The Commonwealth of Massachusetts

Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Care Safety and Quality
Medical Use of Marijuana Program
99 Chauncy Street, 11th Floor, Boston, MA 02111

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-660-5370
www.mass.gov/medicalmarijuana

APPLICATION OF INTENT

Request for a Certificate of Registration to Operate a Registered Marijuana Dispensary

INSTRUCTIONS

This application form is to be completed by any non-profit corporation that wishes to apply for a Certificate of Registration to operate a Registered Marijuana Dispensary ("RMD") in Massachusetts.

If seeking a Certificate of Registration for more than one RMD, the applicant non-profit corporation ("Corporation") must submit a separate *Application of Intent*, all required attachments, and an application fee for each proposed RMD. Please identify each application of multiple applications by designating it as Application 1, 2 or 3 in the header of each application page. Please note that no executive, member, or any entity owned or controlled by such an executive or member, may directly or indirectly control more than three RMDs.

However, even if submitting an *Application of Intent* for more than one RMD, an applicant need only submit one *Character and Competency form* for each required individual.

Unless indicated otherwise, all responses must be typed into the application forms. Handwritten responses will not be accepted. Please note that character limits include spaces.

Attachments should be labelled or marked so as to identify the question to which it relates.

Each submitted application must be a complete, collated response, printed single-sided, and secured with a binder clip (no ring binders, spiral binding, staples, or folders).

Mail or hand-deliver the *Application of Intent*, with all required attachments, the $1,500 application fee, and Remittance Form to:

Department of Public Health
Medical Use of Marijuana Program
RMD Applications
99 Chauncy Street, 11th Floor
Boston, MA 02111

RECEIVED
JUN 29 2015
MA Dept. of Public Health
99 Chauncy Street
Boston, MA 02111

Application fees are non-refundable and non-transferable.

REVIEW

Applications are reviewed in the order they are received.

After a completed application packet and fee is received by the Department of Public Health ("Department"), the Department will review the information and will contact the applicant if clarifications/updates to the submitted application materials are needed. The Department will notify the applicant whether they have met the standards necessary to be invited to submit a *Management and Operations Profile.*

If invited by the Department to submit a *Management and Operations Profile*, the applicant must submit the *Management and Operations Profile* within 45 days from the date of the invitation letter, or the applicant must submit a new *Application of Intent* and fee.

PROVISIONAL CERTIFICATE OF REGISTRATION

Applicants have one year from the date of the submission of the *Management and Operations Profile* to receive a Provisional Certificate of Registration. If an applicant does not receive a Provisional of Certificate of Registration after one year, the applicant must submit a new *Application of Intent* and fee.

REGULATIONS

For complete information regarding registration of an RMD, please refer to 105 CMR 725.100.

It is the applicant's responsibility to ensure that all responses are consistent with the requirements of 105 CMR 725.000, et seq., and any requirements specified by the Department, as applicable.

PUBLIC RECORDS

Please note that all application responses, including all attachments, will be subject to release pursuant to a public records request, as redacted pursuant to the requirements at M.G.L. c. 4, § 7(26).

QUESTIONS

If additional information is needed regarding the RMD application process, please contact the Medical Use of Marijuana Program at 617-660-5370 or RMDapplication@state.ma.us.

CHECKLIST

The forms and documents listed below must accompany each application, and be submitted as outlined above:

☑ A fully and properly completed *Application of Intent*, signed by an authorized signatory of the corporation

☑ A copy of the Corporation's *Certificate of Legal Existence* from the Massachusetts Secretary of State

☑ Financial account summary(ies) (as outlined in Section D)

☑ A bank or cashier's check made payable to the *Commonwealth of Massachusetts* for $1,500.

