC: Fire Code, PC: Plumbing Code, MC: Mechanical Code, FGC: Fuel Gas Code, ECC: Energy Conservation Code.**
- Provide the Required standard for each applicable code section. (i.e.: area, quantity, classification type, materials, hourly separation, etc.). If section does not apply, indicate one of the following with explanation: **NA: Not Applicable, NR: Not Required, NP: Not Permitted**
- Provide your facilities "Actual" value for each required standard as per applicable code section.

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
1	Use & Occupancy Classification	302.1 - 312		Use & occupancy of this facility. Identify all applicable materials, class and quantities regarding Table 307.1.	Commercial Use	



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
2	Combustible Storage	413	NA	All combustible storage areas and rooms, as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.		
3	Hazardous Materials	414	NA	All hazardous materials stored or used as per applicable Building and Fire Codes. Identify all combustible stored materials, area and room dimensions, all required fire separations, and exit requirements.		
4	Hazardous Materials Control Areas	414.2	NA	Provide additional information indicating number, size, materials stored, and quantity of each material.		
5	Building Area & Height	501-507		Provide the building area & height Provide all calculations and cite applicable code sections for increased Building Area & Heights allowed per building code(s).	Provided on site plan	
6	Incidental Use Areas	508.2	NA	Identify all Incidental Use Areas and required fire separation of occupancies on Building Plans.		



Appendix B – Architectural Program

No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
7	Mixed Occupancies	508.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	On Site Plan	
8	Nonseparated Uses	508.3.2		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	On Site Plan	
9	Separated Uses (Ratio < 1)	508.3.3		Provide analysis with code cited, and required fire separation of occupancies. Identify required fire separation of occupancies on Building Plan(s).	On Site Plan	
10	Construction Classification	602		Provide Construction Classification per each building included in Application.	Minor construction build out	
11	Fire Resistance Rating Req'm't for Building Elements	Table 601	Type 1-G	Provide Fire Resistance Rating per each building element as per Table 601. Identify rating & elements on Building Plans.		



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No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
12	Exterior Wall Fire-Resistance Rating	Table 602	NA	Identify required fire resistance rating of exterior walls on Building Plan(s).		
13	Exterior Fire Separation Distance	Table 602	NA	Identify required fire separation distance of exterior walls between Buildings on Plan.		
14	Fire Walls	705	NA	Provide code information and identify all applicable required Fire Wall(s) and fire resistance requirement on Building Plans.		
15	Fire Barriers	706	NA	Provide code information and identify all applicable required Fire Barrier(s) and fire resistance requirement on Building Plans.		
16	Shaft Enclosures	707	NA	Provide code information and identify all applicable required Shaft Wall(s) and fire resistance requirement on Building Plans.		
17	Fire Partitions	708	NA	Provide code information and identify all applicable required Fire Partition(s) and fire resistance requirement on Building Plans.		



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18	Horizontal Assemblies	711	NA	Provide code information and identify all applicable required Horizontal Assemblies and fire resistance requirement on Building Plans.		
19	Fire Protection: Sprinkler System	903		Indicate Type of Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13 R <input type="checkbox"/> NFPA 13D Provide code information of all applicable requirements for Automatic Sprinkler Systems with code section cited.	On site sprinkler system	
20	Alt. Fire Extinguishing System	904	NA	Provide code information of all applicable requirements for Alternative Automatic Fire-Extinguishing Systems with code section(s) cited.		
21	Standpipe System	905	NA	Provide code information of all applicable requirements for Standpipe Systems with code section(s) cited.		
22	Fire Alarm & Detection Systems	907	NA	Provide code information of all applicable requirements for Fire Alarm System(s) with code section cited. Indicate Type of Fire Alarm System <input type="checkbox"/> Addressable <input type="checkbox"/> Hardwired (zoned)		



Appendix B – Architectural Program

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23	Emergency Alarm System	908		Provide code information of all applicable requirements for Emergency Alarm Systems with code section cited.	Software Computer System with Sensors	
24	Fire Department Connections	912		Identify Fire Department connections in accordance with NFPA applicable standard.	On Site Plan	
25	Exits	1001.1 &2		Identify on the Building Plans and documents, per each door, the following information: door width, door height, direction of swing, type of construction, hourly rating, and door closures.	On Site Plan	
26	Occupant Load	1004 & Table 1004.1.1		Identify the use/name of each room, dimensions of each room, and Occupant Loads per each room on the Building Plans.	On Site Plan	
27	Egress Width	1005		Provide egress widths & cite applicable code section(s) and requirement(s) on the Building Plans	On Site Plan	
28	Accessible Means of Egress	1007.1		Provide accessible means of egress as per Section 1007 & cite applicable code section(s) and requirement(s) on the Building Plans.	On Site Plan	



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No.	Topic	NYS Building Code Section	Other Code ¹ (as Stated Above) & Section	Minimum Information Required to be Identified for this building/facility on the Building or Site Plan(s)	Required Code Value ² /Allowed Code Value	Facility's Actual Value ³
29	Doors, Gates, and Turnstiles	1008		Means of egress doors shall meet the requirements of this section.	On Site Plan	
30	Interior Stairs	1009		Identify the following information for each stairway on the Building Plan(s): the width of stairways; the height, width, depth and number of risers and treads; dimensions of landings; stairway construction type; and handrail height.	On Site Plan	
31	Ramps	1010.1		Identify the following information of each ramp, on the Building Plan(s): width; total vertical rise; length of ramp; and handrail height.	On Site Plan	
32	Common Path of Travel	1014.3		Identify on the Building Plan(s): the length of the "Common Path of Travel" per each room as per applicable building code requirements.	On Site Plan	
33	Exit Doorway Arrangement	1015		Identify on the Building Plan(s): applicable building code requirements for all Exits and Exit Access Doorways per each room and required exits in all buildings.	On Site Plan	
34	Corridor Fire Rating	1017.1	NA	Identify, on the Building Plan(s): all corridors with required fire resistance and the applicable fire rating.		



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35	Corridor Width	1017.2		Identify on the Building Plan(s): the width of all corridors. Provide applicable code section(s) and requirement(s).	On Site Plan	
36	Dead End Corridor	1017.3		Corridors shall not exceed the maximum dead end corridor length as per applicable code.	On Site Plan	
37	Number of Exits and Continuity	1019		Identify on the Building Plan(s): required number of exits, continuity and arrangement as per the applicable code requirements.	On Site Plan	
38	Vertical Exit Enclosures	1020		Identify on the Building Plan(s): all applicable code requirements for each Vertical Exit Enclosure.	On Site Plan	
39	Exit Passageways	1021		Identify on the Building Plan(s): all applicable code requirements for each Exit Passageway.	On Site Plan	
40	Horizontal Exits	1022		Identify on the Building Plan(s): all applicable code requirements for each Horizontal Exit.	On Site Plan	



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41	Exterior Exit Ramps & Stairways	1023		Identify on the Building Plan(s): all applicable code requirements for each exterior exit ramps and stairways.	On Site Plan	
42	Exit Discharge	1024		Identify on the Building Plan(s): all applicable code requirements for each Exit Discharge.	On Site Plan	
43	Accessibility	1101.1 - 1110 & ICC/A117.1(03)		Identify on the Building Plan(s): all applicable code requirements such that the design and construction of each building/facility provides accessibility to physically disabled persons.	On Site Plan	
44	Energy Conservation	2010 NYS ECCC & IECC 2012	NA	Identify the R-Value and U-Value of each construction component and assembly of the building envelope as required in the applicable energy and building code(s).		
45	Emergency & Standby Power	2702.1	NA	Identify emergency & Standby Power locations and specifications of the system to be provided.		
46	Smoke Control Systems	2702.2.2	NA	Identify the Standby power for smoke control systems in accordance with Section 909.11 of NYS Building Code.		



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47	Plumbing Fixture Count	2902.1		Identify on the Building Plan(s): the minimum plumbing facilities as per applicable plumbing code(s).	On Site Plan	
48	Available Street Water Pressure			Provide the available street or well water pressure.	80 PSI	
49	Fire Apparatus Access Road	FC503.1		Identify on the Site Plan: Fire Apparatus Road, Fire Lane and other Fire Service requirements per applicable Building and Fire Codes.	On Site Plan	



Kessman Engineering

Executive Summary of Good Green Group's Technology

By Marc D. Kessman

Tuesday, June 2, 2015



Overview

Provide a detailed analysis of the technical aspects of the business that need to be either developed or restructured to meet the needs of both the external customer and internal staff. Furthermore, this breakdown includes aspects of different phases of development, implementation and support/maintenance.

Preface

Based on a meeting with Stephen L. Steeneck it was discussed the technology requirements to grow, manufacture, and distribute medical marijuana in the State of New York.

Furthermore this project will abide by the security requirements set forth by the State of New York for both the manufacturing facility and dispensing units.

Since this project covers many characteristics of technology from software development, database design, server support, security, access control, workflow architecture, video surveillance, hardware installation; it has been determined that a fix pricing structure will need to be implemented. Manufacturing facility will have a fully implemented and production ready security system plus RFID (Radio Frequency IDentification) inventory tracking within thirty (30) days of issuance of state license. Remaining project timeline will encounter waterfall scope and change management so the estimated duration could take as little as 4 months but could extend to 7 months for the rest of the dispensaries. Hence, a monthly pricing arrangement would work for both parties.



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



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



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



Summary

- Multiple secure hosting providers in different geographical locations to allocate a new cluster servers on the Linux platform to support data, security, video, inventory and point of sale processing
- Load balancing units for high availability and redundancy
- Database Design to support all aspects of the business and state specifications.
- Installation of all hardware and software
- Training of all employees to support and maintain hardware/software
- Assist in procuring on-site IT person/department
- CRM installation, configuration and integration with both the web site and utility so that all sales and orders are tracked along with any specification sheets delivered
- Backup process for all source code, database objects and web content
- Revision control will be implemented into this project (also known as version control, source control or (source) code management (SCM)) is the management of changes to documents, programs, and other information stored as computer files. It is most commonly used in software development, where a team of people may be changing the same files. Changes are usually identified by a number or letter code, termed the "revision number", "revision level", or simply "revision". For example, an initial set of files is "revision 1". When the first change is made, the resulting set is "revision 2", and so on. Each revision is associated with a timestamp and the person making the change. Revisions can be compared, restored, and with some types of files, merged. Software tools for revision control are increasingly recognized as being necessary for the organization of multi-developer projects.
- Software quality assurance (SQA) consists of a means of monitoring the software engineering processes and methods used to ensure quality. The Good Green team will participate in this process since their expertise falls within the scope dependency. The methods by which this is accomplished are many and varied, and may include ensuring conformance to one or more standards. SQA encompasses the entire software development process, which includes processes such as software design, coding, source code control, code reviews, change management, configuration management, and release management. You cannot develop and maintain software and database changes without it.



- Build Core Software Application
 - a) Propagation
 - Order cloning operations, individually identify plants. Records cloning outcomes including sale, destruction or movement to vegetation.
 - b) Cultivation
 - Track plants in batches through vegetation and flowering stages, recording ingredients and cultivation operations.
 - c) Harvest
 - Create cutting orders and assign staff to harvest operations. Record dates and plant dispositions from drying shelves through bulk cure containers.
 - d) Packaging
 - Manage, analyze, and report on packaging operations from trim to pre-rolled and pre-measured finished product, including RFID labeling and product/location coding.
 - e) Inventory
 - Track and account inventory whether in measured packages or in bulk for deli-style, at-register weighing. Know which batch packages or bulk stock belong to, to ensure pulling older stock first.
 - f) Retail
 - Check patient authorization or retail customer identification and age compliance. Record invoice for each retail transaction, using a touchscreen interface and the latest Point of Sale hardware to automate and streamline common retail tasks. Report on daily sales and closings, and warn about out-of-compliance conditions in sale amounts, time of sale, and other venue-specific regulations.
 - g) Tax
 - Configure custom tax line items for every venue affecting your company and its locations, for either percentage or flat-rate taxes. Sales taxes, excise taxes on wholesale transactions, or special industry-specific taxes can be created, named, and calculated on every appropriate transaction. Report on amounts and destinations of taxes collected.
 - h) Comply
 - Ensure compliance with the regulations of state, county, and city. Check patient authorizations; configure custom hours of sale or special patient or inventory limits. Receive warnings or automatically halt out-of-compliance operations.
 - i) Secure
 - Authorize staff with configurable, granular permissions to match their operational roles. Verify identity with biometric software logins and physical access controls.



In conclusion, I want to thank the Good Green team for giving us the opportunity to present this proposal. This proposal is designed to make significant technology changes within your business so that it's a force to recon with in the industry.

Fixed Monthly Pricing Sheet has been calculated based on all the above specifications to be \$28,350 per month, with a minimum of four months.

**** Expenses such as travel and other items are not included ****

***** Excludes hardware costs, which are invoiced separately *****

Company: Kessman Engineering

By: 

Print Name: Marc D. Kessman

Title: CEO/President

Date: Tuesday, June 2, 2015



Agent Investigative Services LLC

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New York, NY 10128

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Attachment D

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



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Attachment H (#89) Security Plan

Agent Investigative Services is fully licensed and bonded in New York State to provide private investigation and security services. We are also licensed security guard instructors and only hire personnel who meet our standards and those standards set forth by NYS Law. We will provide the following services to our client:

1. SECURITY PERSONNEL

- 1.1** Uniformed armed and/or unarmed security personnel in order to provide safety for employees and customers, observation and reporting, access control, static and perimeter patrols, alarm response, key control, video monitoring, safety and asset escorts, and prevent and detect diversion, theft or loss of products.
- 1.2** Plainclothes armed and/or unarmed security personnel in order to provide safety for employees and customers, observation and reporting, access control, static and perimeter patrols, alarm response, key control, video monitoring, safety and asset escorts, and prevent and detect diversion, theft or loss of products.
- 1.3** Executive/Client Protection. We can provide any off-site protective services based on the needs of our client.

2. INVESTIGATIVE SERVICES

- 2.1** We are equipped to provide a full range of investigative services to include, but not limited to; criminal investigations, surveillance and counter-surveillance, covert and



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undercover operations, asset searches, interview and interrogation, background investigations and pre-employment investigations.

3. TRAINING

- 3.1** Our security and investigative professionals will be trained based on industry standards and applicable State law. Training will include proficiency in all issued equipment. All of our personnel are certified in CPR/AED/First Aid.
- 3.2** We offer training to our clients in a variety of fields based on the needs of the industry. This training includes, but not limited to; Active Shooter, Violence in the Workplace, CRP/AED/First Aid, Defensive Tactics, Conflict Resolution, and Legal Issues.

4. RISK ASSESSMENT/THREAT ASSESSMENT

- 4.1** We are equipped to provide thorough site and procedural inspections in order to identify and mitigate vulnerabilities within the client's organization. Based on these inspections, detailed reports are prepared outlining our recommendations along with implementation cost estimates. These services are offered through the life of the contract to serve to provide a system that adjusts to changes in industry standards and environmental conditions.

5. EQUIPMENT

- 5.1** Our personnel will have access to the equipment they require to perform their duties, which will include, but not limited to; handheld two-way radios and/or cellular phones, appropriate uniform (if applicable), firearms (if applicable), and other personal protective gear as required and/or determined by contractual obligation.

Agent Investigative Services LLC has been contracted to perform security and related services in support of the objectives of Good Green Group LLC. The service is directly related to the medical marijuana industry; which is comprised of a manufacturing facility and a number of dispensaries. There is also a component involved with the safe and secure transport of medical marijuana product and cash.

Upon commencement of this contract Agent Investigative Services LLC will perform as follows:

- (a) Work with managers and site staff to initiate our comprehensive security plan. This will include facility security assessments.
- (b) Hire, train and equip personnel required to properly staff all posts. Phase 1 of this plan will only require a small number of uniformed armed security personnel to staff the manufacturing facility. However, hiring will be based on the number of personnel required to staff this project going forward; to include dispensaries and transportation needs.
- (c) Officers at the manufacturing facility and dispensaries will be armed and wearing a recognizable security uniform. Personnel will also be equipped with two-way radios and cellular phones; as required.
- (d) Our security team will provide 24 hour support to the manufacturing facility. Our main functions will be comprised of access control, patrol/ prevent diversion and alarm/threat response.
- (e) The manufacturing facility will be secured at all times. Only those individuals who are authorized to be in the facility will be permitted access; and only with valid identification. A list of all authorized individuals will be kept in the security office. Anyone not listed on the list will require authorization from senior management. Security personnel will conduct 100% visual and physical ID inspections. A single designated access point will be utilized in order to provide maximum control; all other area will be secured. Emergency doors will be alarmed to prevent unauthorized entry/exit.
- (f) Perimeter patrols will be conducted by security personnel in order to monitor the area for unauthorized or suspicious activity. Interior patrols will serve to ensure internal security protocols are followed, as well as prevent diversion of medical marijuana products and proprietary information. Security personnel will utilize an electronic Guard Tour System that will facilitate efficiency and serve to properly document security patrols. 24 hour video monitoring will provide a high degree of security to the overall facility and assets.
- (g) Security personnel will respond to all alarms or suspicious conditions and take appropriate action. This will include identifying and/or detaining intruders, identifying unsafe conditions, notifying emergency services and completing detailed reports. Security personnel will communicate via two-way radios and cellular phones to maximize response time and efficiency.

-
- (h) Each dispensary will be staffed with armed security personnel for the safety and security of our staff and clients.
 - (i) The outer access door of the dispensary will be locked at all times.
 - (j) Once a client rings the doorbell; a dispensary attendant will provide access accordingly. The client will be greeted in a secure lobby area that is separate from other parts of the facility.
 - (k) The dispensary attendant will require that the client provide a valid and approved New York State Medical Marijuana Card and NYS ID or Drivers License. A person not holding an approved Medical Marijuana Card will be considered a visitor and will only be permitted access with written permission. Visitors meeting this criteria will be issued a visitor identification tag by the dispensary; which must be worn visibly on the outer garment. Visitors will be subject to security escort for the duration of their stay. Upon departure, all visitors must return their issued ID tags.
 - (l) When proper identification is verified by the attendant; Security personnel will greet the client and direct them through an automatic door and into the dispensary area. At this point, the client will be assisted by the facility concierge.
 - (m) Security personnel will continuously monitor activities in the dispensary area.
 - (n) When services are rendered, security personnel will escort clients to the exit. Upon request; security personnel may provide client escorts to the street and/or nearby vehicles. Security personnel will continuously monitor exterior cameras, provide access control and maintain order and control inside the dispensaries during normal business hours.
 - (o) At the end of the business day, dispensary staff will conduct a daily inventory. Any monetary discrepancies or product shortages will result in an immediate shut-down of the facility and all personnel will be subject to administrative searches by Security. The Pharmacist in charge will work to determine the source of the discrepancy. If the discrepancy is remedied, all personnel can resume standard closing protocol.
 - (p) If the discrepancy is undetermined, security personnel will complete personnel searches. After one hour has elapsed and nothing is gleaned from the administrative searches, dispensary personnel can be released; with the exception of the on-call Pharmacist. At that point, the Dispensary Manager will be contacted and a full investigation will be conducted.
 - (q) Security personnel will document all incidents and events based on internal reporting procedures and mandated New York State reporting protocols.

-
- (r) The overall objective of the security plan is to ensure a pleasant and safe environment for our staff and clients; and the protection of medical marijuana products and currency.
 - (s) Our security team will ensure that all medical marijuana products are properly inventoried and securely transported from the manufacturing facility to our assigned dispensing facilities.
 - (t) Officers assigned to conduct transport of medical marijuana products will be armed and in plainclothes; unless otherwise required.
 - (u) The transport vehicle will possess GPS tracking capability and contain a locked, safe and secure storage compartment that is also part of the vehicle. The storage area will be located in the rear of the vehicle and not visible from outside of the vehicle. If necessary, we can also provide armored car services. Prior to the commencement of transport, proper route planning and a risk assessment is conducted to ensure the security of our personnel and the shipment.
 - (v) This transport process begins with the oversight and preparation of a shipping manifest. Once the manifest is complete; a copy will be transmitted to the receiving dispensing facility for review. Assigned security personnel will conduct a physical inspection of the shipment and verify items to be shipped as noted on the manifest. Once verified, receiving security personnel will endorse the shipment by signing a designated roster. Direct line of sight of medical marijuana products will be maintained by at least one security officer from point to point. Radio Frequency ID tags (RFID) will be affixed to each shipment in order to properly track and prevent diversion of the shipment.
 - (w) A second security team member will ready the transport vehicle in our designated loading zone. Once the shipment is verified based on the manifest and loaded in the vehicle, a minimum of two security officers will conduct the transport of the product. Security personnel will prepare route contingency plans and use random delivery times to deter potential threats in transit. While detours may be necessary; the transport will be limited to travel from the manufacturing facility to the dispensing facility; without any unnecessary stops in between. Security personnel will maintain secure communication capability with the manufacturing facility at all times during transport.
 - (x) Prior to arrival at the dispensary, transporting security officers will call our security team members on site to coordinate delivery. Upon arrival, transporting officers will assist on site personnel with the delivery; while ensuring that there is always a minimum of one security officer remaining in the vehicle with the shipment. The security staff at the dispensary will conduct visual and physical ID inspection of the transporting officers



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prior to allowing full access into the dispensary. The manifest will be provided and verified between security staff and receiving personnel to ensure accuracy. Dispensary personnel will sign a roster verifying receipt of the shipment. On site security staff will ensure that all medical marijuana products are properly secured prior to resuming other designated duties. At the completing of delivery; transporting security personnel will contact the manufacturing facility to confirm shipment delivery and disseminate any other security related concerns.

- (y) Through all aspects of the security plan; thorough documentation and reporting will be paramount in order to account for all incidents and actions taken by the security team. Signature rosters and logs will be maintained to accurately account for timekeeping, note unusual incidents, and show chain of custody.
- (z) Adherence to the security plan will be the responsibility of every security team member; with direct oversight from security supervisors. Each security officer will be provided with a clear chain-of-command which will be utilized to report incidents and gain necessary support. The security team will maintain proper communications among all stakeholders to ensure the most efficient and effective service to our staff and our clients.

"Attachment A"

The Good Green Group LLC., (The Company) has entered into two (2) lease agreements and four (4) letters of intent with multiple Commercial Realtors, to engage and secure all locations for four (4) dispensaries. The Company request those Towns, Cities and Counties to be chosen and allowed for them to place and distribute Medical Marijuana in the State of New York.

The following listings of leases are executed fully:

1. South 99 LLC, the address is 99 South 3rd. Street, Hudson, NY. 12534.
2. Markland Columbia LLC, the address of 2447 Third Ave., Bronx, NY 10451
Please note, that is the LLC address and not the location of the property.
The address of the property being leased is, Roeliff Jansen School, Rt. 22,
Copake, NY 12516

The fully executed leases are on Real Property that is to be utilized for the Manufacture of Medical Marijuana and The Company to be located for production of said, Medical Marijuana. The letters of intent are only for the Dispensaries and can be replaced, subject to the Department selecting alternative locations and final approval of The Company's license to Manufacture Medical Marijuana. The letters of intent are on these locations, provided below.

The Company has entered into four (4) Letters of Intent with the following:

1. Venture Capital Properties, 384 Fifth Avenue, Second Floor, New York, NY 10018
Signed by the Landlord Representative of Empire Capital Holdings, Inc.
For Lease of: 35-37 E Broadway, New York, NY 10002
2. Premier Commercial Properties, 8 Quaker Path, Huntington, New York, NY 11743
Signed by the Landlords Representative.
For Lease of: 124 Main Street, Huntington, New York, 11743
3. MDB Properties, LLC of 215 Washington Ave Ext, Albany, NY 12205
Signed by the Landlord.
For Lease of: 215 Washington Ave Ext, Albany, NY 12205
4. Dr. Shirley Cirillo, Landlord, 1734 E. Ridge Road, Rochester, NY 14622
Signed by the Landlord.
For Lease of: 1734 E. Ridge Road, Rochester, NY 14622

The leases by The Company are provided, for review in "Attachment C". The letters of Intent are also provided for review in "Attachment C", as well as site plans, pictures and the like for review as well.

The Company request those Towns, Cities and Counties to be chosen and allowed for them to place, sell and distribute Medical Marijuana in the State of New York.

The Company believes that subject to all approvals by the Department, providing of all information as per the letters of intent, this will allow The Company to fully execute the terms of the letters of intent. Should alternate locations be selected by the Department, for The Company, then The Company will seek alternate locations and will fully execute full lease agreements within 45-60 days from license approval. The Company wishes and chooses to be very flexible in having the Department express desired locations or place The Company in alternate locations. The Company wants to work hand in hand with the Department and would be able to fully comply with any and all request made by the Department. The Company has many working relationships with numerous realtors and can easily find Medical Office Space, upon request by the Department, in a very short time period. The Company will obtain those leases, should the Department grant a license, in under 45 days.

"Attachment B"

Overview:

This attachment will provide equipment that the Good Green Group LLC., expects to purchase and will utilize for the entire Operating Plan of The Company. Additionally, The Company plans to purchase four (4) Ford Transit Connect Vans and a minimum of two (2) Ford Fusion Hybrids for the delivery and transport of any and all Medical Marijuana based items. Please note that everything down to corporate paper and paper products is not listed, as The Company believes that the intent of this Attachment was to showcase the equipment used for any and all Medical Marijuana based items. Should any and all questions arise, please feel free to look at our "Attachment D - Operating Plan", Sections 1-6 for any reference points.

Equipment:

1) Production of Cannabis:

a. Lighting: e-Papillion 1000 watt (hood, ballast, bulb), Adjust-A-Wings (hood), Phantom 600 watt ballasts, 600 watt Hortilux dual arc bulbs, ratchet rope hangers.

b. Environmental Controls: Carrier 21 seer split systems, Sentinel environmental controls, Can Fans, Can filters, ceiling fans, oscillating wall fans, CO2 Dewar tanks, perforated CO2 tubing.

c. Cultivation: LDPE 2.5 qt. pots, 7 gallon cloth pots, 45" and 54" tomato cages, IBC 270 gal. reservoir, Hayward Power Flo X pumps, 50' - ¾ " hoses, Blue Lab PPM/TDS/PH/Temp meters, Auto Mist system, hand sprayers, bamboo stakes, hand shears, twist ties, labels.

d. Sanitary: 44 gallon trash bins on dollies, flatbed push carts, bin push carts, brooms, mops, squeegees, mop buckets, wet vac vacuum.

2) Manufacture of Medical Forms:

a. Manufacture of Concentrates: Apeks super/subcritical CO2 extractor, AccuTemp 1.9 Cu. Ft. Vacuum Oven with 9 cfm Dual-Stage Vacuum Pump, fire suppression hoods, clean room filtration A/C, Hepa filters.

b. Medical forms: ProFill "0" 100capsule filling system, Thermo kinetic Heater control unit and primary heating pad, 60 ml glass syringe, 1 ml syringe and cap, 3 ml syringe and cap, heat shrink plastic with heater, 18 gauge needle, Pyrex dishes of various size, Pyrex bowls with covers, digital scale, volumetric measurement flask, measuring spoons, blender, storage jars, funnels, metal sauce pans, grater.

3) Security Equipment:

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

4) Computer Systems and Support:

a. On-Site Server Cluster:

- (i.) Dual Servers located at split locations at each end of the building.
- (ii.) Ten (10) SSD (Solid State Drives) 1TB each.
- (iii.) RAID 10 Controller.
- (iv.) 64GB RAM.
- (v.) Dual-Quad Core 3.2Ghz Processors.

b. Network Operations Center:

- (i.) A room containing visualizations of all network devices (cameras, alarms and workstations at which the detailed status can be seen.

- (ii.) Short throw projectors.
- (iii.) Wall with projector paint and border.
- (iv.) Redundant bulbs.
- (v.) Link to pool.ntp.org for synchronization.
- (vi.) Internal date/time device will broadcast to all cameras, servers and workstations on a set interval to guarantee exact time synchronization.
- (vii.) Failure notification system, providing via SMS message, audible and visual alert of any failure in surveillance system.
- (viii.) Automatic Voice Dialer to send pre-recorded voice message when activated over a communication line.

c. POS (Point of Sale):

- (i.) iPad's.
- (ii.) Thermal receipt printer.
- (iii.) Register draw.

d. UPS with Battery Backup:

- (i.) All devices will be connects to a Uninterruptable Power Supply.
- (ii.) UPS will have at least a seven (7) minute battery time based on load to give generator time to prime up.

5) Generator:

a. On-Site Generator

- (i.) Redundant 20kW Standby Generator Natural Gas/Liquid Propane.
- (ii.) Automatic Transfer Switch.
- (iii.) Buried LP Tank or Natural Gas connection to guarantee 7 days of uptime without refueling.

"Attachment G"

The Good Green Group LLC.,

will ensure that all of its facilities, locations, and offices are safe, secure and have more than just a single layer of Security. In fact, The Company has entered into an agreement that once a license is granted, the two primary principles of Agent Investigative Services LLC, Christian S. Pedoty and Martin K. Michelman, will join the Good Green Group LLC in their respective roles and become part of The Company. As such, Agent Investigative Services LLC, has prepared an "Attachment H" based on their assessment of the Department's guidelines and rules set forth. In accordance with the rules and regulations, it is with great pride that we submit the "Attachment H" based off of their document.

The Good Green Group is not security experts and because of this, The Company has hired Agent Investigative Services LLC and Mr. Marc Kessman for all of The Company's security based protection. The Company believes that the opinions of these experts, in their fields, do show and prove how committed The Company is to safety of any Medical Marijuana based item, The Company's employees and the patients of Good Green Group. With security being paramount to any and all successful license holder, why not have security, then security for your security and protect your security. This is the approach Good Green Group has taken and will be providing. It is easy to see the level of details that both Agent Investigative Services LLC and Mr. Marc Kessman have taken to make sure The Company is fully protected in any and all ways.

Should any questions about Technical Security, camera's, computer system, RFID tagging, RFID mapping, GPS protocol, please refer to "Attachment D - Operating Plan" Section 5 - Security and Control for an in-depth detail profile of Mr. Kessman's proposal and offering of services he is providing to the Company for more than just single layer security. Therefore, please refer to that section for more details, should the Department be in need of clarification on this attachment.

Please note, Mr. Pedoty and Mr. Michelman, took it upon themselves to go and get fingerprinted and to become a part of the Good Green Group. They will be becoming employees of The Company should a license be granted to the Good Green Group and Mr. Pedoty and Mr. Michelman are already on the Advisory Board of The Company. They have the best interests at heart for The Company and a passion for this project. Agent Investigative Services did ask to prepare this section for the Good Green Group so as they could meet the entire integrity of the section and provide a real detailed security view from professionals in this area.

"Attachment H"

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"Attachment L"

Overview:

This attachment will explain the timeline for the growth of Medical Marijuana from seed to manufacture of approved product in approved packaging.

Cultivation of Cannabis:

Germination/sprout of seeds	7 days
Sexing of sprouted seeds	7 days
Seeds chosen and mothered	14 days
Clones propagated from mother	14 days
Rooted clones in vegetative cycle	30 days
Vegetative cycle to flowering cycle	60 days
Harvest of cannabis	1 day
Total days of Cultivation of Cannabis	133 days

Manufacture of Medical Forms:

All forms will be manufactured simultaneously.

Manufacture of Oils	2 day
Manufacture of Waxes	2 days
Manufacture of Live Resin	2 days
Manufacture of Shatter	2 days
Manufacture of Keif	2 days
Manufacture of Capsules	2 days
Manufacture of Tinctures	14 days
Total days of Manufacturing	2 - 14 days (depending on the product)

Packaging and Testing of Medical Forms:

All forms will be packaged simultaneously.

Packaging & Labeling of all medical forms	1 day
Testing of Medical Forms	4 days
Total days of Testing and Packaging & Labeling	5 days

In Summary:

Total amount of time for cultivation	133 days
Total amount of time for manufacture	2 - 14 days
Total amount of time for pack/labeling	5 days
Total time from seed to final product	140 - 152 days

The Company believes that the amount of time for cultivation of Medical Marijuana is 133 total days and with a 2 days to manufacture and 5 days for testing and packaging, it is fair to put the total time from seed to sale at 140 days. With tinctures added to the amount of time to manufacture that could add another 14 days to be 152 days from seed to sale.

The Company believes 4 days testing is very fair and adequate, of course the time for testing is allowable due to this new industry in a new market where testing might not be as rapid. The testing period may be shorter or longer, depending on the testing facilities. The Company will do it best to make sure all testing is rapid and will provide the final fully tested approved, ONLY, product for sale at The Company's dispensaries as quickly as possible. The Company is committed to proper protocols, proper testing and quality assurance where no short cuts are taken to jeopardize the integrity of The Company's Medical Marijuana based products. The strictest standards will always be followed.

Section H: Legal Disclosures

Question # 76 - Has construction, lease, rental, or purchase of the dispensing facilities been completed?

Answer: The Company has entered into four (4) Letters of Intent on properties located in the following counties and city. 1. Manhattan, New York County, 2. Huntington, Suffolk County, 3. Albany, Albany County and 4. Rochester, Monroe County. The Company believes that these four (4) Letters of Intent are sufficient to show and prove that The Company is committed and able to execute these letters into full contracts of Lease, once the Department grants a license. The Company will properly execute said leases on each and all properties (as granted by the Department) once an approval is granted and a license is deemed in effect, within 45-60 days.

The Company also believes the four locations provided to the Department does in effect show proper State wide coverage and range that The Company can and will provide. Should the Department feel that The Good Green Group should be located in another area, city or county for any and all dispensaries, then The Company would be able to be located to any other area as deemed by the Department, due to these Letters of Intent on these properties. The Good Green Group believes in flexibility from the Department and would ask the Department to take consideration on this question due to such flexibility. The Company only wishes to be granted a license and will locate the dispensaries at such locations that the Department feel are proper and a good fit for the State, the Patients and the Company. The Good Green Group will execute any and all leases and secure any such leases within 45-60 days of granting of The Company a license.

Operating Agreement

Good Green Group LLC, a New York Limited Liability Company

THIS OPERATING AGREEMENT of Good Green Group LLC (the "Company") is entered into as of the date set forth on the signature page of this Agreement by each of the Members listed on Exhibit A of this Agreement.

A. The Members have formed the Company as a New York limited liability company under the New York Limited Liability Company Law. The purpose of the Company is to conduct any lawful business for which limited liability companies may be organized under the laws of the state of New York. The Members hereby adopt and approve the articles of organization of the Company filed with the New York Department of State.

B. The Members enter into this Agreement to provide for the governance of the Company and the conduct of its business, and to specify their relative rights and obligations.

ARTICLE 1: DEFINITIONS

Capitalized terms used in this Agreement have the meanings specified in this Article 1 or elsewhere in this Agreement and if not so specified, have the meanings set forth in the New York Limited Liability Company Law.

"Agreement" means this Operating Agreement of the Company, as may be amended from time to time.

"Capital Account" means, with respect to any Member, an account consisting of such Member's Capital Contribution, (1) increased by such Member's allocated share of income and gain, (2) decreased by such Member's share of losses and deductions, (3) decreased by any distributions made by the Company to such Member, and (4) otherwise adjusted as required in accordance with applicable tax laws.

"Capital Contribution" means, with respect to any Member, the total value of (1) cash and the fair market value of property other than cash and (2) services that are contributed and/or agreed to be contributed to the Company by such Member, as listed on Exhibit A, as may be updated from time to time according to the terms of this Agreement.

"Exhibit" means a document attached to this Agreement labeled as "Exhibit A," "Exhibit B," and so forth, as such document may be amended, updated, or replaced from time to time according to the terms of this Agreement.

"Member" means each Person who acquires Membership Interest pursuant to this Agreement. The Members are listed on Exhibit A, as may be updated from time to time according to the terms of this Agreement. Each Member has the rights and obligations specified in this Agreement.

"Membership Interest" means the entire ownership interest of a Member in the Company at any particular time, including the right to any and all benefits to which a Member may be entitled as provided in this Agreement and under the New York Limited Liability Company Law, together with the obligations of the Member to comply with all of the terms and provisions of this Agreement.

"Ownership Interest" means the Percentage Interest or Units, as applicable, based on the manner in which relative ownership of the Company is divided.

"Percentage Interest" means the percentage of ownership in the Company that, with respect to each Member, entitles the Member to a Membership Interest and is expressed as either:

- A. If ownership in the Company is expressed in terms of percentage, the percentage set forth opposite the name of each Member on Exhibit A, as may be adjusted from time to time pursuant to this Agreement; or
- B. If ownership in the Company is expressed in Units, the ratio, expressed as a percentage, of:
 - (1) the number of Units owned by the Member (expressed as "MU" in the equation below) divided by

- (2) the total number of Units owned by all of the Members of the Company (expressed as "TU" in the equation below).

$$\text{Percentage Interest} = \frac{MU}{TU}$$

"Person" means an individual (natural person), partnership, limited partnership, trust, estate, association, corporation, limited liability company, or other entity, whether domestic or foreign.

"Units" mean, if ownership in the Company is expressed in Units, units of ownership in the Company, that, with respect to each Member, entitles the Member to a Membership Interest which, if applicable, is expressed as the number of Units set forth opposite the name of each Member on Exhibit A, as may be adjusted from time to time pursuant to this Agreement.

ARTICLE 2: CAPITAL CONTRIBUTIONS, ADDITIONAL MEMBERS, CAPITAL ACCOUNTS AND LIMITED LIABILITY

2.1 Initial Capital Contributions. The names of all Members and each of their respective addresses, initial Capital Contributions, and Ownership Interests must be set forth on Exhibit A. Each Member has made or agrees to make the initial Capital Contribution set forth next to such Member's name on Exhibit A to become a Member of the Company.

2.2 Subsequent Capital Contributions. Members are not obligated to make additional Capital Contributions unless unanimously agreed by all the Members. If subsequent Capital Contributions are unanimously agreed by all the Members in a consent in writing, the Members may make such additional Capital Contributions on a pro rata basis in accordance with each Member's respective Percentage Interest or as otherwise unanimously agreed by the Members.

2.3 Additional Members.

A. With the exception of a transfer of interest (1) governed by Article 7 of this Agreement or (2) otherwise expressly authorized by this Agreement, additional Persons may become Members of the Company and be issued additional Ownership Interests only if approved by and on terms determined by a unanimous written agreement signed by all of the existing Members.

B. Before a Person may be admitted as a Member of the Company, that Person must sign and deliver to the Company the documents and instruments, in the form and containing the information required by the Company, that the Members deem necessary or desirable. Membership Interests of new Members will be allocated according to the terms of this Agreement.

2.4 **Capital Accounts.** Individual Capital Accounts must be maintained for each Member, unless (a) there is only one Member of the Company and (b) the Company is exempt according to applicable tax laws. Capital Accounts must be maintained in accordance with all applicable tax laws.

2.5 **Interest.** No interest will be paid by the Company or otherwise on Capital Contributions or on the balance of a Member's Capital Account.

2.6 **Limited Liability; No Authority.** A Member will not be bound by, or be personally liable for, the expenses, liabilities, debts, contracts, or obligations of the Company, except as otherwise provided in this Agreement or as required by the New York Limited Liability Company Law. Unless expressly provided in this Agreement, no Member, acting alone, has any authority to undertake or assume any obligation, debt, or responsibility, or otherwise act on behalf of, the Company or any other Member.

ARTICLE 3: ALLOCATIONS AND DISTRIBUTIONS

3.1 **Allocations.** Unless otherwise agreed to by the unanimous consent of the Members any income, gain, loss, deduction, or credit of the Company will be allocated for accounting and tax purposes on a pro rata basis in proportion to the respective Percentage Interest held by each Member and in compliance with applicable tax laws.

3.2 **Distributions.** The Company will have the right to make distributions of cash and property to the Members on a pro rata basis in proportion to the respective Percentage Interest held by each Member. The timing and amount of distributions will be determined by the Members in accordance with the New York Limited Liability Company Law.

3.3 **Limitations on Distributions.** The Company must not make a distribution to a Member if, after giving effect to the distribution:

A. The Company would be unable to pay its debts as they become due in the usual course of business; or

B. The fair value of the Company's total assets would be less than the sum of its total liabilities plus the amount that would be needed, if the Company were to be dissolved at the time of the distribution, to satisfy the preferential rights upon dissolution of Members, if any, whose preferential rights are superior to those of the Members receiving the distribution.

ARTICLE 4: MANAGEMENT

4.1 Management.

A. **Generally.** Subject to the terms of this Agreement and the New York Limited Liability Company Law, the business and affairs of the Company will be managed by the Members.

B. **Approval and Action.** Unless greater or other authorization is required pursuant to this Agreement or under the New York Limited Liability Company Law for the Company to engage in an activity or transaction, all activities or transactions must be approved by the Members, to constitute the act of the Company or serve to bind the Company. With such approval, the signature of any Members authorized to sign on behalf of the Company is sufficient to bind the Company with respect to the matter or matters so approved. Without such approval, no Members acting alone may bind the Company to any agreement with or obligation to any third party or represent or claim to have the ability to so bind the Company.

C. **Certain Decisions Requiring Greater Authorization.** Notwithstanding clause B above, the following matters require unanimous approval of the Members in a consent in writing to constitute an act of the Company:

- (i) A material change in the purposes or the nature of the Company's business;
- (ii) With the exception of a transfer of interest governed by Article 7 of this Agreement, the admission of a new Member or a change in any Member's Membership Interest, Ownership Interest, Percentage Interest, or Voting Interest in any manner other than in accordance with this Agreement;
- (iii) The merger of the Company with any other entity or the sale of all or substantially all of the Company's assets; and

- (iv) The amendment of this Agreement.

4.2 **Officers.** The Members are authorized to appoint one or more officers from time to time. The officers will have the titles, the authority, exercise the powers, and perform the duties that the Members determine from time to time. Each officer will continue to perform and hold office until such time as (a) the officer's successor is chosen and appointed by the Members; or (b) the officer is dismissed or terminated by the Members, which termination will be subject to applicable law and, if an effective employment agreement exists between the officer and the Company, the employment agreement. Subject to applicable law and the employment agreement (if any), each officer will serve at the direction of Members, and may be terminated, at any time and for any reason, by the Members.

ARTICLE 5: ACCOUNTS AND ACCOUNTING

5.1 **Accounts.** The Company must maintain complete accounting records of the Company's business, including a full and accurate record of each Company transaction. The records must be kept at the Company's principal executive office and must be open to inspection and copying by Members during normal business hours upon reasonable notice by the Members wishing to inspect or copy the records or their authorized representatives, for purposes reasonably related to the Membership Interest of such Members. The costs of inspection and copying will be borne by the respective Member.

5.2 **Records.** The Members will keep or cause the Company to keep the following business records.

- (i) An up to date list of the Members, each of their respective full legal names, last known business or residence address, Capital Contributions, the amount and terms of any agreed upon future Capital Contributions, and Ownership Interests, and Voting Interests;
- (ii) A copy of the Company's federal, state, and local tax information and income tax returns and reports, if any, for the six most recent taxable years;
- (iii) A copy of the articles of organization of the Company, as may be amended from time to time ("Articles of Organization"); and

- (iv) An original signed copy, which may include counterpart signatures, of this Agreement, and any amendments to this Agreement, signed by all then-current Members.

5.3 **Income Tax Returns.** Within 45 days after the end of each taxable year, the Company will use its best efforts to send each of the Members all information necessary for the Members to complete their federal and state tax information, returns, and reports and a copy of the Company's federal, state, and local tax information or income tax returns and reports for such year.

5.4 **Subchapter S Election.** The Company may, upon unanimous consent of the Members, elect to be treated for income tax purposes as an S Corporation. This designation may be changed as permitted under the Internal Revenue Code Section 1362(d) and applicable Regulations.

5.5 **Tax Matters Member.** Anytime the Company is required to designate or select a tax matters partner pursuant to Section 6231(a)(7) of the Internal Revenue Code and any regulations issued by the Internal Revenue Service, the Members must designate one of the Members as the tax matters partner of the Company and keep such designation in effect at all times.

5.6 **Banking.** All funds of the Company must be deposited in one or more bank accounts in the name of the Company with one or more recognized financial institutions. The Members are authorized to establish such accounts and complete, sign, and deliver any banking resolutions reasonably required by the respective financial institutions in order to establish an account.

ARTICLE 6: MEMBERSHIP - VOTING AND MEETINGS

6.1 Members and Voting Rights.

A. The Members have the right and power to vote on all matters with respect to which the Articles of Organization, this Agreement, or the New York Limited Liability Company Law requires or permits. Unless otherwise stated in this Agreement (for example, in Section 4.1(c)) or required under the New York Limited Liability Company Law, the vote of the Members holding at least a majority of the Voting Interest of the Company is required to approve or carry out an action.

6.2 **Meetings of Members.** Annual, regular, or special meetings of the Members are not required but may be held at such time and place as the Members deem

necessary or desirable for the reasonable management of the Company. A written notice setting forth the date, time, and location of a meeting must be sent at least ten (10) days but no more than sixty (60) days before the date of the meeting to each Member entitled to vote at the meeting. A Member may waive notice of a meeting by sending a signed waiver to the Company's principal executive office or as otherwise provided in the New York Limited Liability Company Law. In any instance in which the approval of the Members is required under this Agreement, such approval may be obtained in any manner permitted by the New York Limited Liability Company Law, including by conference call or similar communications equipment. Any action that could be taken at a meeting may be approved by a consent in writing that describes the action to be taken and is signed by Members holding the minimum Voting Interest required to approve the action. If any action is taken without a meeting and without unanimous written consent of the Members, notice of such action must be sent to each Member that did not consent to the action.

ARTICLE 7: WITHDRAWAL AND TRANSFERS OF MEMBERSHIP INTERESTS

7.1 Withdrawal. Members may withdraw from the Company prior to the dissolution and winding up of the Company (a) by transferring or assigning all of their respective Membership Interests pursuant to Section 7.2 below, or (b) if all of the Members unanimously agree in a written consent. Subject to the provisions of Article 3, a Member that withdraws pursuant to this Section 7.1 will be entitled to a distribution from the Company in an amount equal to such Member's Capital Account, which must be paid by the Company to such Member within ninety (90) days of the withdrawal date unless otherwise agreed in writing.

7.2 Restrictions on Transfer; Admission of Transferee. A Member may transfer Membership Interests to any other Person without the consent of any other Member. A person may acquire Membership Interests directly from the Company upon the written consent of all Members. A Person that acquires Membership Interests in accordance with this Section 7.2 will be admitted as a Member of the Company only after the requirements of Section 2.3(b) are complied with in full.

ARTICLE 8: DISSOLUTION

8.1 **Dissolution.** The Company will be dissolved upon the first to occur of the following events:

- (i) The vote of the Members holding at least a majority of the Voting Interest of the Company to dissolve the Company;
- (ii) Entry of a decree of judicial dissolution under Section 702 of the New York Limited Liability Company Law;
- (iii) At any time that there are no Members, unless and provided that the Company is not otherwise required to be dissolved and wound up, within 180 days after the occurrence of the event that terminated the continued membership of the last remaining Member, the legal representative of the last remaining Member agrees in writing to continue the Company and (i) to become a Member; or (ii) to the extent that the last remaining Member assigned its interest in the Company, to cause the Member's assignee to become a Member of the Company, effective as of the occurrence of the event that terminated the continued membership of the last remaining Member;
- (iv) The sale or transfer of all or substantially all of the Company's assets;
- (v) A merger or consolidation of the Company with one or more entities in which the Company is not the surviving entity.

8.2 **No Automatic Dissolution Upon Certain Events.** Unless otherwise set forth in this Agreement or required by applicable law, the death, incapacity, disassociation, bankruptcy, or withdrawal of a Member will not automatically cause a dissolution of the Company.

ARTICLE 9: INDEMNIFICATION

9.1 **Indemnification.** The Company will have the power to indemnify and hold harmless any Member, officer, employee, or other agent of the Company acting in any of such capacities, from and against and in connection with any Proceeding (as defined below) to the maximum extent now or hereafter permitted under Section 420 of the New York Limited Liability Company Law.