☑ A completed *Remittance Form* (use template provided)

☑ A completed and signed *Character and Competency* form (use template provided) for each of the following actors:

- Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD. For entities contributing initial capital to operate the proposed RMD, the *Character and Competency* Form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: JV

SECTION A. APPLICANT INFORMATION

1. Cardiac Arrhythmia Syndromes, Inc. (aka - CAS Foundation)
   Legal name of Corporation

2. Jayne Vining
   Name of Corporation's Chief Executive Officer

3. 9 Bartlet Street
   Unit 335
   Andover, MA 01810
   Address of Corporation (Street, City/Town, Zip Code)

4. Jayne Vining
   Applicant point of contact (name of person the Department should contact regarding this application)

5. 978-474-8008
   Applicant point of contact's telephone number

6. JVining@thecasfoundation.org
   Applicant point of contact's e-mail address

7. Number of applications: How many *Applications of Intent* do you intend to submit? 3

SECTION B. INCORPORATION

8. Attach a *Certificate of Legal Existence* from the Massachusetts Secretary of State, documenting that the applicant non-profit entity is incorporated as a non-profit in Massachusetts.

See attached "Articles of Organization"

SECTION C. CHARACTER AND COMPETENCY

9. Attach a *Character and Competency* form (use template provided) for each of the following actors:

   - The Chief Executive Officer; Chief Operating Officer; Chief Financial Officer; individual/entity responsible for marijuana for medical use cultivation operations; individual/entity responsible for the RMD security plan and security operations; each member of the Board of Directors; each Member of the Corporation, if any; and each person and entity known to date that is committed to contributing 5% or more of initial capital to operate the proposed RMD. For entities contributing initial capital to operate the proposed RMD, the *Character and Competency* Form must be completed and signed by the entity's Chief Executive Officer/Executive Director and President/Chair of the Board of Directors.

Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: JV

SECTION D. INITIAL CAPITAL REQUIREMENT

Describe the sources, types, and amounts of required initial capital in the table below, showing that the Corporation has at least $500,000 in its control and available for this *Application of Intent* and at least $400,000 in its control and available for each additional *Application of Intent*, if any, as evidenced by bank statements, lines of credit, or financial institution statements. Add more tables if needed.

If the required funds are being held in an account in the name of an individual or entity other than the Corporation, the individual or authorized signatory of the entity must provide their signature in the "Signature of Account Holder" column. Their signature below indicates that they are committing the amount of their funds identified in the table to the applicant.

In addition to completing this table, submit a **one-page** financial account summary for each account listed below documenting the available funds, dated no earlier than 30 days prior to the date the *Application of Intent* was submitted to the Department.

	Name on Account	Financial Institution	Type of Account	Amount	Signature of Account Holder
#1	Jayne Vining	BANK OF AMERICA	Checking	$ 106,302.33	Jayne Vining
#2	Harriet Jacobs	MERRILL LYNCH	Investment Acct. Retirement	$ 200,793.52	Harriet Jacobs
#2a.	Harriet Jacobs	PROFILE BANK	Savings	$ 103,222.35	Harriet Jacobs
#3	Innocent Lugumamu	Cambridge Retirement Board	Savings	$ 103,536.73	[illegible]
#4	Centre Realty Trust Lillian Montalto, Trustee	NORTHMARK	Checking	$ 167,133.47	Lillian Montalto, Trustee
#4a.	Lillian Montalto, ACN II	NORTHMARK	Checking	$ 257,202.53	Lillian Montalto
#5	Ralph & Andrea Caruso	LPL FINANCIAL	Various (7)	$ 456,938.87	[illegible]
#6	May Chan Hui	FIDELITY	Various (4)	$ 524,025.39	[illegible]
	--------	--------	TOTAL:	$ 1,919,155.19	----
#7	Bert Vining	PERSONAL LOAN	Cash	$260,000.00	Bert Vining
			TOTAL:	$2,179,155.19	

Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete. as indicated by the initials of the authorized signatory here: JV

#/

Bank of America

P.O. Box 15284
Wilmington, DE 19850

JAYNE VINING
[redacted]

Preferred Rewards

Customer service information

1.888.888.RWDS (1.888.888.7937)