9.2 **Expenses Paid by the Company Prior to Final Disposition.** Expenses of each Company Agent indemnified or held harmless under this Agreement that are actually and reasonably incurred in connection with the defense or settlement of a Proceeding may be paid by the Company in advance of the final disposition of a Proceeding if authorized by a vote of the Members that are not seeking indemnification holding a majority of the Voting Interests (excluding the Voting Interest of the Company Agent seeking indemnification). Before the Company makes any such payment of Expenses, the Company Agent seeking indemnification must deliver a written undertaking to the Company stating that such Company Agent will repay the applicable Expenses to the Company unless it is ultimately determined that the Company Agent is entitled or required to be indemnified and held harmless by the Company (as set forth in Section 9.1 above or as otherwise required by applicable law).

ARTICLE 10: GENERAL PROVISIONS

10.1 **Notice.** (a) Any notices (including requests, demands, or other communications) to be sent by one party to another party in connection with this Agreement must be in writing and delivered personally, by reputable overnight courier, or by certified mail (or equivalent service offered by the postal service from time to time) to the following addresses or as otherwise notified in accordance with this Section: (i) if to the Company, notices must be sent to the Company's principal executive office; and (ii) if to a Member, notices must be sent to the Member's last known address for notice on record. (b) Any party to this Agreement may change its notice address by sending written notice of such change to the Company in the manner specified above. Notice will be deemed to have been duly given as follows: (i) upon delivery, if delivered personally or by reputable overnight carrier or (ii) five days after the date of posting if sent by certified mail.

10.2 **Entire Agreement; Amendment.** This Agreement along with the Articles of Organization (together, the "Organizational Documents"), constitute the entire agreement among the Members and replace and supersede all prior written and oral understandings and agreements with respect to the subject matter of this Agreement,

except as otherwise required by the New York Limited Liability Company Law. There are no representations, agreements, arrangements, or undertakings, oral or written, between or among the Members relating to the subject matter of this Agreement that are not fully expressed in the Organizational Documents. This Agreement may not be modified or amended in any respect, except in a writing signed by all of the Members, except as otherwise required or permitted by the New York Limited Liability Company Law.

10.3 Governing Law; Severability. This Agreement will be construed and enforced in accordance with the laws of the state of New York. If any provision of this Agreement is held to be unenforceable by a court of competent jurisdiction for any reason whatsoever, (i) the validity, legality, and enforceability of the remaining provisions of this Agreement (including without limitation, all portions of any provisions containing any such unenforceable provision that are not themselves unenforceable) will not in any way be affected or impaired thereby, and (ii) to the fullest extent possible, the unenforceable provision will be deemed modified and replaced by a provision that approximates the intent and economic effect of the unenforceable provision and the Agreement will be deemed amended accordingly.

10.4 Further Action. Each Member agrees to perform all further acts and execute, acknowledge, and deliver any documents which may be reasonably necessary, appropriate, or desirable to carry out the provisions of this Agreement.

10.5 No Third Party Beneficiary. This Agreement is made solely for the benefit of the parties to this Agreement and their respective permitted successors and assigns, and no other Person or entity will have or acquire any right by virtue of this Agreement. This Agreement will be binding on and inure to the benefit of the parties and their heirs, personal representatives, and permitted successors and assigns.

10.6 Incorporation by Reference. The recitals and each appendix, exhibit, schedule, and other document attached to or referred to in this Agreement are hereby incorporated into this Agreement by reference.

10.7 Counterparts. This Agreement may be executed in any number of counterparts with the same effect as if all of the Members signed the same copy. All counterparts will be construed together and will constitute one agreement.

[Remainder Intentionally Left Blank.]

IN WITNESS WHEREOF, the parties have executed or caused to be executed this Operating Agreement and do each hereby represent and warrant that their respective signatory, whose signature appears below, has been and is, on the date of this Agreement, duly authorized to execute this Agreement.

Dated: _____

Signature of Kristen Steeneck

EXHIBIT A
MEMBERS

The Members of the Company and their respective addresses, Capital Contributions, and Ownership Interests are set forth below. The Members agree to keep this Exhibit A current and updated in accordance with the terms of this Agreement, including, but not limited to, Sections 2.1, 2.3, 2.4, 7.1, 7.2, and 10.1.

Members	Capital Contribution	Percentage Interest
Kristen Steeneck Address: 		 %

"Attachment M"

The Good Green Group LLC., will ensure that all of its facilities, locations, and offices are in compliance with all relevant New York State, New York State Department of Labor, and Federal Labor Laws including but not limited to the following:

Terms of Employment:

Pursuant to the Department, Good Green Group LLC., (hereinafter The Company) will use unionized workers from Local 338 RWDSU/UFCW to assist with our needs and to ensure compliance with the Department. In the event there is no Collective Bargaining Agreement in place with the employee, then employment will be deemed "at-will" and are then subject to, the rights of the employee and of the Company to terminate the employment relationship are then "at-will."

Equal Employment Opportunity:

The Company is dedicated to equal employment and advancement opportunities for all employees regardless of age, sex, race, color, creed, national origin, religion, disabilities, sexual orientation, liability for military service or any other characteristic protected under the law. The Company believes that it is the employees contribution to the job that counts and all employment decisions will be based upon business necessity and merit. We will continue to direct our employment and personnel practices toward ensuring equal opportunity for everyone. Therefore, The Company will ensure a work environment free of discriminatory practices.

The Company adheres to and fully supports all aspects of the Americans with Disabilities Act (ADA), and in some circumstances make necessary accommodations for employees who are disabled or become disabled during their employment.

Compliance with Immigration Laws:

The Company is committed to full compliance with federal immigration laws. These laws require that all individuals pass an employment verification procedure before they are permitted to work. This procedure requires that every individual provide satisfactory evidence of identify and legal authority to work in these United States of America. This information will be kept in each individual's personnel file. Violating this policy, including by providing the company with falsified documentation will result in termination of employment.

Violations of Policy and Procedure:

Policies and Procedures of The Company are intended to serve as a guide for addressing the Department of Health's rules, regulations and procedures in the operation of a Medical Marijuana Dispensary within the State of New York. To ensure absolute compliance with the State and the Department, The Company will constantly strive to make updates when appropriate.

Violations of policies and procedures will be handled on a zero tolerance basis. Managers and assistant managers may, as deemed appropriate, issue a verbal warning, a formal written warning, or discharge the employee, depending upon the circumstance and as pursuant to any and all Collective Bargaining Agreement that may be in place. As long as The Company's use of progressive discipline, does not alter the Collective Bargaining Agreement nature of an employee's employment status, and employees are not entitled to any progressive discipline short of termination of employment.

Anti-Discrimination / Anti-Harassment:

Discrimination and harassment are against the policy of The Company and employees who engage in discriminatory or harassing behavior will be disciplined, up to and including termination of employment. Additionally, discrimination or harassment based upon any of the characteristics protected by law such as age, sex, race, color, creed, national origin, religion, disabilities, sexual orientation or liability for military service, is against State and Federal Law, and in some circumstances you can be held personally liable for engaging in such unlawful behavior.

Any employee who believes that he/she has been discriminated or harassed should bring a good faith complaint of discrimination or harassment to The Company's attention.

Discrimination is defined as treating an employee differently than another based on a person's gender, ethnicity, race, color, religion, sexual orientation, national origin, age disability, marital status, military service or any other protected classification.

Harassment is defined as behavior that includes but is not limited to slurs, jokes, and other verbal or physical conduct relating to a person's gender, ethnicity, race, color, creed, religion, sexual orientation, national origin, age, disability, marital status, military status or any other protected classification that unreasonably interferes with a person's work performance or creates an intimidating or hostile work environment.

Sexual Harassment is defined "unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, which has the purpose or effect of

unreasonably interfering with an individual's work performance or of creating an intimidating, hostile or offensive work environment. " (Equal Employment Opportunity Commission).

The Prohibitions against unlawful discrimination and harassment also apply to vendors, clients and other non-employees with whom our employees come into contact in connection with their employment with The Company. Consequently, The Company will take steps, when appropriate, to protect its employees from unlawful discrimination or harassment regardless of the Source.

Non-Intimidation/ Non-Retaliation and "Whistleblower" Protection:

The Company is committed to delivering high quality Medical Marijuana Products and Services in compliance with New York State and New York State Department of Health rules and regulations and the companies policies and procedures. The Company can achieve its mission only if its employees are committed to compliance and are protected from intimidation and relation for participating in The Company's policies, procedures, company compliance program, and government investigation. The Company has adopted this policy to protect its employees who participate in good faith.

Alcohol and Drug Policy:

Under no circumstance may an employee report to work, perform assigned duties or engage in company business while under the influence of alcohol or illegal drugs.

Employees are also prohibited from using, selling, purchasing, manufacturing, possessing or distributing illegal drugs or controlled substances while on company property or while conducting company business or using a company vehicle. Any person who violates these rules may be subject to disciplinary action up to and including immediate dismissal. The Company, may at its discretion, inform police or drug enforcement agencies if there is suspicion of illegal drugs or controlled substances being sold, bought, possessed, used, manufactured or distributed on The Company premises or during business hours. (This policy does not prohibit employees from working while under the influence of prescription drugs prescribed by a licensed physician and do not prevent the employee from performing the essential functions of the job or present a direct threat to the health or safety of the employee or others in the work place., employees who are New York State Medical Marijuana patients with valid Identification, shall not operate any heavy machinery or motor vehicles while under the prescribed medicinal use of medical marijuana products).

Any employee of The Company who is found to have or attempt to sell any Medical Marijuana products produced or retailed at any of The Company's facilities to another who is

not a quantified Medical Marijuana patient, or caregiver with valid New York State identification, will be terminated immediately.

Reservation of Rights:

The Company reserves the right to add to, change, or modify this policy or any practices followed under it at any time, and does not intend this language to create a contract between The Company and its employees. The Company also reserves the right to terminate any employee at any time except as restricted by law and pursuant to the Collective Bargaining Agreement.

New York Disability Law:

New York State disability benefits insurance provides temporary cash benefits paid to an eligible wage earner when he/she is disabled by an off the job illness or injury, and for disabilities arising from pregnancies. Employers with one or more employees are subject to the provisions of the New York State Disability Benefits Law.

State Disability insurance is provided by the State and is paid for by the employee. This insurance provides income protection if an illness or injury not caused by the job prevents you from working. It is required by State Law to be withheld from the employee's wages. Implementation of the State Disability process/benefits would occur when staff is absent due to hospitalization or illness of more than seven (7) consecutive business days or as per disability policy guidelines.

Lactation Breaks:

The Company recognizes the New York State Laws of the Right of Nursing Mother's to Express Breast Milk. The Company shall provide reasonable unpaid break time or permit an employee to use paid break time or meal time each day to allow an employee to express breast milk for her nursing child for up to three (3) years following child birth. The Company shall make reasonable efforts to provide a room or other location, in close proximity to the work area, where an employee can express milk in privacy. The Company shall not discriminate in any way against an employee who chooses to express breast milk in the work place.

Workers Compensation Insurance:

Employees of The Company are covered by Workers' Compensation insurance, which is purchased by the Company. This insurance provides for compensation to an employee for lost

wages caused by illness, accidental injury, or death suffered in the course for as a result of his/her employment with the Company, in accordance with State Law.

State Unemployment Insurance:

Contributions to an unemployment insurance fund are made by The Company on your behalf. The cost of this coverage is paid entirely by The Company.

The Following Federal Holidays are observed:

New Year's Day
Memorial Day
July 4th
Labor Day
Thanksgiving Day
Christmas Day

If a holiday falls on a Sunday, the following Monday is observed, if a Holiday falls on a Saturday, the Friday before the Holiday will be observed.

Military Leave:

The Company complies with all relevant State and Federal Laws concerning military leave obligations. Employees who have Reserve obligations or who are called to active duty should inform their supervisors as early as possible. Any employee, other than a temporary employee, who is a member of any force or organized militia or any reserve force or reserve component or the armed forces of these United States will be allowed leave for ordered military duty without loss of pay for a period not exceeding 18 calendar days in any one continuous period of absence. This means that if there is a difference between military pay for ordered military duty and the employee's salary, The Company will pay the difference between regular compensation and the amount received as base pay from military service. If the Governor declares an emergency or an employee may elect to take annual leave instead of time off without pay for unpaid military leave. Time during which an employee is on ordered military duty shall not constitute an interruption of continuous employment. No employee shall be subjected directly or indirectly to any loss or diminution of time, service, increment, vacation, holiday privileges, or any other right or privileges, by reason of such absence or be prejudiced with reference to continuance in employment, reemployment, reinstatement, transfer, or promotion by reason of such absence.

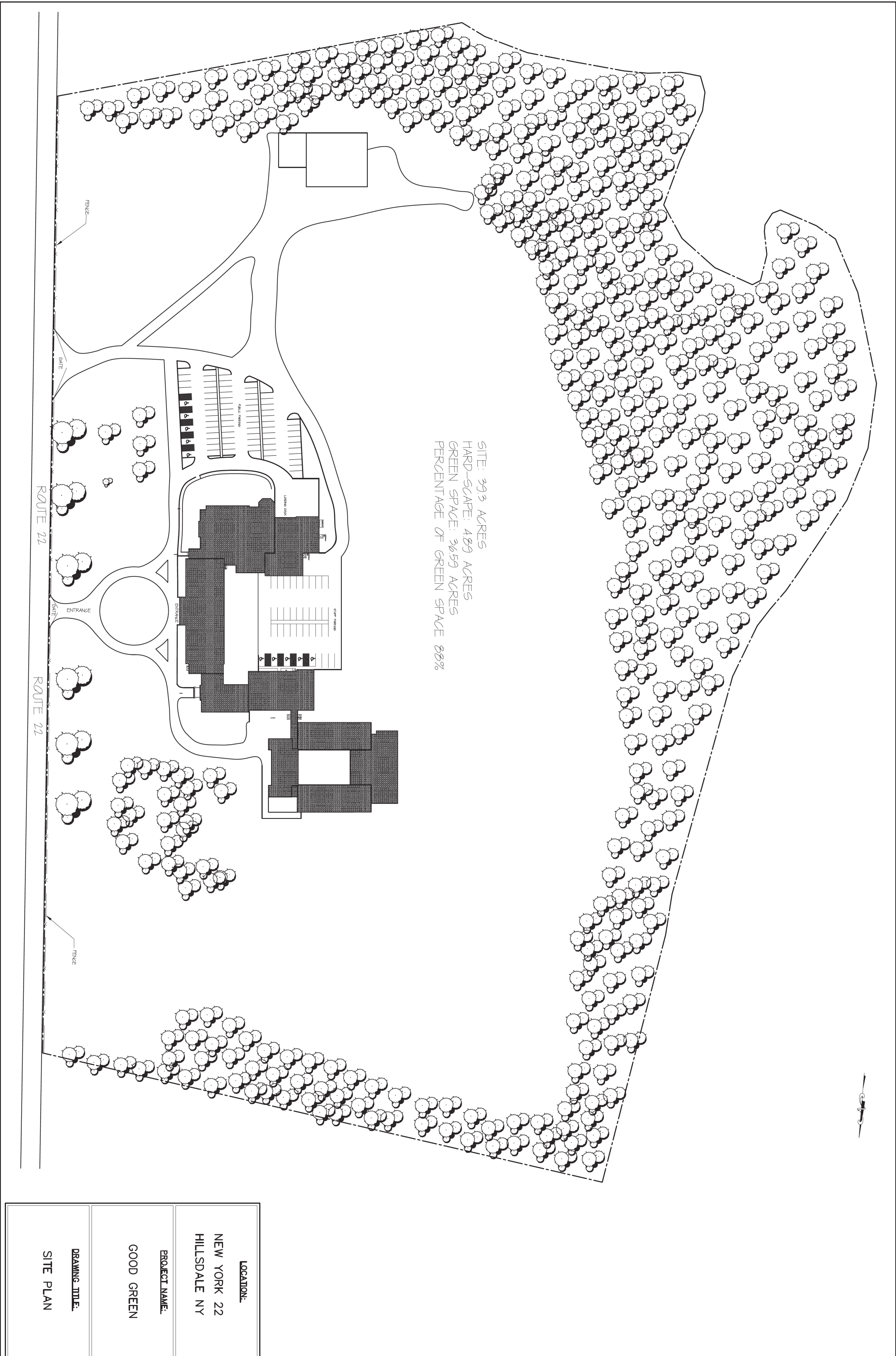
Federal Family Medical Leave Act (FMLA):

The Company and its employees are covered by the Federal Family and Medical Leave Act.

The FMLA act of 1993 requires certain private employers to provide eligible employees up to 12 weeks of unpaid , job-protected leave in any 12 month period for certain family and medical reasons. The Company will measure that 12 month period on a rolling basis, looking back 12 months from the time of a request for FMLA leave.

The FMLA defines eligible employees as employees who: (1) have been employed by The Company for at least 12 months; and (2) have worked at least 1250 hours in the previous 12 months; and (3) work at or report to a worksite that has 50 or more employees or is within 75 miles of worksites that taken together have 50 or more employees.

Eligible employees may take FMLA protected leave for the following reasons: (1) to care for a child upon birth or upon placement for adoption or foster care; (2) to care for a parent, spouse, or child with a serious health condition; or (3) when an employee is unable to work because of the employee's own serious health condition.



SITE: 393 ACRES
 HARD-SCAPE: 489 ACRES
 GREEN SPACE: 3659 ACRES
 PERCENTAGE OF GREEN SPACE 88%

LOCATION:

NEW YORK 22
 HILLSDALE NY

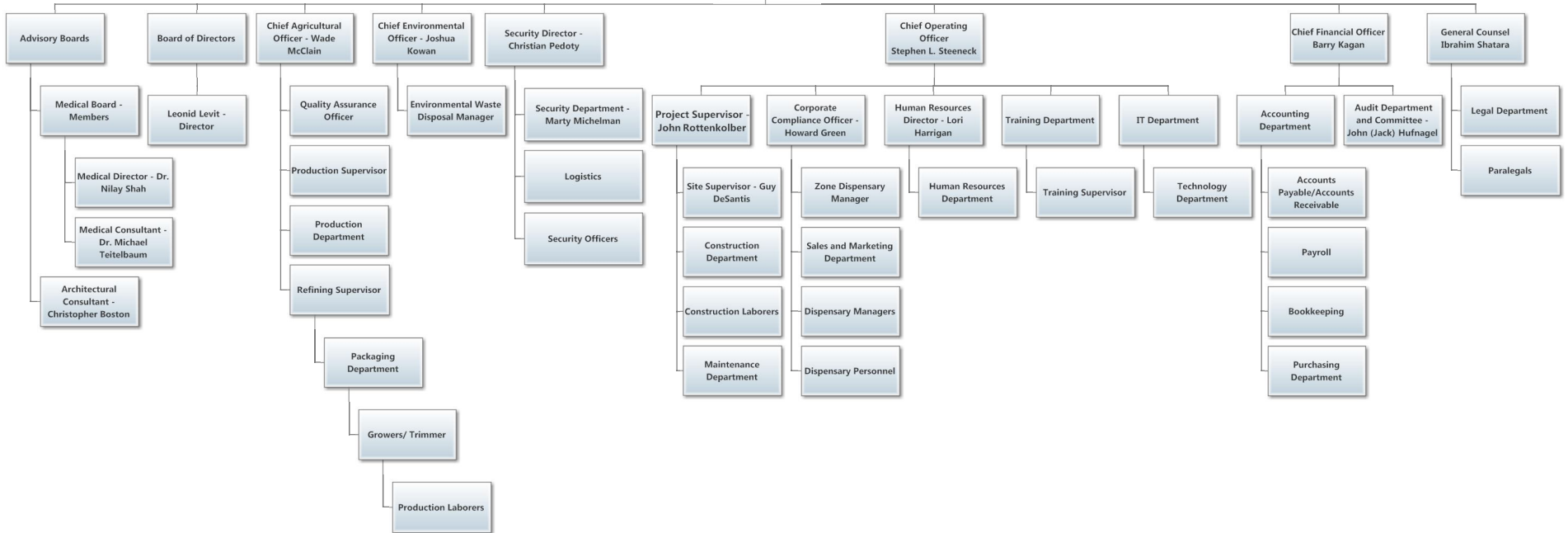
PROJECT NAME:

GOOD GREEN

DRAWING TITLE:

SITE PLAN

President - Founder
Kristen S. Steeneck





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: Good Green Group LLC.
This is the name that was entered in Section A of the Application for Registration as a Registered Organization.
2. Name: Leonid Levit 3 Title: Director
4. Briefly describe the role of this person or entity in the proposed registered organization:
Leonid Levit would be in charge of real estate leasing and real estate acquisitions for our company. He would accomplish this by sourcing leasing and off market purchase opportunities for our company using his extensive contacts at Winick, CBC Alliance, Cushman Wakefield and Venture Capital Properties. Leonid Levit would also help the company with fundraising and financing activities by tapping into his network of family offices and financing companies that have already expressed interest in making investments in the company post acquisition of the state license.
5. Will this person or entity come into contact with medical marijuana or medical marijuana products?
[] Yes [x] No
Any managers who may come in contact with or handle medical marijuana, including medical marijuana products, shall be subject to a fingerprinting process as part of a criminal history background check in compliance with the procedures established by Division of Criminal Justice Services and submission of the applicable fee. Criminal history background checks must be done through Identogo at http://www.identogo.com/FP/NewYork.aspx using the ORI number NY0412500 and the Fingerprint Reason "Control Substance License."
6. Has this person or entity held any position of management or ownership during the preceding ten years of a 10% or greater interest in any other business which manufactured or distributed drugs? [] Yes [x] No
If the answer to this question is yes, provide the name of the business, a statement defining the position of management or ownership held in such business, and any finding of violations of law or regulation by a governmental agency against the business or person or entity.



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

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

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

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

10. Email: [redacted]

11. Residence Address: [redacted]

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

Table with 6 columns: Institution, Address, From, To, Degree Received, Date Received. Row 1: Pace University, 1 Pace Plaza, New York, NY 10038, 2010, 2014, BS - Bachelors of Science (Business Economics), June 2014.



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

Table with 5 columns: Type of Professional License, License Number, Institution Granting License (Mailing Address, Phone, Email), Effective Date, Expiration Date. Row 1: Licensed Real Estate Salesperson, 10401265174, New York State - Department of State - Division of Licensing Services, 07/30/2014, 07/30/2016.

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

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



Appendix A:

**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? [X] Yes [] No

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

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



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

Form with three identical sections for business information. Each section includes fields for 'From:', 'To:', 'Business Type:', 'Name and Address of Business:', 'Office Held/Nature of Interest:', and 'Name, Address and Phone Number of Licensing/Regulatory Agency, if applicable:'. The 'Office Held/Nature of Interest:' field includes checkboxes for 'open', 'closed', and 'proposed'.



Appendix A: 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 was the [redacted] and [redacted] of the Pace University Rotaract Chapter. When I founded the club, I partnered with Rotary International (one of the largest nonprofits in the world), as well as with the Rotary Club of Wall Street, in order to start the club at my university. During my 1 year as [redacted] I recruited 50 students from the university to become full time members, and ultimately contribute more than 750 hours of community service across the state of New York for organizations ranging from Gift of Life, Books for Kids, Ronald McDonald House, and Coalition for the Homeless. I have raised over \$50,000 USD for Doctors Without Border and Books for Kids through the combined efforts of Pace University and the Pace University Rotaract Club. I organized members of the student body to get sponsorship to attend the North America Rotary Youth Leadership Awards held in Washington D.C. where we were honored at the Italian Embassy for our service. I was invited to speak at the United Nations on an entrepreneurship panel due to these experiences, as well as at the Rotary District Conference for the New York District.

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

Signature: [Handwritten Signature] Date: June 4th, 2015

Notary Name: [Handwritten Name] Notary Registration Number: 01PE6093973

Notary (Notary Must Affix Stamp or Seal) Date: 6/4/15
[Handwritten Signature]
HELENA PETRYUK
Notary Public State of New York
No. 01PE6093973
Qualified in Kings County
Commission Expires 01/01/19

Letter of Conditional Purchase

Disclaimer: This letter of Conditional Purchase shall act as an official offer and proposal by the Good Green Group LLC., Kristen S. Steeneck, President and Apeks Supercritical LLC, Andy Joseph, President, for the exclusive use only between the Good Green Group LLC. it's officers and Apeks Supercritical LLC.

Letter of Conditional Purchase made on May 16, 2015 by the Good Green Group LLC., who's principal place of business is currently 500 Chase Road, Yorktown Heights, New York 10598 (Kristen S. Steeneck, President) and Apeks Supercritical LLC, whose principal place of business is 14381 Blamer Rd. Johnstown, OH 43031

WITNESSETH:

Whereas, Good Green Group LLC. is the name of the Company which is represented by Kristen S. Steeneck as President and sole owner in said Company.

Whereas, Good Green Group LLC. shall be referenced as "**The Company**".

Whereas, The Company is a Minority owned small business in the State of New York.

Whereas, The Company is in good standing with the State of New York.

Whereas, The Company is attempting to secure a license from the State of New York for the purpose of producing and dispensing Medical Marijuana, pursuant to The Compassionate Care Act and the Regulations thereunder ("The License").

Whereas, The Company intends to open the New York State regulated maximum allowable dispensaries for the sale of said Medical Marijuana it produces.

Now, therefore, it is agreed as follows:

1. Conditionality of Offer

This offer is made on the condition The Company acquires the License, at the locations and upon the terms sought, and should this not happen or The Company shall not be chosen/given or able to acquire, or allowed to operate under, said License, by December 31, 2015, then this agreement and offer shall be consider withdrawn and cancelled in its entirety, with no obligation or liability on the part of either party, including, without limitation, any obligation to pay for services rendered by any and all parties to this agreement.

2. Representations of The Company

(a) The Company intends to purchase the items as set forth below and should The Company be granted said Medical Marijuana Approval and License, then a formal contract to purchase said equipment will be properly executed by The Company and with the person and company listed here within.

(b) Two (2) Apeks Supercritical Model 2000-5Lx5LD, Fully Automatic CO2 Extraction Systems.

3. Representations of Apeks Supercritical and Andy Joseph, President.

(a) Apeks Supercritical will supply these two (2) Commercial Fully Automatic Extraction Machines (Model 2000-5Lx5LD), in a timely manner to the Good Green Group LLC at The Company's Manufacturing Facility.

(b) Apeks Supercritical will guarantee the full functionality and guarantee full working capability of each of these two (2) units sold to the Good Green Group LLC. and to provide the Good Green Group LLC. with a full warrantee of said product and free of any defects.

4. Binding effect. This agreement shall be binding upon and inure to the benefit of the parties hereto.

(a) Should The Company be sold or dissolved in any matter, then this agreement shall be considered terminated and void, without further obligation or liability on the part of either party. The Company shall be considered closed and dissolved, should current management and ownership change in any material manner.

5. General Release.

(a) Should The Company not be granted the license it is currently seeking under the State of New York's Medical Marijuana Program, then both parties shall therefore agree to dismiss each other and hold each other harmless from this agreement. As such, this agreement will therefore be terminated in its entirety.

6. Miscellaneous.

(a) This Conditional Purchase Agreement and Document, once duly executed by the parties, shall constitute the entire agreement of the parties with respect to the subject matter hereof and may not be changed or amended orally.

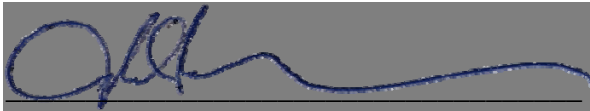
7. Governing law. This Conditional Purchase Agreement and Document shall be governed by and construed in accordance with the laws of the State of New York.

IN WITNESS WHEREOF, the parties hereto have duly executed this Offering Document and Proposal on the date first above written.

Good Green Group LLC.,

by: _____
Kristen S. Steeneck, President

Acceptance:

by: 
Andy Joseph, President

(Original to be kept with the Corporate Documents for the File with Copies given to both parties)

June 2, 2015

The Good Green Group LLC

500 Chase Road

Yorktown Heights, NY 10598

Dear Kristen,

I did look at the building in Hudson and the Engineers Report from, Ryan Biggs Clark Davis, I am confident that we can replicate the layout and program at Copake Facility into the Hudson Location, very easily with minimal work.

I look forward to helping any way I can, please let me know.

Yours,

A handwritten signature in blue ink that reads "Christopher Boston". The signature is written in a cursive, flowing style.

Christopher Boston

Operating Plan

Section 1 - Manufacturing:

Cultivation of Marijuana:

The UIC for each clone is recorded and the amount of clones that were taken from the mother is entered into the Clone Log. The clones will be placed in a Turbo Cloner cloning device and each clone site will be labeled according to its UIC for quality control and recordkeeping. After a 14 day time period the clones will be rooted and ready for transplant into 2.5 qt. pots. The 2.5 qt. pots are filled with coco coir medium and amended with Mycorrhizae. The clones are then placed in the 2.5 qt. pots and medium is drenched with water that has a ph of 5.7.

After the clones have been transplanted into pots they are placed under metal halide lights for their early vegetative growth period, this period typically will last from 21 to 30 days. These lights have a photoperiod of 24 hours, this assures that the plant does not induce flowering and promotes rapid cellular growth. During this period the plants are fed vegetative nutrient profile, this promotes rapid root formation and plant cellular growth, with the appropriate ph and ppms taken into account.

Plants are assessed throughout the vegetative stage for nutrient deficiencies and pests. Preventative maintenance of pests and mold will be accomplished with root drench (Imidacloprid) and foliar spray (Azadarachtin) and recorded for quality assurance.

When the plants reach an appropriate height they are then transplanted into 7 gallon pots for late vegetative growth period. 7 gallon pots are filled with coco coir medium and amended with Mycorrhizae. Plants are then placed into 7 gallon pots and drenched with water that has a ph of 5.7. Plants are then placed under metal halide lights for their late vegetative growth period, this period will typically last for 30 days. During this period, the plants will be supported by 54" tomato cages.

Plants will be watered/feed every other day, using 270 gal IBC tanks and ¾ industrial hose that is powered by external water pump. Water/feed has a ph of 5.5 to 5.7 and a ppm value of 1000, using a Blue Lab ph/ppm meter. Feed logs will be maintained for quality assurance. This meter is calibrated once a week and recorded for quality assurance.

After the plants have completed their late vegetative growth period they will be transported to their flowering room. At this point the plants will be switched from a 24 hour photoperiod to a 12 hour photoperiod, this means that lights will be on for 12 hours and off for 12 hours. With a 12 hour photoperiod the plants will be forced to induce the flowering stage. The nutrient feed is also altered to a flowering nutrient profile, with appropriate ph and ppm value. The plants will remain in flowering stage for a period of 8 week. After which time they will be harvested and securely stored for manufacturing of medical forms.

Manufacture of Medical Forms:

1. Manufacture of Oils:

Oils, Live Resin, and Waxes, in all forms of medicine will be manufactured with the use of CO2 extracted cannabis oil. The extraction process will take place using a 20 liter Apeks extractor. The collection vessel for this machine will have three different forms of oil and will need very little refinement for manufacturing. These three forms can be modified slightly using different pressures and temperatures. The higher the pressure the higher the yield. The bottom of the collection vessel is where you will have the most viscous oil. A few inches higher on the side wall you will have less viscosity. A few inches higher you will have a form that is a solid. Each of these different levels will be used for different forms. The lower level will be used for our oil and shatter. Our oil will be directly packaged in different forms. The next two levels will be used for our waxes and live resin. Oils, live resin, and waxes no longer need to be refined and are ready for packaging and testing.

Shatter, will be the only form that will require further refinement. In order to make shatter you have to remove the fatty acids and lipids that were extracted with the plant. This will be achieved with the use of liquid nitrogen. The lower vessel oil will be poured onto a Pyrex baking dish. 190-proof alcohol will be added to the oil and will be vaped off using refrigeration and fans. This process is called winterization or crystallization. Once the vaping off of the alcohol has ceased there will be a hardened form on top and the shatter just below. The hardened form (fatty acids and lipids) will be removed and disposed of. The refined form left over will be shatter. The shatter is then removed and placed on parchment paper labeled and securely stored for packaging and testing.

2. Manufacture of Capsules:

The manufacturing process for capsules will be performed using oil and keif that have been tested for purity. Oil pills, appropriate cannabis oil will be selected for this procedure and lot and batch numbers are transferred into the Capsule Fill log. Appropriate heating equipment is turned on and tested for quality assurance. Appropriate capsule size is acquired and set to the side.

Now you are ready to fill capsule filling tray. Pour 50+ capsules onto Orientor and shake back and forth moving capsules into slots. Lift gate and pour off excess capsules. Open Filler Locking Plate fully by sliding clamp forward. Place Orientor locating feet in the holes on the Filler marked "1". Push the sliding portion of the Orientor to the left to drop capsules into the Filler. Remove Orientor. Capsules are in every other row of the Filler. Close the Filler Locking Plate and slide Locking Clamp to secure. Gently squeeze the Cam Lever toward the post to secure bodies in the Filler.

To separate capsules, press palms down on Filler handles while lifting Caps Tray up with fingers. Remove Caps Tray from Filler. Release Cam Lever to drop capsule bodies flush with Filler. Using a heated 60 ml syringe, you will draw up 60 ml of cannabis oil with 18 gauge needle. You then proceed to capsule filler and inject capsule to fill line, once all capsule are filled. Place Caps Tray back onto Filler. To lock capsules, push down on Locking Plate with thumbs while pulling up on Lifting Plate with fingers. Once capsules have been locked they are ready to be removed from the Filler. Remove Caps Tray and store in appropriate capsule storage tray.

Keif Pills: The process for filling keif pills is the same in set up of the tray and pills. The only difference in this process is the filling of capsule. In this process you are using a powder form that is poured into the tray and tamped down. The capping process remains consistent as well. After the pills have been removed from the tray they are placed in an airtight, light-resistant container and placed in a securely stored container where they will await packaging.

3. Manufacturing of O.Pen:

The process for manufacturing the O.Pen involves the filling of the oil cartridge and insertion of the cartridge into its case. All oil based forms will be manufactured using CO2 extracted oil. The battery and case are sold separately, so all that will need to be accomplished is the filling of the cartridge. To fill the cartridge you must appropriate the proper oil and equipment. For this procedure you will need a 60 ml heated syringe and 18 gauge blunt needle. The oil is drawn up into the heated syringe and the needle is attached. The cartridge is injected with the appropriate amount of oil and inserted into the case. The case is then placed in an airtight, light-resistant container and labeled.

4. Manufacture of Tinctures:

Tincturing of cannabis will be accomplished with the infusion of cannabis and alcohol. This process is achieved through the constitution of cannabidiols in a water/ethyl mixture or 190-proof alcohol. This form is ingested or absorbed sublingually. The process is as such; Dried Cannabis: will be broken down, measured and then soaked and stored in an airtight, light resistant, labeled container for a 14 day period in 80 to 100 proof alcohol. Throughout this 14 day period the assistant will agitate the container twice a day to achieve a consistent infusion.

At the end of this time period you will strain the menstruum into a clean airtight, light resistant container. This container will be labeled and securely stored for packaging and testing. Fresh cannabis: will be broken down, measured and then soaked and stored in an airtight, light resistant, labeled container for a 14 day period in 190-proof alcohol. Again, the container will be agitated and strained with a muslin cloth and mesh into a clean airtight, light-resistant container. It is then labeled and securely stored for packaging and testing.

Packaging of Approved Medical Forms:

All packaging supplies will be ordered from www.marijuanapackingsupplies.com. All cannabis will be tagged with RFID tags and entered into a proprietary database of Good Greens Group LLC. All approved forms will be labeled with the appropriate name, strength, dosage, administration route and warnings.

Oil Packaging-all forms of oil will be packaged as follows: .5 and 1 oz tubs, 1 and 3 ml syringes, "0" capsules, Open vapor vaporizers; Tincture Packaging- tinctures will be packaged in 15 ml, 30 ml, and 60 ml brown bottles. The caps used for these bottles will be regular screw type caps or spray caps; Capsule Packaging: capsules will be packaged in 13 dram vials; Wax, Live Resin, and Shatter Packaging: all forms will be packaged into 5ml non-stick concentrate containers.

The process of packaging tinctures is as follows. Gather 60 ml syringe and draw tube and attach draw tube to syringe. Dip tip of draw tube into tintured batch and draw up appropriate amount for appropriate size bottle remove tip from tintured batch and insert the tip into bottle. Inject appropriate amount of tincture into bottle. Place selected cap/spray on bottle and heat shrink wrap the cap/spray then label and place in storage container. Enter packaged tincture into the Concentrate Pack Log.

The process of packaging Wax is as follows. With razor blade knife cut inch by inch increments and weigh each cut on the scale out to .5 gram or 1 gram increments. Insert properly weighed medicine into the 5 ml nonstick container. Seal with shrink wrap plastic and place sticky content label on the container. Enter container pack into Wax Pack Log. Place into storage container and when the container is full it will be placed in the finished product locked storage room.

The process of packaging Live Resin is as follows. With razor blade knife cut inch by inch increments and weigh each cut on the scale out to .5 gram or 1 gram increments. Insert properly weighed medicine into the 5 ml nonstick container. Seal with shrink wrap plastic and place sticky content label on the container. Enter container pack into Concentrate Pack Log. Place into storage container and when the container is full it will be placed in the finished product locked storage room.

The process of packaging shatter is as follows. With razor blade knife cut inch by inch increments and weigh each cut on the scale out to .5 gram or 1 gram increments. Cut 3x3 parchment pieces and place appropriate size shatter and envelope. Place envelope in child proof prescription bottle. Seal with shrink wrap plastic and place sticky content label on the container. Enter container pack into Concentrate Pack Log. Place into storage container and when the container is full it will be placed in the finished product locked storage room.

The process of packaging capsules is as follows. Pour capsules into pill counter and count the appropriate amount of capsules into the collection tray. Pour appropriate amount of

capsules into vial and place the child proof cap on tightly. Place label on vial and place in storage container. Enter container pack into Concentrate Pack Log. Place into storage container and when the container is full it will be placed in the finished product locked storage room. The process of packaging medicated syringes is as follows. Draw appropriate amount of oil into syringe. Clean tip with alcohol wipe. Place cap on the syringe. Heat shrink cap and label. Enter syringe pack into Concentrate Pack Log. Place into storage container and when the container is full it will be placed in the finished product locked storage room.

Operating Plan

Section 4 - Devices:

The Department and the State of New York deem smoking to be strictly prohibited, therefore you cannot smoke cannabis. However, the State and the Department allow for alternate methods of delivery. These methods are vaporizers, dab rigs, and or edibles, such as tinctures.

A vaporizer is a device that steadily heats medicinal concentrates to extract THC, CBD and other cannabinoids. This method has eliminated most of the health risks associated with smoking, and come in many makes and models.

We are in negotiations with O.pen, a company that settles cartridges filled with medicinal marijuana concentrates and can be used with a vaporizer. We intend to fill these cartridges at our facility in Columbia County.

We will also produce and manufacture medicinal marijuana in the form of Tinctures, and capsules. Both of these methods are an ingested delivery method in which the medicinal marijuana is administered orally. We also intend to manufacture, refine, produce and package the Medical Marijuana in the forms of Oils, Tinctures, Waxes, Live Resin, Keif and Shatter. The oils will consist of product for vaporizer cartridges, multi-colored capsules, syringes and refined concentrated oils. The tinctures in the forms of, 1 oz. and 2 oz. amber sealed dropper bottles and 1 oz. and 2 oz. Oromucosal spray bottles. The waxes, live resins, keif and shatter in the forms of .5 g and 1 g. All the products available will be packaged and sealed then inserted into child-resistant Rx bottles.

A full list of additional items available for purchase, Devices, are to be sold at all dispensaries include the following:

1. Vaporizers, in the forms of O.pen's and the like.
2. Cartridges for the Vaporizers, both O.pen type and generic.
3. Batteries for the Vaporizers the company is currently selling.
4. Any other delivery method which is approved by the Department.

All of The Company's manufactured products will be highly refined with the latest technology to provide the highest grade and best product available. The Good Green Group LLC., can and will perform to meet the requirements of the regulations, the Department and the State of New York fully and with full cooperation. Any products the Department deem available to be sold in any dispensary will be met with a passion for allowing to supply our patients with such devices.

Operating Plan

Section 5 – Security and Control:

Our security teams will have the primary responsibility of the safety and security of the staff and clients, as well the prevention of product and monetary diversion. Security will be divided into two areas, physical security personnel and technology. The [REDACTED]

[REDACTED]

Our security staff will be responsible for the monitoring, response and monthly maintenance testing of all technical equipment and coordinating such tests in a manner as set forth by the department.

1. Manufacturing Facility:

[REDACTED]

(a) Access Control:

[REDACTED]

(b) Patrol/Prevent Diversion:

[REDACTED]

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

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

OPERATING PROCEDURE MANUAL

For all Dispensaries

Version 1.0 - May 2015

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1. PRINCIPLE

The purpose of an Operating Procedure Manual is to provide uniformity and guidance in the day to day operations, proper protocol, maintaining proper records, and disseminating procedures in a consistent manner in accordance with the Good Green Group LLC. protocol and the State of New York guidelines for the Medical Marijuana Program. The purpose of the associated Operating Procedure Manual is to ensure accurate conduct of all Good Green Group LLC dispensing operations, including all processes, policies, quality functions, as well as to insure compliance with all relevant and regulatory standards including Good Green Group LLC. and the state of New York's Medical Marijuana regulations 10 NYCRR 1004.12.

2. PROCEDURE

As set forth, this Operating Manual, shall remain in full effect from the effective date of May 1st. 2015 and remain in effect, until a fully modified and adopted NEW Operating Procedure Manuel takes effect. As deemed by right of the Good Green Group LLC. and/or by the State of New York as it sees fit to alter and/or change pursuant to the State of New York's Medical Marijuana Program and/or the State of New York's Department of Health 10 NYCRR 1004.12.

(a) Each and every dispensary held under the Good Green Group LLC., will comply with the rules of the State of New York's Medical Marijuana Program, the State of New York's Department of Health and the Good Green Group LLC. A full and complete copy of this Operating Procedure Manuel will be kept on hand for each dispensary to be able to be called upon at any given time for any employee in which to review if and when needed. Additionally, each and every employee will be given a copy of this Operating Procedure Manuel in an employee handbook, when hired and shall be required to read and familiarize themselves with all the content as provided here within. A full copy of 10 NYCRR 1004.12 will be posted within the dispensary for full reference to any who has any operational questions and a copy will be provided to anyone on demand.

(b) Should any and all questions arise, the controlling agent of each said dispensary shall fall onto the Manager of each dispensary. Standard corporate protocol, as outlined below, shall be followed by each employee of each dispensary and should a complaint need to be filed against any other employee of the dispensary, this complaint should be lodged with the Corporate Compliance Officer at the Good Green Group LLC. Headquarters, also notifying the HR (Human Resources) department at the same time.

(c) This Operating Procedure Manuel, while standard to each dispensary, is ONLY meant for the rules to be followed for each dispensary. Whereas, unless it is a Zone Dispensary Manager, each employee will be specific to the dispensary where there were hired and will report directly to the Assistant Manager and Manager of that dispensary, ONLY. At NO TIME, will an employee from dispensary "A", have any rights, abilities or working capacities at dispensary "B" and vice verse. The only way, an employee shall be able to enter into a different dispensary, then there "deemed home dispensary" will be to either be a patient with a valid New York State Medical Marijuana Card, a visitor (approved by the Good Green Group LLC), or be deemed a floating employee with special privileges (approved by the Good Green Group LLC) ONLY. Any other ways are strictly prohibited and forbidden. It is therefore agreed by the employee and the Good Green Group LLC. that the use of their employee status will only be applicable for the dispensary for which the employee was initially hired and be deemed their "home dispensary".

(d) If a transfer is sought from any dispensary to another dispensary, then a notice to the HR (Human Resources) department must be sent to the headquarters of the Good Green Group LLC. and a copy sent to the Corporate Compliance Officer at the Good Green Group LLC. Just a simple typed letter requesting a transfer is all that is required and the HR (Human Resources) department representative will contact the employee as per their request and will handle any and all transfers with the utmost care and priority.

(e) Any and all discrepancies shall fall upon the direction and default to the Manager of the dispensary to which this Operating Procedure Manuel covers. The manager of the dispensary shall have full discretion over all controls of the dispensary, not limited to, the pharmacist's. The on-call (or current working shift) pharmacist shall have full and complete control of all medical marijuana based items. The on-call (or current working shift) pharmacist shall have full and complete control of any and all medical marijuana based items, period and no exceptions.

(f) The current working shift or on-call pharmacist shall have full and complete control over dispensing any and all medical marijuana. The current working shift or on-call pharmacist shall have full discretion over any dispensed medical marijuana and any issues arising from any medical marijuana based product shall be referred to the Good Green Group LLC. return policy (as listed below in - RETURNS).

3. OPERATIONS

(a) Hours of Operations shall be defined as 8 am until 8 pm, Monday to Sunday. Employees will be required to be on-site there "home dispensary" for work 30 minutes prior to the start of their "shift".

(b) The opening shift, MUST be onsite, prior to 30 minutes to opening for patients.

(c) In order for the dispensary to officially open to their patients, a Pharmacist MUST be on the premises and directly supervising any and all activity before the dispensary can officially be open. Before any dispensing CAN OCCUR, the Pharmacist MUST perform a count of all medical marijuana based items and record them in an official log book (otherwise known as a count). The Pharmacist MUST be an active New York State pharmacist license, as defined in article one hundred and thirty seven of the Education Law. (Pharmacist's please see duties for explanation).

(d) The dispensary will NOT sell items other than approved medical marihuana products and related products necessary for the approved forms of administration of medical marihuana, no exceptions will be made.

(e) No approved medical marihuana products shall be vaporized or consumed on the premises of any dispensary, no exceptions will be made.

(f) Once a patient rings the outside bell of the first series of doors to enter the dispensary, the greeter or dispensary attendant, MUST allow the patient to enter thru the first series of doors.

(g) The greeter or dispensary attendant will then greet the patient/customer and ask them for their ID (Identification) and New York State Medical Marijuana Identification/ Patient Card. The greeter/ dispensary attendant will scan/dip the patients ID (Identification) and New York State Medical Marijuana Identification/ Patient Card, this will pull up the patient/customer information. If the patient/customer has not been to the dispensary before or is not an existing patient, then the Form DPP-1 (Dispensary Patient Profile) MUST be filled out and returned to the greeter/ dispensary attendant. The greeter/ dispensary attendant will allow the patient to enter into the dispensing facility, if the following criteria exists.

(g)(i) The patient has a valid ID (Identification) - A New York State Drivers License and a Valid New York State Medical Marijuana Identification Card. (Once dipped into the system, the computer system will check for proper valid dates).

(g)(ii) The patient has a valid ID (Identification) - a State sanctioned Identification or a Passport with picture attached (with a clearly visible name and address), a Valid New York State Medical Marijuana Identification Card and a Letter written from the prescribing physician with the name of the patient/ customer (clearly visible) with notice that the patient/ customer is under the doctor care and the doctor is licensed in New York State.

(h) Entry will be refused if an ID (Identification) - A New York State Drivers License or otherwise is expired and/or the State of New York Medical Marijuana Identification Card is expired as well.

(i) Once a proper valid ID (Identification) and a valid New York State Medical Marijuana Identification Card are verified, then entry will be allowed to the dispensary will be permitted and the patient will be allowed entry into the dispensary. All patients or designed caregivers will not be allow to bring in food or beverages or consumed such said items at the dispensary, unless deemed necessary for medical reasons.

(j) The patient will then be greeted by a security officer (who will open the door, after the automatic door is allowed to be opened) and greeted by a concierge of the dispensary. The concierge will greet the patient and will provide to the patient, a pamphlet of the Good Green Group LLC., (which will detail the products available for purchase), a separate piece of paper that will act as an order form DOF-1 (Dispensary Order Form).