TDD/TTY users only: 1.800.288.4408

En Español: 1.800.688.6086

bankofamerica.com

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Your combined statement

for May 20, 2015 to June 19, 2015

Your deposit accounts	Account/plan number	Ending balance	Details on
[redacted]	[redacted]	$105,059.72	Page 3
	[redacted]	$1,242.61	Page 5
Total balance		**$106,302.33**	

#2

Merrill Lynch
Bank of America Corporation

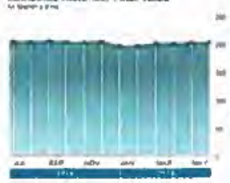
Hello, HARRIET JACOBS

[redacted]

Investment Accounts Retirement	
[redacted]	[illegible]
Total	[illegible]
Estate Planning Services Accounts	
[redacted]	[illegible]
Total	[illegible]
My Accounts Total	**$200,793.52**

My Financial Picture

Combined Historical Total Value



Combined Asset Allocation

Important Notice to ISA Program Participants
Changes are being made to the banks in the ISA program
Click Here for Full Details »

Statements & Documents

- Statements
- Trade Confirmations
- Notices and Disclosures
- Shareholder Notices
- Tax Documents
- More Statements and Documents

#2a.

PROFILE BANK

To Profile Bank:

I grant permission for Profile Bank to release the following information into my custody about my account [redacted].

Customer Signature Harriet Jacobs
Harriet Jacobs

To whom it may concern:
As of June 24, 2015 the above referenced account has a balance of 103,222.35.
If you have any questions please feel free to contact me at (603)875-4100 x102

Bank Representative
Tonia Cardinal 6/24/15
Assistant Branch Manager

TONIA L. CARDINAL
STATE OF NEW HAMPSHIRE
MY COMMISSION EXPIRES JUNE 22, 2018
NOTARY PUBLIC

Date: June 24, 2015

#3

Cambridge
Retirement Board

Annuity Savings Detail
Innocent E Lugumamu

06/22/2015 11:37:41
Page: 1
User: EllenPhilbin

Year	Unit	Tax	Deduction	2% Ded	Xfer In Ded	Xfer In 2% Ded	Xfer In Interest	Xfer Out Ded	Xfer Out 2% Ded	Xfer Out Interest	Interest Paid	Interest Deducted	Adj Int Credit	Xfer Ann Reserve	Xfer Pen Reserve	Xfer To Pen Fund	Curr Year Accum Ded	Total Accum Ded
[redacted]																		
Total:			90,686.79	9,561.73	62.00	0.00	0.00	0.00	0.00	0.00	3,226.21	0.00	0.00	0.00	0.00	0.00	103,536.73	

[redacted]

Records Reported On: 20

Interest Rate Pcts: 2015: 0.1; 2014: 0.1; 2013: 0.1; 2012: 0.1; 2011: 0.2; 2010: 0.3; 2009: 0.5; 2008: 0.6; 2007: 0.6; 2006: 0.6; 2005: 0.6; 2004: 0.6; 2003: 1.0; 2002: 1.4; 2001: 1.9; 2000: 2.1; 1999: 2.2; 1998: 2.4; 1997: 2.5; 1996: 2.5; 1995: 2.6; 1994: 2.5; 1993: 3.1; 1992: 4.7; 1991: 5.4; 1990: 5.4; 1989: 5.3; 1988: 5.2; 1987: 5.5; 1986: 5.5; 1985: 5.5; 1984: 5.5; 1983: 9.5; 1982: 8.4; 1981: 7.2; 1980: 6.7; 1979: 6.4;..