(k) The patient will be asked to sit and review the documents they were handed. Once they are completed or if they have any questions, they can approach (or request the concierge be needed if they are unable to physically approach the concierge's desk) the concierge table with any and all questions they may have. If the order is completed, then the order will be given to the pharmacist to fill the patients order, with form DOF-1. The patient will be asked to sit and wait to be called to complete their order.

(l) The patient's order will be placed in the queue and the pharmacist will then attempt to fill the order as written by the patient. If the patient cannot fill out or is unsure of their order, the concierge can arrange a personal consultation with the pharmacist for the patient.

(m) Once the patient's order is filled, their name will be called and they will be asked to come up to complete the transaction. If they are unable to stand or come to finalize the transaction, then the concierge will come to them to complete the transaction.

(n) The patient will be asked to sign a form DCP-1 (Dispensary Completion Form), this form will hold the Good Green Group LLC. harmless and will insure that the patient takes full responsibility for their purchase. Additionally, they are aware of the effects of the use of the product/s. This DCP-1 form will be attached with the form MMF-1 (Medical Marijuana Facts and guide to uses). At no time will the dispensary, dispense approved medical marijuana products to anyone other than a certified patient or designated caregiver.

(o) The completed sale will be closed thru a POS (Point of Sale) purchase system, such as ShopKeep.com and/or as recommended by Mr. Marc Kessman, the Consultant for IT (Information Technology Systems) for the Good Green Group LLC.

(p) The patient will receive a copy of the closed out transaction, including and not limited to, what strain they have received, in what form they purchased (pills, wax, oil, tinctures, etc.) and a printed quality control referenced list. The quality control list will consist of the following; the batch number of the product, the lot number of the product, the quality control employee company ID (Identification) number, the date of manufacture and the dispensing pharmacist. Additionally, a sticky label will be placed on the container/packaging, containing all of the above and the suggested dosages of the Medical Marijuana Product. (Please refer to packaging and labeling for more details).

(q) Upon completion or closing out of the transaction by the patient, an automatic report will be sent and stored for the daily transactions of the dispensary, in real time to be viewed and referenced by the dispensary and the Corporate Office, accounting department. Once the closing of the transaction is complete, the Pharmacist will comply with the Prescription Monitoring Program, as set forth by the State of New York and the Department, this will be automatic and written into the dispensing software of the company, at that time the State of New York will be in receipt of the dispensed item, thru the electronic system.

(r) The patient will then to be considered a finalized and closed out transaction, whereby they will be escorted out of the dispensary by the security personal and asked if there are any special needs they require from the dispensary.

(s) Should the patient have special needs and need assistance, then the concierge will make such special arrangements, accordingly. Like a security officer walking them to their mode of transportation. These special arrangements should be placed on the DPP-1, so as the concierge is given notice to be prepared for the special needs of the patient.

(t) Should the patient need to re-enter the dispensary for any and all reasons, they must conform to the same rules as entering the dispensary, starting with (d), (e), (g), (h) and (i), in order and the concierge will ask them to explain any and all issues, questions or the like associated with their previous purchase.

(u) At any given time during the day, should money (Cash) form in excess of \$ 5,000.00, then this will trigger an event and either the Dispensary Manager, Assistant Manager or Bookkeeper MUST count (thru the money counting device as provided within the Dispensary) the money and immediately have any of those listed here within, take the funds to the bank. At anytime, no cash in excess of \$ 5,000.00 be kept within the dispensary and immediate deposit of funds to the dispensary's bank, once this level or threshold is met.

(v) Closing or night shift employees will be responsible for the end of the day counts and for generating closing day reports and transmitting them to the accounting department. They are also responsible for full counts of all monies, wrapping them and placing them in the safe to be locked and secured for the evening. (Please refer to employees duties for further explanation).

(w) Employees will be required to be able to stay 30 minutes longer than the closing shift to clean up, count, secure and prep for the next day's opening. The last employee to leave the dispensary will have to walk the entire dispensary to make sure the dispensary is clean, dirt free, organized and free of any items left un-kept. Additionally, this final check mark on the Closing protocol of all dispensaries, will leave the last employee the ability to turn on the automatic security alarm.

(x) At NO time will anyone, besides an employee of the registered dispensary, an employee of the Good Green Group LLC. or an approved visitor, be allowed behind the counters or the back office of the dispensary, or anywhere they may be in close contact to any and all Medical Marijuana Based Items. Therefore, access to the back office, behind the counters of the dispensary and such are strictly prohibited to non-employees of the Good Green Group LLC.

4. VISITOR REQUIREMENTS

(a) No person, except a registered organization employee, shall be allowed on the premises of any dispensary without a certified patient or designated caregiver registry identification card issued by the Medical Marijuana Program Department, as per Public Health Law, Section 3369-a, Part 1004.

(b) All persons, not holding a valid Medical Marijuana approved registry Identification card will be considered a Visitor.

(c) If said Visitor receives written permission by the department to enter the dispensary, the visitor will be provided a visitor identification badge from a dispensary employee prior to entering the dispensary. A dispensary employee will escort and monitor the visitor at all times while the visitor is in the dispensary.

(d) If any unforeseen circumstance requires the presence of a visitor and makes it impractical for the dispensary to obtain a waiver pursuant to the department, then the dispensary shall record in the visitor log, the name of the visitor, date, time, purpose of the visit and the facts upon which the access was granted. The visitor will be subject to the same rules as stated in (c) and will be escorted and monitored by a dispensary employee at all times while the visitor is in the dispensary.

(e) All dispensaries will maintain a visitor log, which will include the name of the visitor, date, time and purpose of the visit. The visitor log shall be available to the department at all times during operating hours and upon request of the department, a copy will be provided in an expedited manner.

(f) All visitors MUST be given a visitor identification badge and the visitor identification badge MUST be visible at all times, no exceptions. When the visitor is leaving the dispensary, the visitor MUST return the identification badge to the dispensary employee upon exiting the dispensary. This returned visitor badge, will be placed securely and affixed to a piece of paper with the visitor log book, for future reference and compliance.

5. PRODUCTS

It is widely accepted that marijuana has two different species, Cannabis indica and Cannabis sativa. Both species have two totally different effects for the patient. Cross-breeding of the two types has led to a wide variety of hybrid strains with unique characteristics of both species. There is a strain of High CBD (cannabidiol) which is a version of Cannabis that is extremely low in THC (tetrahydrocannabinol), coupled with a High CBD (cannabidiol), this will be considered our High CBD Strain.

Cannabis indica is commonly referred to as, a relaxing, calming, with an overall body feeling effect and is best suited for use at night to help sleep. Whereas, Cannabis sativa is commonly referred to as, uplifting, energetic and with cerebral effects that are best suited for use during the day. The hybrid strains are mixed in variety and give different results for different people, whereas you can have an indica or sativa dominant strain.

Our Master Grower has personally been creating different strains for years and is very well versed in the effects of all types of Cannabis. As such, our Master Grower has personally selected five (5) strains that we will be growing, of course with Department Approval, those five (5) are as follows and will be named to follow the rules and regulations of the department.

1. High CBD (cannabidiol - CBD) - Highest level CBD currently available
This strain will be renamed: CBD 1
2. Indica - Girl Scout Cookie
This strain will be renamed: I 1
3. Sativa - Golden Goat
This strain will be renamed: S 1
4. Hybrid 50/50 - Blue Dream
This strain will be renamed: H50 - 1
5. Hybrid 60/40 - Flo
This strain will be renamed: H60 - 1

These five (5) carefully selected strains will meet the requirements and should the department feel it necessary to have other strains, the Good Green Group LLC. will change the

strains accordingly. Our Master Grower feels these five (5) strains will completely cover any and all requirements and needs of all patients.

All of these five (5) strains will be available in all forms as set forth below and approved, to date, by the department. Should the department choose to allow and accept other forms, other than what is listed, the Good Green Group LLC. will, can and has the ability to manufacture, produce, refine and package all items as approved by the department.

1. Oil in the forms of:

- (a) 1ml and 3ml syringes, all sealed and sold in sealed packages.
- (b) # 0 Multi-Colored Capsules in 5 mg. and 10 mg.(Multi-Colored by Strains).
- (c) O.pen vapor pen cartridges.
- (d) .5 oz. and 1 oz. refined concentrate. (All strains available).

2. Tinctures in the forms of:

- (a) 1 oz. and 2 oz. amber sealed dropper bottles.
- (b) 1 oz. and 2 oz. Oromucosal spray bottles.

3. Wax, Live Resin and Keif:

- (a) Placed in a non-stick 5ml concentrate container then inserted into child-resistant Rx bottles.

4. Shatter:

- (a) Will be enveloped in parchment paper and inserted into child-resistant Rx bottles.

The Good Green Group LLC., having an experienced Master Grower with extensive knowledge in making all forms of Cannabis products, is open and accepting to additional forms of products that the department feels is necessary and should the department believe there is something missing, we welcome the input and we want to provide any products the department feels is necessary and in full compliance.

The Good Green Group LLC., does have the ability to produce products in the forms of, Salves (125mg.) , Lotions (125mg.), Trans-dermal Pens and Patches. Due to the ability of our Master Grower who has extensive experience in producing, manufacturing marijuana and in

making all types of products to full fill an entire product line, should the need arise and the Department and Commissioner feel expanded products should be available to patients. The Good Green Group LLC., not only is on the cutting edge in the ability to produce multiple products, we are green neutral as well.

6. PRICES of PRODUCT

The Good Green Group LLC. believes its products to be of the absolute best, highest grade and CO2 refined specialized products that will set up apart from others. Because of higher labor costs, higher costs to produce and higher costs to manufacture, we believe that our prices are fair and based on numerous factors. A 15-20% higher than national average wage costs, 15-20% cost of doing business with higher rent/lease levels and a 15-20% higher manufacturing and refining process still keeps us very competitively priced.

We anticipate that we should be able to keep our costs down to an acceptable level rather quickly and while maintaining the highest absolutely best products, bar none. We still believe there is plenty of room for profitability and with our teams expansive knowledge of business, management, master growing techniques and technologies, it gives us a major advantage with the extensive knowledge of our Master Grower. The # 0 Multi-Colored Capsules will be different colors to denote different strains, therefore, the differences in the color of the capsules will just means strain type and all are sold in the packaging as described below.

1. Oil:

- (a) 1 ml. and 3 ml. syringes:
 - 1 ml. - \$ 30, sealed and solid in sealed packages.
 - 3 ml. - \$ 75, sealed and solid in sealed packages.

- (b) # 0 Multi-Colored Capsules (Multi-Colored by Strains).
 - 3 - Pill sampler pack -- 5 mg/ \$ 10 and 10 mg/ \$ 20
 - 7 - Pill pack -- 5 mg/ \$ \$ 20 and 10 mg/ \$ 35
 - 14 - Pill pack -- 5 mg/ \$ \$ 40 and 10 mg/ \$ 70

For quantity discounts, for larger quantities to satisfy a 30 day supply.
5 mg pills, 30 Pills = \$ 75, 60 pills = \$ 150, 90 Pills = \$ 225, 120 Pills = \$ 300
10 mg pills, 30 Pills = \$ 135, 60 pills = \$ 250, 90 Pills = \$ 370, 120 Pills = \$ 480

- (c) O.pen vapor pen cartridges.
 - 125 mg. - \$50
 - 250 mg. - \$75

500 mg. - \$100
Battery - \$50

- (d) .5 oz. and 1 oz. refined concentrated (All strains)
.5 oz. - \$ 350
1 oz. - \$ 700

2. Tinctures:

- (a) 1 oz. and 2 oz. amber sealed dropper bottles.
1 oz. - 250 mg/ \$30, 500 mg/ \$60
2 oz. - 250 mg/ \$60, 500 mg/ \$115
- (b) 1 oz. and 2 oz. Oromucosal spray bottles.
1 oz. - 250 mg/ \$30, 500 mg/ \$60
2 oz. - 250 mg/ \$60, 500 mg/ \$115

3. Wax, Live Resin and Keif:

- (a) Placed in a non-stick 5ml concentrate container then inserted into child-resistant Rx bottles.
Wax - .5 g/ \$ 40 , 1 g/ \$ 75
Live Resin -.5 g/ \$70, 1 g/ \$ 130
Keif -.5 g/ \$ 35, 1 g/ \$ 65

4. Shatter:

- (a) Will be enveloped in parchment paper and inserted into child-resistant Rx bottles.
Shatter - .5 g/ \$ 50, 1 g/ \$ 90

7. PACKAGING

The Good Green Group LLC., will pre-package all of the products during the processing and refining process at the manufacturing factory within the company headquarters. All the supplies will be purchased from www.marijuanapackaging.com, from containers for pills, to containers for all wax products, to all tinctures, to heat shrink sealed bags, to special medical marijuana compliant bags, to scales, to money counters, to printable labels to be placed on all jars, bottles, tinctures and containers. Additionally, to prevent having to open sealed containers, the Good Green Group LLC., will ship directly to each and every dispensary pills in multiple configurations. Meaning, from trial amounts of as low as 3 pills packs to 1 week supplies, 10 day supplies to one month full supply. Having different configurations, will allow the pharmacists to expedite processing and keep the patient flow in order. Each Medical Marijuana based item will have its very own RFID tag installed on the outside of the packaging.

This will allow any and all Medical Marijuana to be fully tracked from any point in the manufacturing to refining to storage to shipping to delivery to placement within any dispensary. At any given time, the computer tracking system can place any item within the system at any location in real time. This is necessary for inventory control and for full and complete seed to sale rules.

The Good Green Group LLC., having pre-packaged all Medical Marijuana based items, will hereby be able to place full inventory control of any and all items. The pharmacist cannot decide to break down any and all sealed pre-packaged Medical Marijuana based items, as this is strictly forbidden by the State of New York. Therefore, should the dispensary start to run low on any certain item, an automatic refill order will be generated by the software system and notify both the Dispensary Manager, the Lead Pharmacist and the Zone Dispensary Manager. Then a priority notice for expedited delivery will be generated at the company corporate offices.

8. INVENTORY CONTROL

To insure proper inventory control, a POS (Point of Sale System) will be installed into each dispensary that is updated in real time to both the dispensary and the corporate head quarters of the company. As listed above, the proper inventory control methods will be computer driven and backed up with all hard copies for future reference.

As shown above the protocol for inventory control will fall upon both the pharmacists and the dispensary manager. Alerts will be sent out, once inventory for any certain Medical Marijuana Based Item falls below a certain threshold, to both the lead pharmacist, the dispensary manager and the zone dispensary manager. This way, proper handling of supply and inventory are effectively handled and managed. As outlined above, the proper protocol will be in place to handle any anticipated possible shortages or outages. The responsibility of the pharmacists, the dispensary manager and the zone dispensary manager will mitigate any shortages whereby any alerts to any shortages will be caught in time so as to effectively control any and all demand as foreseen.

To insure proper inventory control an additional method of safety will be bar codes for the entire product lines of the Good Green Group LLC. and as such the proper procedure will be covered in its entirety under delivery to dispensaries. This will also be an effect access point for the seed to sale procedure and protocol, as outlined below and in addition to full RFID Tagging for each and every items that is Medical Marijuana based.

9. DISPENSING and LABELS

The Good Green Group LLC., and any of the company's dispensaries will affix a label on all Medical Marijuana Based Items. From the factory and refining facility, bar codes and RFID labels will be affixed to all products, thru the packaging of the stated Medical Marijuana Based Items.

Each and every Medical Marijuana Based Item that will be dispensed at any of the Good Green Group's dispensaries, will contain the following language in clear easily readable English. Should any patient need the following items provided in a different language, a copy of all will be provided in the language that the patient does desire, of course with prior notice given to the dispensary so as to accommodate the patient's needs.

The labels will contain and not limited to:

1. The name and registry identification number of the certified patient and designated caregiver, if any; the certifying practitioner's name.
2. The dispensary's name, address, phone number.
3. The dosing and administration instructions, including the quantity and date dispensed with any recommendation or limitation by the practitioner as to the use of medical marijuana.
4. The serial number that will be generated by the dispensing facility for each approved medical marijuana product dispensed to the certified patient or designated caregiver.
5. The Product name, (names to show strain type (ie.) CBD 1, I 1, S 1, H50 - 1, or H60 -1) and in which form, together with the batch number and lot number as per the Good Green Group LLC's. bar coding and the date in which the product was packaged for the dispensary.
6. The single dose THC and CBD content for the product set forth in milligrams (mg).
7. An identification number which shall be populated by a number provided by the department, to identify the registered organization's dispensing facility.
8. The patient name, date of birth and sex (Male or Female).
9. The patient address, including street, city, state, zip code.
10. The date the approved medical marijuana product was filled by the dispensary, with an expiration date of stated product and the proper storage conditions to keep the product.
11. The metric quantity for the approved medical marijuana product.

12. The number of days supply dispensed for.
13. The registered practitioner's Drug Enforcement Administration number.
14. The date the written certification was issued by the registered practitioner.
15. The payment method.

The Good Green Group will provide a secondary label that will provide the following label on the packaging of the stated Medical Marijuana Based Item. These are not patient related, more related to the use of the product.

A. "Medical marijuana 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".

B. "Keep secured at all times".

C. "May not be resold or transferred to another person".

D. "This product might impair the ability to drive", and the operation of mechanical equipment, child care or making important decisions while under the influence of medical marijuana is not advised.

E. "KEEP THIS PRODUCT AWAY FROM CHILDREN (unless medical marijuana product is being given to the child under a practitioner's care)".

F. "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."

G. A warning if there is any potential for allergens in the medical marijuana product.

H. A warning of adverse effects and/or any potential dangers stemming from the use of medical marijuana.

I. 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.

J. Language stating that unwanted, excess, or contaminated medical marijuana product must be disposed of according to section 1004.20 of this part, and as follows, (i) Rendering the approved medical marijuana product non-recoverable in accordance with the department's proper disposal instructions, which are available on the department's Internet web site; or (ii) disposing of the approved medical marihuana product at a department-recognized drug take-back program located in New York.

K. 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."

The Good Green Group LLC. and any and all of their dispensaries will take all precautions to insure that any and all patients will only be provided a maximum of 30 days supplies and NO exceptions will be allowed.

Once a final inspection occurs of the product and the patient is happy with their order being complete, then the patient will be given the Medical Marijuana Based Items in a plain white bag, with all necessary documents that the dispensary will provide like a full copy of the sales receipt containing all of the information as provided above and all documents pertaining to the use of Medical Marijuana, it's effects and precautions.

The Good Green Group LLC., will take all necessary steps to ensure that packaging of the item have clearly readable printed labels to insure that the product will have all necessary care and precautions are taken to remove any questions or doubts from the patients view. It is a goal of the Good Green Group LLC., to provide all the necessary information that any and all patients would need or desire, with a patient's rights document provided as well.

10. Dispensing - Quality Control

In order to prevent dispensing errors, once a patient checks into the dispensary their patient information is logged into the computer system. This is evident as to why a DPP-1

(Dispensary Patient Profile) form is necessary to have been filled out and completed. This patient profile is then available for the Pharmacist to easily see and read thru.

Once the patient places an order for any given product, the Pharmacist will be able to adequately look at any and all previous orders or sales and cross check them for any errors. The computer system, will pop up a warning that the previous filled order is out of consistency and will prompt the Pharmacist to double check the order. This detection and identifying of a possible error, will allow the Pharmacist to consult with the patient to see if the proper order for the correct medication was in fact ordered or placed. The Pharmacist can over ride the system and make the proper notes as to consulting with the patient and updating the patients profile, like the terms "patient wanted to try a different product to see how the effects would allow them to perform their daily functions". This language is entire at the sole discretion of the Pharmacist and should be noted, as the computer system and the back office help will check patient profiles daily for accuracy.

Daily checks of sales reports for the previous days, or if caught up, that current day does discover an error in dispensing, then that error will trigger an error in Dispensing Protocol. Once a Dispensing Error is trigger, it will be escalated to the acting Dispensary Manager for immediate remedy. The acting Dispensary Manager will place a call to the patient and ask them to come back immediately to the dispensary with their medication, if the Dispensary Manager cannot work out a remedy for the patient. Should the patient not want or willing to want to come back, then a report will be filed with the Corporate Compliance Manager and then Corporate Protocol will then follow.

Should the patient choose to elect to come back into the dispensary with their medication and proof of a wrong dispensing error was made by mistake, then the dispensary will re-fill the patient's medication at NO CHARGE, with the proper medication and then the discarded used medication will be labeled RETURN - "WRONG DISPENSARY ERROR", then the product will be safely stored and locked until the next delivery to the dispensary occurs. Once the dispensary is aware of an dispensing error, they MUST notify the Corporate Compliance Officer for a return ticket to be generated and accounted for. This return notice will be placed into the system and ready for the return. Once a new delivery to the dispensary has occurred, the dispensary will take custody of the returned items and placed in safe storage and guarded for return to the manufacturing facility. It is now considered a closed or "Dispensary Error" issue.

If a recall comes from the Manufacturing Facility, stating that Batch Number and Lot Number is being recalled, then the Dispensary Manager will pull all receipts on the computer system as a system wide search of the batch numbers and lot numbers. At that very moment,

all of the products in question, in all forms, as related directly to that certain batch and lot number will be pulled from inventory and safely placed in secure storage and marked, RECALL NOTICE. Once the computer system scans the system for all batch and lot numbers with patients who received these certain batch and lot numbers, then the Dispensary Manager will place calls to each and every one of the patients and ask them to come back to the dispensary with their medication for a NO CHARGE REPLACEMENT Product. Should the patient wish to have the same medication, same strain and an alternative cannot be worked out, then they will either receive a full credit for the next purchase of the strain they current have or a full refund, if the recall is less than 48 hours old. Meaning that should the recall happen in 2 weeks from the date of purchase, then the patient will receive a dispensary full credit and not a full refund. A refund will only occur if less than two (2) days worth of Medical Marijuana is consumed for any purchase larger than seven (7) days worth of Medical Marijuana. This scenario is highly unlikely due to all Medical Marijuana MUST be batch and lot tested, passed and approved, before any distribution can or will occur.

Should a recall occur, the same process for any and all returns will occur and a ticket sent to the Corporate Compliance Officer will be processed and all the items named in the recall will be marked as RECALL NOTICE and placed in safe storage for the next delivery to occur and then be handed back over to the delivery security agent of The Company for the return of the items.

11. REPORTING of DISPENSED ITEMS

As per 10 NYCRR 1004.17, 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. This will be the primary function of the Pharmacist to be certain that any Medical Marijuana Based Item that is dispensed on his/her shift is fully accounted for and the Pharmacist will submit a daily report to the Dispensary Manager or Assistant Dispensary Manager for their review for accuracy and submitting to the State of New York's Department to provide full accounting of any and all dispensed items and as per the Prescription Monitoring Program.

The reporting to the State of New York's Department will include any and all pertinent information as provided in the above section of (#9 - Dispensing and Labels) and act as a duplicate to the dispensary and under the recording keeping part of this Operating Procedure Manuel, will have a copy of the report to the State of New York, included with it. Should no items be sold or dispensed for any day, a report of ZERO sold, will still be electronically be submitted to the State's Department, of course to fully comply with the section as stated above.

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

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13. EMPLOYEES and DUTIES

The staffing of all dispensaries shall be defined as followed:

Dispensary Manager:

The dispensary manager is responsible for all the controls, reporting and daily operations of all aspects, except for the dispensing of Medical Marijuana Based Items. The DM of the dispensary, is solely responsible for the management of the paperwork, the POS System, the reporting to the Good Green Group LLC HQ's., responsibility of handling of all monies and the management of all of the employees, including the pharmacists. The DM does not have control over the dispensing of ANY of the Medical Marijuana based items, this responsibility falls directly onto the on-site, on call Pharmacists.

Assistant Dispensary Manager:

The assistant dispensary manager is the right hand or second person in charge of the overall dispensary running properly. It is the direct responsibility of the ADM should the Dispensary Manager, not be available and not in the office to handle and/or field any and all dispensary questions or management issues.