Memo Text: TACS Data Load Info:
Activity Code:PA - Active member at beginning of year

4
4a

NORTHMARK®
BANK

June 26, 2015

To Whom It May Concern:

This is written to verify that there are two checking accounts in this Bank operated by Lillian Montalto. The titles and balances in these accounts are as follows:

Lillian Montalto – ACN II Account:	$257,202.53
Centre Realty Trust	$167,133.47

Very truly yours,

Maureen C Pollard

Maureen C. Pollard
Branch Manager

89 Turnpike Street P.O. Box 825 North Andover, MA 01845 (978) 686-9100 FAX (978) 686-5779
Andover Office 69 Park Street Andover, MA 01810 (978) 475-5000 FAX (978) 749-7000
Winchester Office 26 Mount Vernon Street Winchester, MA 01890 (781) 721-9100 FAX (781) 721-9948
www.northmarkbank.com

Assets | Profile | Transactions | Executions | Transfers | Customer ID | Related | Documents

Account Assets

View account positions, generate reports, or go to a selected activity for the account. You can also link to security, transaction, and tax lot details for a listed position.

Search Results

Reps Included: All Reps
Closed Accounts: Not Included
Today's Activity: Not Included
LPL Account Number: (starts with) [redacted]

Select Account Class: -- All Account Classes --
LPL Account Number: [redacted]
Account Name:
SSN/Tax ID:

☑ Existing Accounts ☐ Outgoing Transfers ☐ Incoming Transfers

Search | New Search | Export | Clear | Search Tips

Reports & Graphs: -- Select A Report --

View: Assets

Account - Summary As Of 06/25/2015

Go To: -- Select an Activity --

Account:	[redacted]
Account Class:	[redacted]
Investment Obj:	
SSN/Tax ID:	[redacted]
Rep:	(10XB) ROBERT PAUL
Home Phone:	[redacted]
Business Phone:	(617) 966-8330
Mobile Phone:	
Email Address:	
Open Notifications:	None
B&R Status:	Comp
Suitability Status:	Comp

Account Registration:
PTC CUST ROLLOVER IRA FBO
ANDREA CARUSO
[redacted]

Holder Birth Date:
[redacted]

Holder Calculated Age:
[redacted]

Account Nickname:
--save--

Total Account Value at LPL: 185,453.76

[redacted]

Groups: CARUSO ANDREA 53049718 (Client)

Account - Balances As Of 06/25/2015

Total Account Value at LPL: 185,453.76
Cash and Equivalent Pct: 4.05 %

Total Account Value Including Outside Investments: 185,453.76

#5

Assets | Profile | Transactions | Executions | Transfers | Customer ID | Related | Documents

Account Assets

View account positions, generate reports, or go to a selected activity for the account. You can also link to security, transaction, and tax lot details for a listed position.

Search Results

Reps Included: All Reps
Closed Accounts: Not Included
Today's Activity: Not Included
LPL Account Number: (starts with) [redacted]

Select Account Class: -- All Account Classes --
LPL Account Number: [redacted]
Account Name:
SSN/Tax ID:

☑ Existing Accounts ☐ Outgoing Transfers ☐ Incoming Transfers

Search | New Search | Export | Clear | Search Tips

Reports & Graphs: -- Select A Report --

View: Assets

Account - Summary As Of 06/25/2015

Go To: -- Select an Activity --

Account:	[redacted]
Account Class:	[redacted]
Investment Obj:	[redacted]
SSN/Tax ID:	[redacted]
Rep:	(10XB) ROBERT PAUL
Home Phone:	[redacted]
Business Phone:	(617) 966-8330
Mobile Phone:	
Email Address:	
Open Notifications:	None
B&R Status:	Comp
Suitability Status:	Comp

Account Registration:
ANDREA COSTA CARUSO AND
RALPH CARUSO TTEES
ANDREA COSTA CARUSO REV
TRUST DTD 12-07-11
[redacted]

Holder Birth Date:
[redacted]

Holder Calculated Age:
[redacted]

Account Nickname:
--save--

Total Account Value at LPL: 116,841.96
[redacted]

Groups: CARUSO ANDREA 53049718 (Client)

Account - Balances As Of 06/25/2015

Total Account Value at LPL:	116,841.96	Total Account Value Including Outside Investments:	116,841.96
Cash and Equivalent Pct:	0.33 %		

Assets | Profile | Transactions | Executions | Transfers | Customer ID | Related | Documents

Account Assets

View account positions, generate reports, or go to a selected activity for the account. You can also link to security, transaction, and tax lot details for a listed position.

Search Results

Reps Included: All Reps
Closed Accounts: Not Included
Today's Activity: Not Included
LPL Account Number: (starts with) [redacted]

Select Account Class: -- All Account Classes --
LPL Account Number: [redacted]
Account Name:
SSN/Tax ID:

☑ Existing Accounts ☐ Outgoing Transfers ☐ Incoming Transfers

Search | New Search | Export | Clear | Search Tips

Reports & Graphs: -- Select A Report --

View: Assets

Account - Summary As Of 06/25/2015

Go To: -- Select an Activity --

Account:	[redacted]
Account Class:	[redacted]
Investment Obj:	[redacted]
SSN/Tax ID:	[redacted]
Rep:	(10XB) ROBERT PAUL
Home Phone:	[redacted]
Business Phone:	(781) 284-4260
Mobile Phone:	
Email Address:	
Open Notifications:	None
B&R Status:	Comp
Suitability Status:	Req

Account Registration:
RALPH CARUSO CUSTODIAN FBO
CHRISTOPHER J CARUSO UTMA MA
[redacted]

Holder Birth Date:
[redacted]

Holder Calculated Age:
[redacted]

Account Nickname:
--save--

Total Account Value at LPL: 82,534.07

[redacted]

Groups: CARUSO CHRISTOPHER (Client)

Account - Balances As Of 06/25/2015

Total Account Value at LPL:	82,534.07
Cash and Equivalent Pct:	0.38 %
Total Account Value Including Outside Investments:	82,534.07

Assets | Profile | Transactions | Executions | Transfers | Customer ID | Related | Documents

Account Assets

View account positions, generate reports, or go to a selected activity for the account. You can also link to security, transaction, and tax lot details for a listed position.

Search Results

Reps Included: All Reps
Closed Accounts: Not Included
Today's Activity: Not Included
LPL Account Number: (starts with) [redacted]

Select Account Class: -- All Account Classes --
LPL Account Number: [redacted]
Account Name:
SSN/Tax ID:

☑ Existing Accounts ☐ Outgoing Transfers ☐ Incoming Transfers

Search | New Search | Export | Clear | Search Tips

Reports & Graphs: -- Select A Report --

View: Assets

Account - Summary As Of 06/25/2015

Go To: -- Select an Activity --

Account:	[redacted]
Account Class:	[redacted]
Investment Obj:	[redacted]
SSN/Tax ID:	[redacted]
Rep:	(10XB) ROBERT PAUL
Home Phone:	[redacted]
Business Phone:	(781) 284-4260
Mobile Phone:	
Email Address:	
Open Notifications:	None
B&R Status:	Comp
Suitability Status:	Comp

Account Registration:
RALPH CARUSO AND
ANDREA COSTA CARUSO TTEES
RALPH CARUSO REVOCABLE TRUST
DTD 12-07-11
[redacted]

Holder Birth Date:
[redacted]

Holder Calculated Age:
[redacted]

Account Nickname:
--save--

Total Account Value at LPL: 31,562.99
[redacted]

Groups: CARUSO RALPH [redacted] (Client)

Account - Balances As Of 06/25/2015

Total Account Value at LPL:	31,562.99
Cash and Equivalent Pct:	3.15 %
Total Account Value Including Outside Investments:	31,562.99

Assets | Profile | Transactions | Executions | Transfers | Customer ID | Related | Documents

Account Assets

View account positions, generate reports, or go to a selected activity for the account. You can also link to security, transaction, and tax lot details for a listed position.