Concierge:

The concierge is a vital part of the introduction to all patients to the dispensary. The goal of the concierge is to provide excellent customer service, in the forms of product knowledge, handling of the patients, assisting the patients in guiding them to receive their medication as per the patient's own doctors recommendations.

Pharmacists:

The pharmacists primary goal is to dispense the Medical Marijuana to the patients, as per the patients doctors recommendation. It is the full responsibility of the pharmacist to make sure all Medical Marijuana Based Products are accounted for and reported fully. The pharmacists are fully in-charge of all Medical Marijuana Based Products and should there be any issues or discrepancies of counts, they MUST inform the Dispensary Manager and the Corporate Compliance Officer of the Good Green Group LLC.

The pharmacist on call, shall be deemed, fully in charge of any and all Medical Marijuana Based items that is housed or on-site within the dispensary. Therefore, should the pharmacist deem the patient not be dispensed the items they are requesting, they must follow the protocol as set forth.

1. Consult with the patient in person to ascertain the viability of what the patient is requesting.
2. Contact the recommending doctor to which the patient has listed on the Good Green Group LLC., form DPP-1, to ascertain the viability of what the patient is requesting.
3. Contact the Zone Dispensary Manager, together with the Corporate Compliance Officer of the Good Green Group LLC., for the necessary clarification.
4. If all else fails, contact the lead or head Pharmacist of the dispensary, as the most Senior Experienced Pharmacist will be deemed the lead or head Pharmacist. Together with the lead/head Pharmacist, a final decision will be made with notes as to the outcome of such. These notes and any supporting documents will be copied (one copy remaining on site) and another copy being sent up to the Corporate HQ of the Good Green Group LLC., with an attention to the Company Compliance Officer and the Zone Dispensary Manager.

Bookkeeper:

The primary function of the Dispensary Bookkeeper is to keep accurate records of all transactions made within the dispensary. The bookkeeper must update and double check all of the previous days sales and distributions for the accuracy of the POS (Shopkeep system). Should there be any discrepancies, the bookkeeper MUST notify the Dispensary Manager, the Zone Dispensary Manager and the Corporate Compliance Officer immediately. Additionally, the bookkeeper is directly responsible for the counting of all monies and having transmitted the amounts to the Accounting Department, daily.

Back Office Support Staff:

The primary function of the back office support staff is to make sure that all the functions of the managers and bookkeeper are fully supported and to provide support help.

The goal of the back office support staff is to make sure all the necessary supplies, pamphlets, paper products, dispensary supplies and any support products are fully supplied and fully stockpiled.

Greeter or Dispensary Attendant:

The primary function of the dispensary attendant or greeter is to answer the bell, when a patient attempts to enter into the dispensary. The dispensary attendant or greeter will greet the patient with a nice greeting of "hello and welcome to the Good Green of New York dispensary", "may I ask you for your ID's please". As outlined above in number 3 (d) and (e), the dispensary attendant/ greeter will process the patients ID (Identifications), then the attendant will determine eligibility for entry. Should any issues arise, the dispensary attendant must seek the assistance of the Dispensary Manager or Assistant Manager. Should a new patient enter the dispensary, the dispensary attendant, will give the necessary forms (DPP-1) to the new patient for their review and their completion. The completed DPP-1 will be given to the Concierge upon entering the dispensary.

Sales Check out Cashier:

The primary function of the sales cashier is to check out the patients with the POS (point of sale system). The sales cashier will check out the patient and provide the patient with all necessary pamphlets, a copy of their order form, a completed sales receipt containing the quality control list containing, the batch number of the product, the lot number of the product, the quality control employee company ID (Identification) number, the date of manufacture, the dispensing pharmacist and the suggested dosages of the Medical Marijuana Product. Therefore, providing a full and complete check out of the patient with all necessary forms as stated here within.

Security Personal:

As listed in the Standard Operating Procedure of the Good Green Group LLC., and listed within the Letters of Engagement, the Good Green Group LLC. has entered into a Security Protocol and has hired an outside Security Group, that has extensive knowledge of Law Enforcement and training. This security group, will be training all of the Good Green Group LLC.'s employees and this security group will become a part of the Good Green Group LLC. once a license is hopefully granted to the Good Green Group LLC. As such, this security group will fully train and handle all aspects of security from the corporate headquarters to each and all dispensaries. Having an experienced security staff is vital to any and all aspects of security, with

these professionals and their expertise in hiring like-minded security individuals, it is no doubt that the Good Green Group LLC., will have the best and will provide the utmost security, care and control over all aspects of security.

14. RATES of PAY (Salaries and Personal Required)

The Good Green Group LLC., will be interviewing for all the positions listed herein for the dispensaries. The Good Green Group LLC., has entered into a Labor Peace Agreement with Local 338, RWDSU/UFCW and intends to fully comply with all the union regulations. As such, it is the intent of the Good Green Group LLC., to set the starting wages as set forth and should hope we can exceed all expectations with a much higher starting living wage, so as to provide a real opportunity for advancement within the company, thru growth.

The Good Green Group LLC., will seek zip recruiter, monster.com, career builder, indeed and multiple other online sites to fill positions and contact the Pharmacists Society of the State of New York, Inc. to advise them that we have openings for Pharmacists.

Pharmacists:

Starting Pharmacists will start at levels higher than typical and standard and in order to retain a head and lead Pharmacist, the Good Green Group LLC., will reach out to professional recruiters to fill those positions, to start with. As far as the amount of Pharmacists are needed, there will be at least one (1) per shift to begin with. The Good Green Group LLC., anticipates that two (2) shifts will be needed per day, with a twelve hour work day or opening on the schedule for each dispensary. Thus, a need for at least five (5) pharmacists per dispensaries will be necessary.

Dispensary Manager:

The starting dispensary manager will start at a salary of \$ 55,000 per annum, including benefits, as per the Good Green Group LLC., hiring practices. The ability of the dispensary manager to move up within the company is evident, as the company truly is a Start-up with incredible room for growth. Only one (1) Dispensary Manager will be needed per dispensary.

Assistant Dispensary Manager:

The starting assistant dispensary manager will start at a salary of \$ 40,000 per annum, including benefits, as per the Good Green Group LLC., hiring practices. The ability of the

assistant dispensary manager to move up within the company is evident, as the company truly is a Start-up with incredible room for growth. To provide even coverage the need for two (2) Assistant Dispensary Manager's will be needed per dispensary.

Concierge:

The starting concierge will start at a salary of \$ 40,000 per annum, including benefits, as per the Good Green Group LLC., hiring practices. The ability of the concierge to move up within the company is evident, as the company truly is a Start-up with incredible room for growth. To provide even coverage the need for four (4) Concierge's will be needed per dispensary.

Bookkeeper:

The starting bookkeeper will start at a salary of \$ 40,000 per annum, including benefits, as per the Good Green Group LLC., hiring practices. The ability of the bookkeeper to move up within the company is evident, as the company truly is a Start-up with incredible room for growth. Only one (1) Bookkeeper will be needed per dispensary, to start with a possible expansion of additional, depending on the volume of the dispensary.

Back Office Support Staff:

The starting back office support staff will start at a salary of \$ 30,000 per annum, including benefits, as per the Good Green Group LLC., hiring practices. The ability of the back office support staff to move up within the company is evident, as the company truly is a Start-up with incredible room for growth. To provide even coverage the need for two (2) Back Office Support Staff will be needed per dispensary.

Greeter or Dispensary Attendant:

The starting dispensary attendant will start at an hourly rate of \$ 20.00 per hour, as per the Good Green Group LLC., hiring practices. The ability of growth within the dispensary to move up, is like any ground floor opportunity, thru hard work and dedication. To provide even coverage the need for four (4) dispensary attendant's will be needed per dispensary with one (1) on duty per shift.

Sales Check-out Cashier:

The starting sales check-out clerk will start at an hourly rate of \$ 15.00 per hour, as per the Good Green Group LLC., hiring practices. The ability of growth within the dispensary to move up, is like any ground floor opportunity, thru hard work and dedication. To provide even

coverage the need for six (6) dispensary attendant's will be needed per dispensary with two (2) on duty per shift.

15. SECURITY

The Security of the dispensary is different than having inside security personal within the dispensary, therefore this segment will highlight the real security of the dispensary and not the security personal contained within. As such, each dispensary will have all of the following and additional items not listed in 10 NYCRR 1004.13. Each Good Green Group LLC. dispensary will carry standard security, as per the requirements of 10 NYCRR 1004.13 and have a back up thru the home office or head quarters that will monitor all camera's in real time with a 24/7 security personal. Which will act as an overall triple check of the security due to not just panic alarms being on hand, full monitoring of each dispensary will occur at the corporate headquarters and should any aspect of any alarms or panic alarms fail, the back up at the company's headquarters.

All of the commercial products detailing security will provide more than an acceptable level of any and all attempts at diversion due to the highest and most strictest standards that will be met and dealt with on a daily basis at any and all dispensaries and the head quarters of the Good Green Group LLC.

Mr. Marc Kessman with his numerous patients has designed a system that is self - contained and will provide full seed to sale accountability. As such, the system will contain the following plus additional methods as outlined below. A

[REDACTED]

[REDACTED]

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

16. RECORD KEEPING

The purpose of keeping proper records will be the direct function of the bookkeeper. The bookkeeper will keep all paper records in hard copy and in electronic form for a period certain date as outlined below.

For daily functions, the bookkeeper will place each days sales receipts into a filing cabinet marked for that day, for example Monday. All of the records of sales, including the original sales receipt for any customer, will be electronically entered into the computer system. This will create a transmittable electronic copy for the close of business for the day. At the close of the day, this report will be copied to the State of New York and will show and therefore document each and every sale, with the patients name, address, product purchased, batch and lot numbers and any other information as requested by the State of New York in which to fully comply with the Medical Marijuana Program. This report will be generated and kept on hand at the dispensary and be labeled as "sales report" for that date. This copy will be filed with the rest of the days' hard copies into a folder in a filing cabinet labeled for that day. Thus, providing a full record of a sales report for that certain date.

At the end of the week, a weekly sales report will be generated and electronically transmitted to the Accounting Department at the Corporate HQ of the Good Green Group LLC. Then the daily reports will be removed and placed into a Month folder in the filing cabinet. This will continue for each day until the end of each month. Once the month ends, a monthly sales report will be generated and electronically transmitted to the Accounting Department at the Corporate HQ of the Good Green Group LLC.

A new monthly folder will be created and therefore generated for the monthly sales to be placed into. This process will repeat itself until three (3) months are over with. At the end of three (3) months, all the month's sales receipts and records will be combined and placed into a storage box that will be labels the quarter date. For example, 1st. quarter of 2016, Jan. - March. The book keeper will create a DISC to serve as a hard copy, containing all the sales reports (in electronic form) plus inventory reports and any other information that has occurred during the past three (3) months time, this DISC will remain in the storage box and have easy access and labeled properly on it.

This box will stay in storage until the six (6) month marks occurs. Once a six (6) month period has occurred, there should be a minimum of two (2) boxes on hand and they will be picked up to be delivered to the Accounting Department at the Corporate HQ of the Good Green Group LLC. This will therefore act as the dispensaries six (6) month review period for compliance and to certify all the records as matching for the each and every dispensary. Should any discrepancies occur or happen, it is the responsibility of the bookkeeper to notify the Corporate Compliance Officer immediately.

17. EQUIPMENT

The Good Green Group LLC., has entered into an agreement with Marc Kessman a very well known professional security expert who holds numerous patents for numerous technology items, in regards to security. Marc will be building out an entire VPN (Virtual Private Network), complete with a POS (Point of Sale System) much like Shop Keep. Marc has proprietary software, RFID tagging systems, RFID scanning systems, RFID tracking systems and the like. Marc is hand crafting a special secure system for us to use in our Corporate Head Quarters with the Manufacturing of Medical Marijuana, the tracking of all items in the Corporate HQ, the tracking of all items traveling outside and being distributed by the Good Green Group LLC., also special software to track sales, handle all patient records and account for entry and much more for the company. Many of Marc's items are protected thru his patents that a full detail accounting of each item is being sought. The camera's are not proprietary to Marc and the security system being installed is not proprietary either.

The packaging is coming directly from the Good Green Group's own manufacturing and refining facility at its head quarters. The supplier of those items is www.marijuanapackaging.com where the scales will be supplied, the labels, the print work and even the compliant bags will be supplied too.

The hard goods, like pens, pencils, paper and paper goods will be supplied from staples, for now. The Good Green Group LLC., does plan on entering into a bid process for the supplies it does use using several vendors and until proper permitting is acquired, the exact details of such cannot be provided. A full and complete list of any and all equipment and supplies, once the dispensary is ready to open, will be supplied to the State of New York, Medical Marijuana Program, in hopes of showing and proving full disclosure.

18. TRAINING

At the Good Green Group LLC., we believe that training is the most important fascist of any great staff. It is vital that our employees be well versed in all aspects of training as dealing with the companies' patients is vital when trained properly.

There are two stages of training at the Good Green Group LLC. The first level is the initial level of training. This is where the employee is required to come to the Corporate Head Quarters for an intensive process of learning all about the product, from seed to sale. The initial level of training is vital to allow the employee to learn by seeing how the product is grown, how the product is made and the process of overall start to finish. Additionally, our master grower will explain details about the vast knowledge of Marijuana and the benefits of certain strains. This intensive program of study will provide a vast wealth of knowledge to all employees thru the seed to sale model. The training will cover the POS (Point of Sale System) plus countless other meaningful items. This is why the Corporate Headquarters has a dedicated room, just for training. When new employees are hired, they will be required to spend at least one day for training, that the initial training coverage will provide.

The second layer of training is called "Continuing Education", this program of continued education will require the employee to get re-certified by the company thru an intensive course at the company headquarters to provide additional knowledge based on cutting edge technology. As the company grows, the room for growth and the increased awareness of different products, services and managerial advancements will guide and assist the employee in becoming a larger part of the company and grown within. This will allow the employee to show case their abilities thru constant learning, education and on the job training that will provide the employee with another skill sets to achieve the desired goals they put forth for themselves.

The Good Green Group LLC., is seeking highly motivated people whom are not just seeking a job, they are seeking a career with plenty of room for advancement. This advancement is easily attainable due to the nature of the company being out on the forefront of this leading revolutionary industry. Any and all employees of the Good Green Group LLC., will be able to showcase their talents and seek advancement within the company, they are only bound by their desire to achieve.

The Good Green Group LLC., employees will be the highest trained possible and with the most advanced knowledge of Medical Marijuana bar none. Training will effectively allow the employee to gain a vast knowledge of Medical Marijuana and the most informed employee is the best not only for the company but most importantly the patient. Knowledge is passed thru our employees to our patients and having an informed patient is the one with the best chance at the highest level of quality of life. Our goal is providing the best care, the best product and allowing our patients to enjoy the quality of life they all deserve.

19. RETURN POLICY

The Good Green Group LLC., has a return policy of complete satisfaction to the patient. Unfortunately, since the only person whom by law is allowed to open the sealed packaging of the Medical Marijuana Based Items, the Good Green Group LLC., cannot accept returns. The purpose of smaller amounts of products, in lesser quantity amounts, is to allow the patient to test the products in all forms to find out which strain and type of delivery amount is best suited for the patient. It is therefore, highly recommended that the patient try out the smaller amounts of any Medical Marijuana Based Item FIRST, before committing to a larger amount of any certain product. This policy will be posted on the wall and in the Good Green Group LLC's own brochure.

Sample packs for purchase should satisfy the desire of any patient to try a product first and the Good Green Group LLC., will do its best to have the Pharmacist explain in detail to the patient that there Medical Marijuana Based Items are NOT for return and to select or try (for purchase) a sample pack of each first, before committing to a larger purchase.

Should the patient decide to return the Medical Marijuana Based Item and not want it in their possession any further, then the dispensary will do the following.

1. Take the patient's Medical Marijuana Based Item and return to the patient a return receipt, which shall consist on a return receipt and a copy of the original purchased (reprinted) sales receipt.

2. Place the Medical Marijuana Based Item and place it into a sealed package, as provided by the Good Green Group LLC., corporate headquarters and place the product into it and seal it. A label stating a returned item, with all the information, as when the patient first purchased the items, just that the items is RETURNED.

3. A return bill of lading or manifest will be generated by the POS system and this generated label will be placed on the package.

4. A notice will be sent and generated to the Zone Dispensary Manager that a pickup is needed and once a delivery will occur to that dispensary, this return pickup will be returned to

the Security Team delivering the new product. The security personal will sign the return manifest and they will place the returned item into the vehicle for delivery back to the Corporate Headquarters.

5. Before return delivery can occur, the returned Medical Marijuana Based Item will be sealed and placed in secure storage, awaiting to be returned and MARKED AS A RETURN ONLY.

6. Once said returned item is returned back to the Corporate Headquarters, standard protocol will go into effect and a sample testing will be removed from the sealed package and sent out for further testing. The container will be resealed and placed in secure storage, awaiting the results of the testing and for inspection be the Department and the State of New York.

7. Once the results come back, the Department and State of New York has had a chance to review the testing and the product directly, then the product will be destroyed and rendered useless and disposed of in the proper ways as described in 10 NYCRR 1004.20.

Any and all testing forwarded back to the Corporate Headquarters will be subject to electronic transmission back to the Department and State of New York, for their review as well. Then a proper chain of protocol and event will be deemed successful and disposal complete.

20. CLOSING PROTOCOL - NIGHT CLOSING

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

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Operating Plan

Section 10 - Recordkeeping / Bookkeeping:

As previously described, recordkeeping will be the function of the bookkeeper. The bookkeeper will also perform all bookkeeping duties at the premises of Good Green Group LLC (hereinafter The Company). The bookkeeper will provide yearend reports and profit and loss statements to Good Green Group's accountant, John L. (Jack) Hufnagel CPA, or controller for the preparation of the company's tax returns.

Supporting the daily operations of The Company, the bookkeeper will record all financial transactions of the business using standard accounting methods. The bookkeeper will be provided with bank and credit card statements and electronic transmissions and will review all account activity and financial transactions of the dispensaries and manufacturing facility.

Implementing The Company's financial controls, the bookkeeper will write checks and post cash receipts using accounting software such as QuickBooks. The bookkeeper will utilize a double entry bookkeeping system to ensure proper checks and balances on all accounts. The bookkeeper will set up an organized chart of patient accounts and maintain accounts receivable balances for these patient accounts.

Cash Account. The bookkeeper will track business transactions passing through the cash account with journaling of entries as cash receipts and cash disbursements.

Accounts Receivable. The bookkeeper will track accounts receivable and produce timely and accurate bills and invoices. All reconciling items will be addressed by the bookkeeper and explained in detail with supporting documentation.

Monthly reports. The bookkeeper will prepare monthly reports including balance sheets and profit and loss statements reflecting collections or payments, as well as inventories and assets and liabilities of The Company. Bank reconciliations will also be examined by the bookkeeper, with particular attention to any undeposited funds more than a few days old to prevent any cash shortfall.

Reconciliations. The bookkeeper will monitor the cash flow of all business accounts per the accounting records of the dispensaries and reconcile to the collections reports provided by the dispensary records management system. The bookkeeper will ensure the posting of each day's daily deposits ties into the end of day reports which should tie into payments received.

Inventory Tracking. The bookkeeper will account for and track all inventory items, conducting daily physical counts of inventories on hand at all the dispensaries as well as the Manufacturing Facility.

Accounts Payable. The bookkeeper will perform the accounts payable function including payments for items purchased such as products and supplies used by the dispensaries and manufacturing facility and any expenses incurred by the dispensaries. When an invoice or a bill is received for payment, the invoice may be due immediately or at a specified time. The bookkeeper will create a filing system and process payments accordingly with particular attention to vendor payments of net days.

Payroll and Employer Expenses. The bookkeeper will account for and track employer expenses including payroll taxes and will maintain personnel records and employee tax information. The bookkeeper will journal entries for employee wages and salaries and will work with an outside payroll service for payroll processing, check processing and direct deposits. The bookkeeper will oversee employee income tax withholding and in conjunction with the payroll service, monitor deductions for federal social security tax, Medicare tax and FICA tax from employee's paychecks. In addition, any employee that participates in the insurance plan of the Good Green Group will be subject to deductions from payroll.

Owners Equity. The bookkeeper will track the capital accounts of owners or partners (members), carefully recording any contributed capital and any payments to owners' or partners' (members) equity accounts.

Retained Earnings. The bookkeeper will also account for and track the company's profits reinvested in the business and not paid out to owners or partners (members) with particular attention to cumulative net earnings accounted for since the inception of the company and its business operations.

Taxes. The bookkeeper may be responsible for the preparation of the following taxes and forms:

- State Excise Tax,
- Use Tax
- City Excise Tax
- State Unemployment
- Federal Unemployment
- Forms W2
- Forms 941
- Forms 940
- Forms 1099

Additional duties and functions.

The bookkeeper will perform the following additional duties when necessary:

Appropriate recording of all asset acquisitions of The Company. Maintaining of fixed asset files and schedules (i.e., depreciation) including but not limited to computers, dispensary and grow facility equipment, vehicles and warehouse machinery

which may be owned or leased. The bookkeeper will also account for and track any equipment or vehicle loans.

The bookkeeper will effectively record and account for petty cash transactions keeping the petty cash account balance.

The bookkeeper will support internal controls and procedures adhering to existing compliance and security protocols.

In addition, the bookkeeper will always remain in compliance with all local, state and federal tax laws and regulations.

Lastly, the bookkeeper will work with The Company's accountant John L. (Jack) Hufnagel to maintain and update corporate tax information such as state and federal tax identification numbers and reporting requirements for the Good Green Group's business entities.

Standard Operating Procedures

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Standard Operating Procedures: Production of Cannabis

Version A1.0 5/15

Good Green Group, LLC: production division

Information covered here within shall not be considered public information

SOP A1.0: Cultivation of Cannabis

Purpose: Production of plant that will be utilized for the manufacture of quality and consistent state approved natural medicine.

Scope: Plants will be perpetually maintained and harvested for their flower. This will be the primary material in the manufacture of our medicine.

Safety: All personnel will be required to wear PPE during this procedure; appropriate ventilation/ fire safety hoods installed with fire suppression sprinklers; annually inspected fire extinguishers will be present; MSDS and OSHA book will be in room at all times.

Definition: UIC- unique identifier code.

Personnel: Cultivation Manager will lead personnel. Maintenance of plants will performed by qualified cultivation assistants of Good Green Group LLC.

Equipment: LDPE pots, HDPE pots, 45" tomato cage, 54" tomato cage, IBC 270 gallon reservoir, external pool pump, 3/4" hose, Blue Lab PPM/TDS/PH/Temp meter, Sentinel environmental controls, Can Filters, Can Fans, Ceiling Fans, Oscillating fans, 400 Gallon CO2 Tank, CO2 ballast sniffers, 3/8" CO2 perforated tubing, e-Papillion 1000 watt, Adjusta Wings, 1000 watt Phantom ratchet rope hangers, automatic Atomizer.

Nutrients: Canna Nutrients, Advanced Nutrients, Botanicare Nutrients, House & Garden Nutrients.

Pesticide/Fungicide: Azadirachtin, Imidacloprid, Potassium Bicarbonate.

Recording Keeping Logs: Mother Log, Clone Log, Flower Log and Veg Log (RFID Tagged), Feed Log, Harvest Log (RFID), Room Turnover log, Environmental Log, Spray Log.

Procedure:

- All employees will wear PPE (respirator mask, gloves, shoe covers, and bunny suit).
- Mother plants will be chosen from seed stock for their specific phenotype and cannabidiol profile.
- Mother plants will be identified according to strain then assigned a unique identifier code (UIC) or RFID. This code will be consistent throughout the life of the plant.
- Clippings will be taken from Mother plants for propagation purposes, these are called clones.
- Clones are then prepared for the cloning device.