Search Results

Reps Included: All Reps
Closed Accounts: Not Included
Today's Activity: Not Included
LPL Account Number: (starts with) [redacted]

Select Account Class: -- All Account Classes --
LPL Account Number: [redacted]
Account Name:
SSN/Tax ID:
☑ Existing Accounts ☐ Outgoing Transfers ☐ Incoming Transfers

Search | New Search | Export | Clear | Search Tips

Reports & Graphs: -- Select A Report --

View: Assets

Account - Summary As Of 06/25/2015

Go To: -- Select an Activity --

Account: [redacted]
Account Class: [redacted]
Investment Obj:
SSN/Tax ID:
Rep: (10XB) ROBERT PAUL
Home Phone: [redacted]
Business Phone: (617) 966-8330
Mobile Phone:
Email Address:
Open Notifications: None
B&R Status: Comp
Suitability Status: Req

Account Registration:
ANDREA CARUSO
IRA- IVA FUNDS
OUTSIDE INVESTMENTS-
RETIREMENT
[redacted]

Holder Birth Date:
[redacted]

Holder Calculated Age:
[redacted]

Account Nickname:
--save--

Total Account Value at LPL: 0.00
[redacted]

Groups: CARUSO ANDREA 53049718 (Client)

Account - Balances As Of 06/25/2015

Total Account Value at LPL: 0.00
Cash and Equivalent Pct: 0.00 %

Total Account Value Including Outside Investments: 19,758.37

Caruso, 6 of 7

Assets | Profile | Transactions | Executions | Transfers | Customer ID | Related | Documents

Account Assets

View account positions, generate reports, or go to a selected activity for the account. You can also link to security, transaction, and tax lot details for a listed position.

Search Results

Reps Included: All Reps
Closed Accounts: Not Included
Today's Activity: Not Included
LPL Account Number: (starts with) [redacted]

Select Account Class: -- All Account Classes --
LPL Account Number: [redacted]
Account Name:
SSN/Tax ID:
☑ Existing Accounts ☐ Outgoing Transfers ☐ Incoming Transfers

Search | New Search | Export | Clear | Search Tips

Reports & Graphs: -- Select A Report --

View: Assets

Account - Summary As Of 06/25/2015

Go To: -- Select an Activity --

Account:	[redacted]
Account Class:	[redacted]
Investment Obj:	[redacted]
SSN/Tax ID:	[redacted]
Rep:	(10XB) ROBERT PAUL
Home Phone:	[redacted]
Business Phone:	
Mobile Phone:	
Email Address:	
Open Notifications:	None
B&R Status:	Comp
Suitability Status:	Req

Account Registration:
ANDREA CARUSO
IRA
OUTSIDE INVESTMENTS-
RETIREMENT
[redacted]

Holder Birth Date:
[redacted]

Holder Calculated Age:
[redacted]

Account Nickname:
--save--

Total Account Value at LPL: 0.00
[redacted]

Groups: CARUSO ANDREA 53049718 (Client)

Account - Balances As Of 06/25/2015

Total Account Value at LPL:	0.00
Cash and Equivalent Pct:	0.00 %
Total Account Value Including Outside Investments:	17,573.59

Assets | Profile | Transactions | Executions | Transfers | Customer ID | Related | Documents

Account Assets

View account positions, generate reports, or go to a selected activity for the account. You can also link to security, transaction, and tax lot details for a listed position.

Search Results

Reps Included: All Reps
Closed Accounts: Not Included
Today's Activity: Not Included
LPL Account Number: (starts with) [redacted]

Select Account Class: -- All Account Classes --
LPL Account Number: [redacted]
Account Name:
SSN/Tax ID:
☑ Existing Accounts ☐ Outgoing Transfers ☐ Incoming Transfers

Search
New Search
Export
Clear
Search Tips

Reports & Graphs: -- Select A Report --

View: Assets

Account - Summary As Of 06/25/2015

Go To: -- Select an Activity --

Account: [redacted]
Account Class: [redacted]
Investment Obj:
SSN/Tax ID: [redacted]
Rep: (10XB) ROBERT PAUL
Home Phone: [redacted]
Business Phone: (617) 966-8330
Mobile Phone:
Email Address:
Open Notifications: None
B&R Status: Comp
Suitability Status: Reg