- The UIC for each clone is recorded and the amount of clones that were taken from the mother is entered into the Clone Log.
- The clones will be placed in a Turbo Cloner cloning device and each clone site will be labeled according to its UIC for quality control and recordkeeping.
- After a 14 day time period the clones will be rooted and ready for transplant into 2.5 qt. pots.
- The 2.5 qt. pots are filled with coco coir medium and amended with mycorrhizae.
- The clones are then placed in the 2.5 qt. pots and medium is drenched with water that has a ph of 5.7.
- After clones have been transplanted into pots they are placed under metal halide lights for their early vegetative growth period, this period typically will last from 21 to 30 days.
- These lights have a photoperiod of 24 hours, this assures that the plant does not induce flowering and promotes rapid cellular growth.
- During this period the plants are fed vegetative nutrient profile, this promotes rapid root formation and plant cellular growth, with the appropriate ph and ppm's taken into account.
- Plants are assessed throughout the vegetative stage for nutrient deficiencies and pests.
- Preventative maintenance of pests and mold will be accomplished with root drench(Imidacloprid) and foliar spray(Azadirachtin) and recorded for quality assurance.
- When plants reach an appropriate height they are then transplanted into 7 gallon pots for late vegetative growth period.
- 7 gallon pots are filled with coco coir medium and amended with mycorrhizae.
- Plants are then placed into 7 gallon pots and drenched with water that has a ph of 5.7.
- Plants are then placed under metal halide lights for their late vegetative growth period, this period will typically last for 30 days.
- During this period, the plants will be supported by 54" tomato cages.
- Plants will be watered/feed every other day, using 270 gal IBC tanks and ¾ industrial hose that is powered by external water pump.
- Water/feed has a ph of 5.5 to 5.7 and a ppm value of 1000, using a Blue Lab ph/ppm meter.
- Feed logs will be maintained for quality assurance.
- This meter is calibrated once a week and recorded for quality assurance.
- After the plants have completed their late vegetative growth period they will be transported to their flowering room.
- At this point the plants will be switched from a 24 hour photoperiod to a 12 hour photoperiod, this means that lights will be on for 12 hours and off for 12 hours.
- With a 12 hour photoperiod the plants will be forced to induce the flowering stage
- The nutrient feed is also altered to a flowering nutrient profile, with appropriate ph and ppm value.
- The plants will remain in flowering stage for a period of 8 weeks.
- Preventative maintenance of flowering plants will be accomplished by foliar spray (organic) and recorded for quality assurance.

- Environmental conditions will be maintained throughout flower period and recorded for quality assurance.
- A foliar feed will be utilized every other week and recorded for quality assurance.
- Midway through the flower period, the plants will be defoliated (remove fan leaves) to enhance yield.
- Assessment of plants for deficiencies will be maintained throughout flower stage and recorded for quality assurance.
- At the beginning of week 8 the medium will be flushed with ph'd water, this will improve terpenes profile and overall purity of cannabis flower.
- At the end of week 8 the plants are then harvested and the flower room is cleaned.

Quality Control and Quality Assurance:

- All nutrients, pesticides, and fungicides will be available for review in MSDS folder.
- Strict adherence to cultivation protocols will be reviewed and assessed on a bi-weekly basis.
- Cultivation Manager will work closely with our Quality Assurance Officer to maintain an accurate account of GAP, through weekly reviews of cultivation logs and preventative maintenance logs.
- Bi-monthly reviews will be conducted by the QAO on employees, to assure GAPs and company protocols are maintained.
- Clone Log will be maintained in order to assure quality control of brand (strain).
- Feed Log will be maintained in order to assure quality control of plant.
- Environmental Log will be maintained in order to assure quality control of plant.

Standard Operating Procedures: Production of Cannabis

Version A1.1 5/15

Good Green Group, LLC: production division

Information covered here within shall not be considered public information

SOP A1.1: Harvesting Cannabis.

Purpose: To separate cannabis flower from stalk and stem as well as the removal of fan leaves.

Scope: Harvesting techniques will be utilized at the end of the cannabis flower's 8 week 12 hr photoperiod cycle.

Safety: All personnel will be required to wear PPE during this procedure.

Definition: RFID tag- radio frequency identifier, WWL-wet weight log, QOA-quality assurance officer.

Personnel: Harvest techniques will be performed by qualified employees of Good Green Group LLC.

Equipment: Twister T4 trimmer, hanging racks, polypropylene Bins, pruning shears.

Record Keeping Log: Wet weight Log and Storage Log.

Procedure:

- All employees will don PPE (respirator mask, gloves, shoe covers, and bunny suit).
- Harvesting of the cannabis flower will be achieved by the use of the Twister 4 leaf trimmer.
- T4 will be staged in room to be harvested.
- Set up of T4 will be performed by qualified employees who have been properly trained in the set up the T4leaf trimmer.
- 2 employees will be needed to run one machine: one Loader and one Receiver. Ancillary employees will be necessary to load bins.
- Ancillary employees will identify strain batches by group using the UIC (unique identifier code) and preparation of strain batch will begin.
- Plant will be weighed and the weight will be recorded into Wet Weight Log.
- Bin loading will require the ancillary employees to defoliate all leaves from the plant and shuck cannabis flower into bins.
- Branches, stalks, and leaves will be weighed and recorded in Wet Weight Log.

- Then the breakdown of stalks, branches, and leaves for mulching.
- Bins are delivered to the Loader and UIC is translated and recorded into Trim Log.
- RFID tagged batch will be done a group at a time for quality control purposes.
- Loader will send cannabis flower through the machine and the flower will come out of the other end to the receiver.
- The Receiver will then catch trimmed cannabis flower in receiving bin.
- Receiving bin will then be weighed and cannabis flower wet weight will be recorded in the Wet Weight log.
- Receiving bin will then be transferred to a storage freezer or dry room and hung on dry racks. Its storage location is dependent upon its intended use.
- Once in storage location RFID tag name and weights will be recorded in Storage Log.

Quality control/Quality Assurance

- RFID tag will remain consistent with plant throughout its life cycle. This will assure that strain and cannabidiol profiles remain constant.
- Wet Weight of the plant will be recorded into the Wet Weight Log. This will ensure that there is no aversion of cannabis flower through processing procedures.
- The Trim Log will coincide with the RFID tag of the plant and keep an accurate account of plant batches.
- The Storage Log will coincide with the RFID and WWL, whereas, the name and final weight will be recorded.
- The QAO will then input all log entries into our computer database for final record keeping.

Standard Operating Procedures: Production of Cannabis

Version A1.1 5/15

Good Green Group, LLC: production division

Information covered here within shall not be considered public information

SOP A1.2: Spraying method

Purpose: To prevent plant from certain deficiency or aide in growth, as well as eliminate any type of biological problems.

Scope: When the use of foliar feed/miticide or fungicide is necessary.

Equipment: Auto-mist Atomizer and PPE.

Safety: All personnel will be required to wear PPE when performing this procedure.

Personnel: Spraying of plants will be performed by aqualified cultivation assistant of Good Green Group LLC.

Procedure:

- Production Assistant will don all required personal protective equipment required by OSHA standards.
- Appropriate equipment(auto-mist atomizer) and desired treatment will be attained and Spray Log will be filled out.
- Atomizer reservoir is separated from the sprayer head and filled half way with water.
- Selected treatment solvent is then carefully measured to desired strength and then the remainder of the reservoir is topped off.
- Reservoir is then reconnected to the sprayer head.
- All connections are double checked and then positioned in maintenance area.
- The unit is then turned on and the and the assistant then leaves the room.
- At this point the assistant will set a timer to go back in to check that the sprayer is functioning properly and possibly reposition to affected area.
- At the end of the spray cycle the assistant will then remove the reservoir and fill half way with water then reconnect and turn on.
- The rinse cycle is three revolutions of filling and refilling the reservoir with water this cleans the plant and also helps in keeping the atomizer clean and free from residual treatments.
- After use is finished the reservoir is cleaned with a hydrogen peroxide/water1:10 mixture, given time to dry and then stored.

Quality Control/Assurance:

- After each application the unit is maintained for future use.

Standard Operating Procedures: Production of Cannabis

Version A1.0 5/15

Good Green Group, LLC: production division

Information covered here within shall not be considered public information

SOP A1.3: Cloning Technique

Purpose: To propagate brands (strains) in order to perpetuate a consistent cannabidiol profile and gene stock.

Scope: Cloning techniques will be applied on a week to week basis.

Safety: All personnel will be required to wear PPE during this procedure; appropriate ventilation/ fire safety dampers installed with fire suppression sprinklers; annually inspected fire extinguishers will be present; MSDS and OSHA book will be in room at all times.

Personnel: Cultivation Manager will lead personnel. Maintenance of plants will performed by qualified cultivation assistants of Good Green Group LLC.

Equipment: Turbo Cloner Aqua, Active Aqua Chiller, Blue Lab pH/PPM meter, #11 blade w/ handle, scissors.

Nutrient: Clonex solution and Gel.

Recordkeeping log: Mother Log and Clone Log.

Procedure:

- Clones (clippings) will be harvested from mother plants.
- The brand name and UIC will be transferred with the clipping group and recorded into the Clone Log.
- Clones will be chosen based on the clone/flower calendar and will rotate.
- Once harvested from mother, the terminal portion of the stem will be submerged in water.
- The clipping is then prepared for transplant into the cloning machine (Turbo Cloner).
- Preparation for the clones include shaving the terminal sides of the clipping, so as to remove outer layer then the clipping is dipped in cloning gel (Clonex gel) and set aside.
- The clone sites (polypropylene plugs) are labeled according to the brand name.
- The clippings are then inserted into their appropriate clone site.
- The Turbo Cloner is then pH'd and nutrients (Clonex solution) are added to the appropriate PPM value.

- The clippings will remain in the cloner for 14 days, at which point they become rooted clones.
- Maintenance of cloning machine will occur every day.
- Maintenance includes frequent checks that sprayer heads are not clogged.
- Maintenance also includes checking the water level and topping off if evaporation has occurred.
- You will also maintain a consistent pH and PPM value.
- After the 14 day period the clones are removed from the cloner and are transplanted into 2.5 qt pots.

Quality Assurance/ Quality Control:

- Name of brand will follow the clone throughout its life.
- Cloner will be maintained throughout 14 day period, paying special attention to water values.
- Personnel will go through bi monthly assessments with QAO.
- The clone machine will be cleaned upon each propagation cycle.

Standard Operating Procedures: Manufacture of Medical Forms

Version A1.0 5/15

Good Green Group, LLC: manufacture division

Information covered here within shall not be considered public information

SOP A2.0: Tinctures

Purpose: The preparation of cannabis in tincture form with the use food/medical grade alcohol. All measurements are referred to as weight to volume (w/v) method and will have a specific strength.

Scope: Tincturing will be performed on a consistent basis, per as required.

Safety: All personnel will be required to wear PPE during this procedure; appropriate ventilation/ fire safety hoods installed with fire suppression sprinklers; annually inspected fire extinguishers will be present; MSDS and OSHA book will be in room at all times.

Personnel: Procedure will be supervised by the Concentrate Manager and procedure will be performed by Concentrate Assistant.

Equipment: Blender/food processor, canning jars, muslin cloth, funnel, amber dropper bottles, scale.

Recordkeeping Log: Tincture log.

Procedure:

1. Tincturing dry plant material using water/alcohol mixture.

- Lot and batch numbers are carefully recorded and transferred with plant material for quality assurance control.
- Grind dried cannabis to a moderately coarse powder.
- Measurements are made in W/V ratio using a digital scale and graduated cylinder.
- The measurements are then recorded into Tincture Log.
- Place the plant matter into a large jar that can be tightly closed.
- Add the prepared menstruum (water/ethyl alcohol).
- Stir the mixture well, so that all the cannabis is soaked.
- Add sufficient menstruum to the wet cannabis so that about a ¼" of extra menstruum sits atop the soaked cannabis.
- Cap the jar tightly.
- Check the jar after 12hrs, if the menstruum level has decreased you must top off with liquid to ¼" level.
- Shake the jar frequently for 14 days, then let it sit another day.
- Decant the clear tincture from the top, press the remaining pulp, and combine the two liquids.
- Record time in bottle and final volume in Tincture Log.

- Bottle in amber.5oz, 1oz, 2oz and 4oz droppers, tightly cap, and label.

2.Tincturing fresh plant material when using 190-proof alcohol.

- Lot and batch numbers are carefully recorded and transferred with plant material for quality assurance control.
- Chop the cannabis into small pieces and pack them tightly into a canning jar.
- Add menstruum(190-proof ethyl alcohol), filling the jar to the top, make sure the cannabis is covered by the alcohol.
- Cap the jar tightly.
- Agitate the tincture frequently for 14 days.
- Decant the liquid, press the pulp, and combine liquids.
- Bottle in amber 2oz and 4oz droppers, cap tightly, and label.

3.Tincturing fresh plant material when using diluted alcohol (less than 190-proof).

- Lot and batch numbers are carefully recorded and transferred with plant material for quality assurance control.
- Chop the fresh plant into small pieces and stuff them tightly into canning jar, filling it to the top.
- Add menstruum(water/ethyl alcohol mixture), filling the jar and capping tightly.
- Pour the entire ingredients (cannabis and menstruum) into a blender or food processor and blend to coarse consistency.
- Pour the liquefied ingredients into a jar and cap tightly.
- Agitate tincture frequently for 14 days, then let sit another day.
- Decant liquid, press pulp, and combine two liquids.
- Bottle in amber 2oz and 4oz droppers, cap tightly, and label.

Quality Assurance/Quality Control

- All menstruum are food/medical grade.
- Tincturing procedure will be done in clean room.
- Lot and batch numbers are transferred and recorded. These codes will follow the finished product to sale and printed on patient labels.
- Amber bottles will be used in order to prevent any degradation of cannabidiols.

Standard Operating Procedures: Manufacture of Medical Forms

Version A1.0 5/15

Good Green Group, LLC: manufacture division

Information covered here within shall not be considered public information

SOP A2.1:Preparing Weight to Volume (w/v) ratios

Purpose: Two problems need to be addressed when preparing a weight to volume menstruum: determining the total volume of menstruum needed for the quantity of cannabis at hand; determining the correct combination and portion of solvents within the menstruum.

Scope: Will be used in the preparation of tincturing.

Personnel: Weight to volume ratios will be determined by the Extraction Manager.

Safety: All personnel will be required to wear PPE during this procedure; appropriate ventilation/ fire safety hoods installed with fire suppression sprinklers; annually inspected fire extinguishers will be present; MSDS and OSHA book will be in room at all times.

Procedure:

- Examples of weight to volume ratios are as follows: 1:2, 1:5, 1:10.
- To determine the total volume of menstruum required to make a 1:5 w/v tincture 400 Gm of dried cannabis, multiply the weight of the cannabis by 5($5 \times 400 = 2000$).
- This will tell you that you need to prepare (a volume of) 2000ml of menstruum to add to the weight of 400Gm of cannabis to give you a tincture strength of 1:5.

Standard Operating Procedures: Manufacture of Medical Forms

Version A1.0 5/15

Good Green Group, LLC: Manufacturing division

Information covered here within shall not be considered public information

SOP A2.2: Determining milligrams per concentration of tincture.

Purpose: To determine the amount of cannabidiols, in milligrams, that is available in each tincture.

Scope: Conversion of concentration strength into milligrams will be performed for every batch of tincture.

Personnel: Procedure will be performed by the Concentrate Manager.

Equipment: Calculator

Procedure:

- Determine the concentration strength of the tincture by the weight to volume ratio.
- Determine the percentage of desired cannabidiols in cannabis.
- Divide the weight(Gm) of the cannabis used in tincturing procedure by 1000(Mg).
- This will give you the amount of milligrams per milliliter.
- Multiply the amount of total milliliters by the amount of mg/ml.
- Once you have total milligrams per total volume you then multiply the percentage of desired cannabidiol by total milligrams.
- This will give you the amount of desired cannabidiol in total milligrams/total volume.
- Next you will figure out how many milliliters will give you 10 mg at .4mg/ml, we find that $25 \times .4$ mg gives you 10 mg, which tells you that you need 25 ml of a 1:5 or 20% tincture to give you 10mg of the desired cannabidiol.

Standard Operating Procedures: Manufacture of Medical Forms

Version A1.0 5/15

Good Green Group, LLC: manufacture division

Information covered here within shall not be considered public information

SOP A2.3: Apeks super/subcritical extraction process

Purpose: To extract oils and essential oils using ApeksCO2 extraction device.

Scope: Use of the extraction device will be determined by the demand for product.

Equipment: Apeks super/subcritical CO2 extractor.

Safety: All personnel will be required to wear PPE during the manufacturing procedure; appropriate ventilation/ fire safety hoods installed with fire suppression sprinklers; annually inspected fire extinguishers will be present; MSDS and OSHA book will be in room at all times.

Personnel: The device will be loaded and maintained by the Extractor Operator. Extraction operation of machine is complete unmanned and run by computer interface.

Packaging: O.Pen Vape Vaporizer, 1 mL capped syringe, 5 mL capped syringe, 5mL glass concentrate container, ASTM& CPSC certified Philips Rx pop top bottles.

Procedure:

- Pre cleaning of the extractor will be done to assure the quality standards of the machine are met.
- Open extraction vessel, you must make sure that the machine is not under pressure from previous cycle, this can be done by opening the pressure valve and releasing any pressure that may be left over from previous cycle.
- Load desired amount of cannabis into extraction vessel.
- Close the extraction vessel, making sure that there O ring and threads are free of any debris, hand tightening the plug caps.
- Next you will start the chiller up.
- First you will verify that the chiller lines are connected properly, then you will turn the chiller on.
- Then you will select the desired temperature for the chiller to maintain.

- Now that you have started the chiller and set its parameters you will evacuate any remaining air from the system.
- You will ensure that all vessels are closed and reference the home screen, you will then click the manual screen button and then click the evacuate system button.
- After ensuring all gauges are at zero, you will verify that supplied vacuum pump is filled with oil.
- Connect the vacuum gauge, blue vacuum hose and vacuum pump to Valve 10 on the bottom of Separator #2.
- You will then open valve 10 and turn on the vacuum pump, you will then allow the pump to run for two minutes ensuring that the gauge reaches -20 in Hg.
- You will then close valve 10 and turn off the pump.
- Disconnect the vacuum gauge, blue vacuum hose and pump.
- Press the message button acknowledging that the evacuation is complete.
- Now you are ready to start the extraction process.
- Verify that home screen is set for 'auto mode'.
- Verify the chiller is on and target temperature is set between 55°F and 110°F.
- Verify that a 50-lb, 75-lb or 100-lb cylinder of CO2 with a sufficient amount of CO2 is connected to the system.
- Verify that material is loaded into extraction vessel and extraction vessel is properly closed.
- Verify that the Separator vessels are both closed and sanitary clamps are tight
- Press the Start button on the home screen.
- Set Extractor Pressure (between 900-psi and 4500-psi).
- Set the System Run Time (between 1-hour and 48-hours).
- Verify the Extractor and separator are properly closed.
- Open CO2 bottles.
- Then the system will start filling the vessels with CO2 to the target extractor(s) pressure.
- Once the target extractor pressure is reached, the system information box will change from "Filling" to "Running" mode.
- The system will continue in run mode until it reaches the target run time, at which point it will begin recovering the CO2 into the CO2 cylinder. The information box will switch from "Running" to "Recovering".
- The system will prompt the operator to turn up the chiller/heater to 110-F. This helps to speed up the recovery process.
- At the end of recovery the system will have approximately 100-psi in all the vessels. The system will provide message boxes to instruct the operator through the final shut down process.

- Close the CO2 cylinder and close valve 10.
- Once the operator acknowledges that the CO2 cylinder and Valve 10 are closed, the system will open all valves, vent any trapped CO2.
- Now you will be ready to remove the spent material from the extraction vessel.
- When the extractor vessel gauge on top of the vessel and on the home screen both read zero, it is safe to open the extraction vessel.
- Once the extraction vessel is open, the spent botanical material can be removed. It is recommended to remove all material from the top of the extractor using a large shop vacuum.
- Next you will remove the extracted oil from the collection cup.
- Remove the caps from the top of both separator vessels and collect any available oil from the separator caps.
- Remove the collection cup from Separator #1 and the bottom cap from Separator #2.
- Collect the oil from inside the collection cup and store in glass jar.

Quality Assurance/Control

- Extraction log will be stored in computer Database and hand-written log, it will contain all the cycle stats and weights.
- Maintenance of the extraction machine will be performed routinely and will be stored in computer database and hand-written maintenance log.
- Final product will be tested for quality assurance.

Standard Operating Procedures: Manufacture of Medical Forms

Version A1.0 5/15

Good Green Group, LLC: manufacture division

Information covered here within shall not be considered public information

SOP A2.7: Medicated Lotion

Purpose: For the manufacture of therapeutic lotion.

Scope: When the manufacture of lotion is deemed necessary based on patient demand.

Equipment: Digital scale, volumetric measurement flask, blender, storage jars, funnel, metal sauce pan, grater, paper towels.

Safety: All personnel will be required to wear PPE during the manufacturing procedure; appropriate ventilation/ fire safety hoods installed with fire suppression sprinklers; annually inspected fire extinguishers will be present; MSDS and OSHA book will be in room at all times.

Personnel: Procedure will be performed by the Extraction Assistant and over sight by the Extraction Manager.

Packaging: 2 oz and 8 oz bottle.

Procedure:

- Brand selection will be selected and batch numbers will be recorded for quality assurance.
- Fixed oil will be retrieved and distilled water and beeswax are available in bulk size.
- Place the lid on the blender and remove the inner ring; set a wide mouth ring in the center of the lid.
- Pour the water in the blender and set aside.
- Put the oil into a stainless steel mixing bowl and add the shaved beeswax.
- Double boil the oil and beeswax mixture till the beeswax is fully melted.
- Remove the mixing bowl from the double bath.
- Let the oil/wax mixture cool till you see the wax slightly harden around the rim.
- Add oil/wax mixture the blender and mix on low speed; gradually increasing speed.
- You can now remove the top and stir top with the spatula.
- You can now add vitamins, medicated tincture, and essential oils to mixture.
- Final product is bottled with pastry bag and bottles.

Quality Assurance/Control

- Lotion Log will be maintained for quality control
- Final product will be tested for quality control

Standard Operating Procedures: Manufacture of Concentrates

Version A1.0 5/15

Good Green Group, LLC: manufacture division

Information covered here within shall not be considered public information

SOPA2.8: Manufacture of Live Resin

Purpose: To manufacture a form that is consistent with the Good Green Group LLC., standard.

Scope: Medicine will be produce on a need basis.

Equipment: Apeks super/subcritical CO2 extractor, digital scale, pyrex bowl, spatula, spoon.

Safety: All personnel will be required to wear PPE.

Personnel: Procedure will be performed by extraction assistant.

Procedure:

- Personnel will don all required PPE.
- All necessary equipment will be gathered for preparation.
- Live Resin can be harvested directly from the extractor and packaged.
- Resin is extracted from the extractor and placed in a pyrex bowl.
- Then spooned out onto a piece of parchment paper.
- Then weighed out to exact amounts and packaged.

Quality Assurance/Control

- Final product is tested for quality assurance.

Standard Operating Procedures: Sanitary Practice

Version A1.0 5/15

Good Green Group, LLC: manufacture division

Information covered here within shall not be considered public information

SOP A3.0: Plant Matter Disposal

Purpose: To dispose of all plant waste and medium.

Scope: Whenever there is plant waste and medium to dispose of.

Equipment: Fecon Forestry Mulcher, 2-15 foot sanitary bin.

Safety: All personnel will be required to wear PPE when performing this procedure.

Personnel: Procedure will be performed by cultivation assistants.

Procedure:

- Safety glasses and gloves will be donned at this point.
- After all weights have been entered into the wet weight log all branches and leaves and 7 gallon pots filled with Coco Coir will be gathered and put into rolling bins.
- The bins and pots will be pushed out to disposal storage container.
- 7 gallon pots will be dumped and the root balls will be broken down.
- Empty pots will be stacked and stored for cleaning.
- The mulching machine will be removed from storage and placed over the disposal storage container and turned on.
- Plant matter (leaf and branch) will be fed into the mulching machine and disposed plant waste will be stored in disposal storage container.
- When all waste is disposed of the mulching machine will be turned off maintained and put back into storage.
- At this point, "Bokashi", a organic amending agent will be added to the waste pile and mixed in with shovel/gardening hoe.
- Mixing of mulch amended pile will be done entirely.
- After the mixing is complete, the "Bokashi" will be left to sit for seven (7) days being stored in sealed containers, in a secure location.
- Once seven (7) days as occurred, the "Bokashi" will be checked for full and complete disposal. If the compost mix is not ready, it will be left to sit in the sealed containers in a secure location.
- If the compost material is ready for pick up and the composting has completed, the compost will be deemed ready for pick up.

Standard Operating Procedures: Sanitary Practice

Version A1.0 5/15

Good Green Group, LLC: production division

Information covered here within shall not be considered public information

SOP A3.1: Room Turnover.

Purpose: To maintain a clean growing environment.

Scope: After each room has been harvested.

Safety: All personnel will be required to wear PPE during this procedure.

Definitions: MSDS-material safety data sheet, OWDL- organic waste disposal log, BLL- bulb life log, CRL-clean room log.

Personnel: Maintenance of plants will performed by qualified personnel of Good Green Group LLC.

Record Keeping Logs: Organic Waste Disposal Log, Bulb Life Log, Clean Room Log.

Procedure:

- All employees will don PPE (respirator mask, gloves, shoe covers, and bunny suit) during turn over procedure.
- All lights will be turned off.
- All fans will be turned off and wiped clean with water/bleach solution at 10:1 ratio.
- The A/C will be turned off as well and the filter will be replaced with a new filter.
- All remaining plant matter (stalks, branches, and leaves) will be collected and removed from the room, and then broken down with a mulching machine and disposed of in an organic waste dumpster.
- Organic Waste Disposal Log will be filled out.
- Pots will be collected and removed from the room, then medium will be disposed of in an organic waste dumpster.
- Pots will then be stacked and staged in wash/mud room.
- All hoods will be wiped clean and employee will reference the Bulb Life Log in order to determine whether the bulb needs to be replaced.
- Room will then be swept clean of all plant and pot debris.
- Room will then be mopped with a water/bleach solution at 10:1 ratio.
- Fans are then turned back on to aid in the drying process.
- Clean Room Log is completed for quality assurance.
- Room is now clean and ready to be filled with new plants.

Quality Assurance/Quality Control:

- MSDS for bleach available for review in MSDS folder.
- OWDL will be maintained to avoid aversion of organic matter.
- BLL will be maintained in order to keep an accurate account of the life of the bulb and if there have been any bulbs replaced throughout previous flowering cycle.
- CRL will be maintained for quality control.

Standard Operating Procedures: Sanitary Practice

Version A1.0 5/15

Good Green Group, LLC: production division

Information covered here within shall not be considered public information

SOP A3.2: Hand Washing

Purpose: To prevent the transmission of bacteria.

Scope: After each visit to the bathroom or when necessary.

Procedure:

- Turn on hot water.
- Hold hands under soap dispenser and depress applicator button.
- Once the appropriate amount (about the size of a quarter) of soap is dispensed you will rub hands together for 10 seconds and then held under the water for another 10 seconds to rinse.
- Turn the water off after you are finished and dry your hands with a towel.

Standard Operating Procedures: Manufacture of Concentrates

Version A1.0 5/15

Good Green Group, LLC: manufacture division

Information covered here within shall not be considered public information

SOP A4.0: Packaging of Wax:

Purpose: To enclose medicine in sealed package in order to keep product consistent and controlled.

Scope: Procedure to be done when medicine is processed for sale.

Equipment: Digital scale, 5ml non-stick concentrate container, razor blade knife, forceps.

Safety: All personnel will be required to wear PPE.

Personnel: Procedure will be performed by extraction assistant.

Procedure:

- Wax Pack Log will be maintained for quality assurance.
- All supplies will be grouped and assembled.
- PPE will be donned for quality assurance.
- Attain proper brand and lot and record RFID into Wax Pack Log.
- With razor blade knife cut inch by inch increments and weigh each cut on the scale out to .5 gram or 1 gram increments.
- Insert properly weighed medicine into the 5 ml non-stick container.
- Seal with shrink wrap plastic and place sticky content label on the container.
- Enter container pack into Wax Pack Log.
- Place into storage container and when the container is full it will be placed in the finished product locked storage room.

Quality Control/Assurance:

- All final product will be tested for quality assurance.

Standard Operating Procedures: Manufacture of Concentrates

Version A1.0 5/15

Good Green Group, LLC: manufacture division

Information covered here within shall not be considered public information

SOP A4.1: Packaging Live Resin

Purpose: To enclose medicine in sealed package in order to keep product consistent and controlled.

Scope: Procedure to be done when medicine is processed for sale.

Equipment: Digital scale, 5 ml nonstick concentrate container, razor blade knife, forceps.

Safety: All personnel will be required to wear PPE.

Personnel: Procedure will be performed by extraction assistant.

Procedure:

- Concentrate Pack Log will be maintained for quality assurance.
- All supplies will be grouped and assembled.
- PPE will be donned for quality assurance.
- Attain proper brand and lot and record RFID into Concentrate Pack Log.
- With razor blade knife cut inch by inch increments and weigh each cut on the scale out to .5 gram or 1 gram increments.
- Insert properly weighed medicine into the 5 ml nonstick container.
- Seal with shrink wrap plastic and place sticky content label on the container.
- Enter container pack into Concentrate Pack Log.
- Place into storage container and when the container is full it will be placed in the finished product locked storage room.

Quality Control/Assurance:

All final product will be tested for quality assurance.

Standard Operating Procedures: Manufacture of Concentrates

Version A1.0 5/15

Good Green Group, LLC: manufacture division

Information covered here within shall not be considered public information

SOP A4.2: Packaging Shatter

Purpose: To enclose medicine in sealed package in order to keep product consistent and controlled.

Scope: Procedure to be done when medicine is processed for sale.

Equipment: Digital scale, parchment paper, razor blade knife, forceps.

Safety: All personnel will be required to wear PPE.

Personnel: Procedure will be performed by extraction assistant.

Packaging: Parchment paper, child proof prescription bottle.

Procedure:

- Concentrate Pack Log will be maintained for quality assurance.
- All supplies will be grouped and assembled.
- PPE will be donned for quality assurance.
- Attain proper brand and lot and record RFID into Concentrate Pack Log.
- With razor blade knife cut inch by inch increments and weigh each cut on the scale out to .5 gram or 1 gram increments.
- Cut 3x3 parchment pieces and place appropriate size shatter and envelope.
- Place envelope in child proof prescription bottle.
- Seal with shrink wrap plastic and place sticky content label on the container.
- Enter container pack into Concentrate Pack Log.
- Place into storage container and when the container is full it will be placed in the finished product locked storage room.

Quality Control/Assurance:

All final product will be tested for quality assurance.

Standard Operating Procedures: Manufacture of Concentrates

Version A1.0 5/15

Good Green Group, LLC: manufacture division

Information covered here within shall not be considered public information

SOP A4.3: Packaging Capsules

Purpose: To enclose medicine in sealed package in order to keep product consistent and controlled.

Scope: Procedure to be done when medicine is processed for sale.

Equipment: 13 dram vials, pill counter and spatula.

Safety: All personnel will be required to wear PPE.

Personnel: Procedure will be performed by extraction assistant.

Purpose:

- Concentrate Pack Log will be maintained for quality assurance.
- All supplies will be grouped and assembled.
- PPE will be donned for quality assurance.
- Attain proper brand and lot and record RFID into Concentrate Pack Log.
- Pour capsules into pill counter and count the appropriate amount of capsules into the collection tray.
- Pour appropriate amount of capsules into vial and place the child proof cap on tightly.
- Place label on vial and place in storage container.
- Enter container pack into Concentrate Pack Log.
- Place into storage container and when the container is full it will be placed in the finished product locked storage room.

Quality Control/Assurance:

All final product will be tested for quality assurance.

Standard Operating Procedures: Manufacture of Concentrates

Version A1.0 5/15

Good Green Group, LLC: manufacture division

Information covered here within shall not be considered public information

SOP A4.4: Packaging Medicated Syringe

Purpose: To enclose medicine in sealed package in order to keep product consistent and controlled.

Scope: Procedure to be done when medicine is processed for sale.

Equipment: 1 ml and 3 ml syringe, syringe cap, heat shrink plastic, alcohol wipe.

Safety: All personnel will be required to wear PPE.

Personnel: Procedure will be performed by extraction assistant.

Purpose:

- Concentrate Pack Log will be maintained for quality assurance.
- All supplies will be grouped and assembled.
- PPE will be donned for quality assurance.
- Attain proper brand and lot and record RFID into Concentrate Pack Log.
- Draw appropriate amount of oil into syringe.
- Clean tip with alcohol wipe.
- Place cap on the syringe.
- Heat shrink cap and label.
- Enter syringe pack into Concentrate Pack Log.
- Place into storage container and when the container is full it will be placed in the finished product locked storage room.

Quality Control/Assurance:

- All final product will be tested for quality assurance.

Standard Operating Procedures: Manufacture of Concentrates

Version A1.0 5/15

Good Green Group, LLC: manufacture division

Information covered here within shall not be considered public information

SOP A4.5: Packaging of Tinctures

Purpose: To enclose medicine in sealed package in order to keep product consistent and controlled.

Scope: Procedure to be done when medicine is processed for sale.

Equipment: 15 ml, 30 ml, 60 ml, heat shrink plastic.

Safety: All personnel will be required to wear PPE.

Personnel: Procedure will be performed by extraction assistant.

Procedure:

- Concentrate Pack Log will be maintained for quality assurance.
- All supplies will be grouped and assembled.
- PPE will be donned for quality assurance.
- Attain proper brand and lot and record RFID into Concentrate Pack Log.
- Gather 60 ml syringe and draw tube and attach draw tube to syringe.
- Dip tip of draw tube into tintured batch and draw up appropriate amount for appropriate size bottle remove tip from tintured batch and insert the tip into bottle.
- Inject appropriate amount of tincture into bottle.
- Place selected cap/spray on bottle and heat shrink wrap the cap/spray then label and place in storage container.
- Enter packaged tincture into the Concentrate Pack Log.

Quality Control/Assurance:

- All final product will be tested for quality assurance.

Standard Operating Procedures: Production of Cannabis

Version A1.0 5/15

Good Green Group, LLC: production division

Information covered here within shall not be considered public information

SOP A1.0: Cultivation of Cannabis

Purpose: Production of plant that will be utilized for the manufacture of quality and consistent state approved natural medicine.

Scope: Plants will be perpetually maintained and harvested for their flower. This will be the primary material in the manufacture of our medicine.

Safety: All personnel will be required to wear PPE during this procedure; appropriate ventilation/ fire safety hoods installed with fire suppression sprinklers; annually inspected fire extinguishers will be present; MSDS and OSHA book will be in room at all times.

Definition: UIC- unique identifier code.

Personnel: Cultivation Manager will lead personnel. Maintenance of plants will performed by qualified cultivation assistants of Good Green Group LLC.

Equipment: LDPE pots, HDPE pots, 45" tomato cage, 54" tomato cage, IBC 270 gallon reservoir, external pool pump, 3/4" hose, Blue Lab PPM/TDS/PH/Temp meter, Sentinel environmental controls, Can Filters, Can Fans, Ceiling Fans, Oscillating fans, 400 Gallon CO2 Tank, CO2 ballast sniffers, 3/8" CO2 perforated tubing, e-Papillion 1000 watt, Adjusta Wings, 1000 watt Phantom ratchet rope hangers, automatic Atomizer.

Nutrients: Canna Nutrients, Advanced Nutrients, Botanicare Nutrients, House & Garden Nutrients.

Pesticide/Fungicide: Azadirachtin, Imidacloprid, Potassium Bicarbonate.

Recording Keeping Logs: Mother Log, Clone Log, Flower Log and Veg Log (RFID Tagged), Feed Log, Harvest Log (RFID), Room Turnover log, Environmental Log, Spray Log.

Procedure:

- All employees will wear PPE (respirator mask, gloves, shoe covers, and bunny suit).
- Mother plants will be chosen from seed stock for their specific phenotype and cannabidiol profile.
- Mother plants will be identified according to strain then assigned a unique identifier code (UIC) or RFID. This code will be consistent throughout the life of the plant.
- Clippings will be taken from Mother plants for propagation purposes, these are called clones.
- Clones are then prepared for the cloning device.

- The UIC for each clone is recorded and the amount of clones that were taken from the mother is entered into the Clone Log.
- The clones will be placed in a Turbo Cloner cloning device and each clone site will be labeled according to its UIC for quality control and recordkeeping.
- After a 14 day time period the clones will be rooted and ready for transplant into 2.5 qt. pots.
- The 2.5 qt. pots are filled with coco coir medium and amended with mycorrhizae.
- The clones are then placed in the 2.5 qt. pots and medium is drenched with water that has a ph of 5.7.
- After clones have been transplanted into pots they are placed under metal halide lights for their early vegetative growth period, this period typically will last from 21 to 30 days.
- These lights have a photoperiod of 24 hours, this assures that the plant does not induce flowering and promotes rapid cellular growth.
- During this period the plants are fed vegetative nutrient profile, this promotes rapid root formation and plant cellular growth, with the appropriate ph and ppm's taken into account.
- Plants are assessed throughout the vegetative stage for nutrient deficiencies and pests.
- Preventative maintenance of pests and mold will be accomplished with root drench(Imidacloprid) and foliar spray(Azadirachtin) and recorded for quality assurance.
- When plants reach an appropriate height they are then transplanted into 7 gallon pots for late vegetative growth period.
- 7 gallon pots are filled with coco coir medium and amended with mycorrhizae.
- Plants are then placed into 7 gallon pots and drenched with water that has a ph of 5.7.
- Plants are then placed under metal halide lights for their late vegetative growth period, this period will typically last for 30 days.
- During this period, the plants will be supported by 54" tomato cages.
- Plants will be watered/feed every other day, using 270 gal IBC tanks and ¾ industrial hose that is powered by external water pump.
- Water/feed has a ph of 5.5 to 5.7 and a ppm value of 1000, using a Blue Lab ph/ppm meter.
- Feed logs will be maintained for quality assurance.
- This meter is calibrated once a week and recorded for quality assurance.
- After the plants have completed their late vegetative growth period they will be transported to their flowering room.
- At this point the plants will be switched from a 24 hour photoperiod to a 12 hour photoperiod, this means that lights will be on for 12 hours and off for 12 hours.
- With a 12 hour photoperiod the plants will be forced to induce the flowering stage
- The nutrient feed is also altered to a flowering nutrient profile, with appropriate ph and ppm value.
- The plants will remain in flowering stage for a period of 8 weeks.
- Preventative maintenance of flowering plants will be accomplished by foliar spray (organic) and recorded for quality assurance.

- Environmental conditions will be maintained throughout flower period and recorded for quality assurance.
- A foliar feed will be utilized every other week and recorded for quality assurance.
- Midway through the flower period, the plants will be defoliated (remove fan leaves) to enhance yield.
- Assessment of plants for deficiencies will be maintained throughout flower stage and recorded for quality assurance.
- At the beginning of week 8 the medium will be flushed with ph'd water, this will improve terpenes profile and overall purity of cannabis flower.
- At the end of week 8 the plants are then harvested and the flower room is cleaned.

Quality Control and Quality Assurance:

- All nutrients, pesticides, and fungicides will be available for review in MSDS folder.
- Strict adherence to cultivation protocols will be reviewed and assessed on a bi-weekly basis.
- Cultivation Manager will work closely with our Quality Assurance Officer to maintain an accurate account of GAP, through weekly reviews of cultivation logs and preventative maintenance logs.
- Bi-monthly reviews will be conducted by the QAO on employees, to assure GAPs and company protocols are maintained.
- Clone Log will be maintained in order to assure quality control of brand (strain).
- Feed Log will be maintained in order to assure quality control of plant.
- Environmental Log will be maintained in order to assure quality control of plant.

Standard Operating Procedures: Manufacture of Medical Forms

Version A1.0 5/15

Good Green Group, LLC: manufacture division

Information covered here within shall not be considered public information

SOP A2.3(2): Apeks extractor Maintenance

Purpose: in order to prolong the life of the machine and assure the quality of the product is consistent.

Scope: Maintenance will be performed after every run, every 72 hours and annually.

Safety: All personnel will be required to wear PPE during this procedure.

Personnel: Maintenance will be performed by the extraction assistants.

Procedure:

A. After each run

1. Remove spent material from the extraction vessel by vacuuming it out through the top flange.
2. Verify the extractor filters are clear and free of debris.
3. Check extraction vessel O-rings and O-rings groove sealing surfaces for damage – replace if necessary.
4. Inspect the threads on the extraction vessel(s) and ensure the threads are free of debris and are properly greased with the provided bottle of anti-seize (failure to apply anti-seize will result in damaged threads which could cause injury and void the systems warranty).
5. Remove extracted oil from separator vessels and clean entire vessel and cup with acetone or alcohol.
6. Clean the separator outlet line/pump inlet line with acetone or alcohol.
7. Check separator vessel gaskets for damage – replace if necessary.

B. every 72 hours.

1. Clean all flexible metal lines going into and out of both separators.
2. Check chiller/heater water level is between min and max line on back of chiller.
3. Grease the Spool Valve on pump.

4. Clean CO2 flow lines between the pump and the coiled heat exchanger with acetone or alcohol. Flow lines must be disconnected from pump and extraction system to thoroughly clean.
5. Unscrew the bottom extraction vessel(s) to clean and inspect the temperature probe(s) and filter(s).
6. Run the system “empty of plant material” for 30 min to assist in cleaning the high pressure side of the system and extraction vessel(s).

C. Annually

1. Schedule yearly maintenance with an Apeks Service Engineer to come onsite and perform a yearly inspection on the system. Please notify the Apeks service department one month in advance, and notify the service engineer of any issues prior to the visit.

Standard Operating Procedures: Manufacture of Concentrates

Version A1.0 5/15

Good Green Group, LLC: manufacture division

Information covered here within shall not be considered public information

SOPA2.4: Manufacture of Oil

Purpose: To manufacture a form that is consistent with the Good Green Group LLC., standard.

Scope: Medicine will be produce on a need basis.

Equipment: Apeks super/subcritical CO2 extractor, digital scale, pyrex bowl, spatula, spoon.

Safety: All personnel will be required to wear PPE.

Personnel: Procedure will be performed by extraction assistant.

Procedure:

- Personnel will don all required PPE.
- All necessary equipment will be gathered for preparation.
- Oil can be harvested directly from the extractor and packaged.
- Oil is extracted from the extractor and placed in a pyrex bowl.
- Then spooned out onto a piece of parchment paper.
- Then weighed out to exact amounts and packaged.

Quality Assurance/Control:

- Final product is tested for quality assurance.

Standard Operating Procedures: Manufacture of Medical Forms

Version A1.0 5/15

Good Green Group, LLC: manufacture division

Information covered here within shall not be considered public information

SOP A2.6: Capsule Filling

Purpose: The manufacture of approved medical marijuana capsules.

Scope: This procedure will be performed routinely, based on product demand.

Equipment: Pro Fill “0” 100capsule filling system, Thermo kinetic Heater control unit and primary heating pad, 60 ml glass syringe, 18 gauge needle.

Safety: All personnel will be required to wear PPE when performing this procedure.

Personnel: Procedure will be performed by the Extraction Assistant and overseen by the Extraction Manager.

Packaging: Amber TPS capsule w/ child-resistant closure – 13 Dram smell proof.

Procedure:

- Appropriate cannabis oil will be selected for this procedure and lot and batch numbers are transferred into the Capsule Fill log.
- All required PPE is donned.
- Appropriate heating equipment is turned on and tested for quality assurance.
- Appropriate capsule size is acquired and set to the side.
- Now you are ready to fill capsule filling tray.
- Pour 50+ capsules onto Orienter and shake back and forth moving capsules into slots
- Lift gate and pour off excess capsules.
- Open Filler Locking Plate fully by sliding clamp forward. Place Orienter locating feet in the holes on the Filler marked “I”.
- Push the sliding portion of the Orienter to the left to drop capsules into the Filler.
- Remove Orienter. Capsules are in every other row of the Filler.
- To fill remaining rows, repeat steps 1-4 except in Step 3 align the Orienter locating feet in the holes marked “II”.
- Close the Filler Locking Plate and slide Locking Clamp to secure. Gently squeeze the Cam Lever toward the post to secure bodies in the Filler.
- To separate capsules, press palms down on Filler handles while lifting Caps Tray up with fingers. Remove Caps Tray from Filler. Release Cam Lever to drop capsule bodies flush with Filler.
- Using a heated 60 ml syringe, you will draw up 60 ml of cannabis oil with 18 gauge needle.
- You then proceed to capsule filler and inject capsule to fill line, once all capsule are filled.
- Place Caps Tray back onto Filler. To lock capsules, push down on Locking Plate with thumbs while pulling up on Lifting Plate with fingers.

- Once capsules have been locked they are ready to be removed from the Filler.
- Remove Caps Tray and store in appropriate capsule storage tray.

Quality Assurance/Quality Control:

- Capsule Fill Log will be maintained with every batch being recorded.
- Final product will be tested for quality assurance.

Standard Operating Procedures: Manufacture of Medical Forms

Version A1.0 5/15

Good Green Group, LLC: manufacture division

SOP A2.9: Ethyl Cannabis Oil Salve:

Purpose: For the manufacture of Analgesic Salve.

Scope: Whenever the manufacture of Salve is required.

Equipment: Digital scale, glass mason jars, stirring rod, muslin cloth, baking pan, tape, marker.

Safety: All personnel will be required to wear PPE during the manufacturing procedure; appropriate ventilation/ fire safety hoods installed with fire suppression sprinklers; annually inspected fire extinguishers will be present; MSDS and OSHA book will be in room at all times.

Personnel: Procedure will be performed by Extraction Assistant and oversight of the procedure will be done by the Extraction Manager.

Packaging: .25 oz tubs, 1 oz tubs

Procedure:

- Choose the indicated brand for manufacture and record RFID tags for batch used in Salve log.
- Blend to coarse powder and weigh out the appropriate 1:1 W/V measurements.
- Measure an equal amount of 190-proof ethyl alcohol.
- Mix the coarse plant matter with the alcohol until plant matter is soaked.
- Screw lid tightly onto the mason jar and let macerate for 24 hours.
- Measure out 6 parts by volume of vegetable oil.
- Pour the oil into a blender and macerated mixture.
- Blend this at medium speed.
- Strain by pouring into muslin cloth-lined strainer and press.
- Pour the strained liquid into a double boiler and heat over low flame until all the alcohol has evaporated.
- Add shaved beeswax to ethyl oil infusion and warm until the beeswax is fully melted.
- Add specialty blend of essential oils.
- At this point, you will test Salve consistency by dipping a spoon into mixture, placing the spoon in the freezer for 5 minutes; the mixture will harden and should give you an exact result of the salve consistency.
- Once the appropriate consistency is attained you will pour the mixture onto a baking pan and place the pan in the freezer and let harden.
- Once hardened you can label and store in colored mason jar, awaiting packaging.

Quality Assurance/Control:

- Salve log will be maintained for quality assurance.
- Final products will be tested for quality assurance.

Standard Operating Procedures: Manufacture of Concentrates

Version A1.0 5/15

Good Green Group, LLC: manufacture division

Information covered here within shall not be considered public information

SOPA2.5: Manufacture of Wax

Purpose: To manufacture a form that is consistent with the Good Green Group LLC., standard.

Scope: Medicine will be produce on a need basis.

Equipment: Apeks super/subcritical CO2 extractor, digital scale, pyrex bowl, spatula, spoon.

Safety: All personnel will be required to wear PPE.

Personnel: Procedure will be performed by extraction assistant.

Procedure:

- Personnel will don all required PPE.
- All necessary equipment will be gathered for preparation.
- Wax can be harvested directly from the extractor and packaged.
- Wax is extracted from the extractor and placed in a pyrex bowl.
- Then spooned out onto a piece of parchment paper.
- Then weighed out to exact amounts and packaged.

Quality Assurance/Control

- Final product is tested for quality assurance.