Groups: CARUSO ANDRE[redacted](Client)

Account Registration:
ANDREA CARUSO
ROTH IRA- IVA FUNDS
OUTSIDE INVESTMENTS-
RETIREMENT
[redacted]

Holder Birth Date:
[redacted]

Holder Calculated Age:
[redacted]

Account Nickname:
--save--

Total Account Value at LPL: 0.00
[redacted]

Account - Balances As Of 06/25/2015

Total Account Value at LPL: 0.00
Cash and Equivalent Pct: 0.00 %

Total Account Value Including Outside Investments: 3,214.13

#6

Fidelity CUSTOMER SERVICE | OPEN AN ACCOUNT | REFER A FRIEND | LOG OUT

Accounts & Trade | News & Insights | Research

Your Profile > | Help/Glossary

Personal Information/Address

Personal Information

Name	MAY CHAN HUI	Update
Date of Birth	[redacted]	Update
Primary E-Mail Address	HUISS@VERIZON.NET	Update
Optional E-Mail Address		
Country of Citizenship	UNITED STATES	Update

Personal Address/Phone

What is Personal Address/Phone?

Mailing Address	[redacted]	Update
Legal/Residential Address	Same as Mailing Address	
Phone Numbers	[redacted]	

Seasonal Address (Temporary Mailing Address)

What is a Seasonal /Address?

No Seasonal Address. For account mailings, we're using the permanent Mailing Address, shown below.

Add a Seasonal Address

Address/Phone Group 1

What are Address/Phone Groups?

For These Accounts	[redacted]	
Mailing Address	[redacted]	Update
Legal/Residential Address		
Phone Numbers	[redacted]	

*This account has a different Legal/Residential Address than the one displayed. If you update this group's Legal/Residential Address, it will apply to all accounts in this group.

AS OF 06/26/2015 9 15 AM ET

	Total Account Value	Change
[redacted]	[redacted]	
Total	$524,025.39	-$11.15
Your Fidelity Accounts	$510,944.47	+$108.85
Other Fidelity Accounts	$13,080.92	-$120.00

#7

Commitment Letter

June 27, 2015

This commitment letter is intended to set forth the general loan parameters, as agreed to by the Borrower, the CAS Foundation a Commonwealth of Massachusetts Non-Profit Corporation and the Lender, as defined below, as they relate to the financing of the CAS Foundation in its efforts to establish a "Registered Marijuana Dispensary" (RMD) and/or "Dispensaries" under 105 CMR 725.000: IMPLEMENTATION OF AN ACT FOR THE HUMANITARIAN MEDICAL USE OF MARIJUANA. The following sets forth the terms and conditions upon which the Lender will make the loan to the CAS Foundation.

Lender;	Bert Vining
Borrower;	CAS Foundation
Guarantors;	CAS Foundation Jayne Vining, Personally
Loan Amount;	Up to a maximum of $260,000.00 for the purpose of establishing and operating a "Registered Marijuana Dispensary or Dispensaries".
Loan Term;	A Five (5) year, unsecured, loan at an interest rate of TEN percent (10%).
Contingencies;	The Lender shall have no obligation to commit any funds to CAS Foundation until; The Entity has secured the licenses, permits and approvals to establish and operate a "Registered Marijuana Dispensary or Dispensaries in the Commonwealth of Massachusetts, in accordance and compliance with the laws of the Commonwealth of Massachusetts.

We, the undersigned, hereby agree to the above terms and conditions of this commitment Letter.

Lender;

Bert Vining

Bert Vining

Borrower; CAS Foundation

Jayne Vining

Jayne Vining, President

10442

HURLEY SHAH LLP
ATTORNEYS
BUSINESS · PROPERTY · LITIGATION
HURLEYSHAH.COM
IOLTA ACCOUNT

Citizens Bank

5-7017-2110

6/26/2015

PAY TO THE ORDER OF Bert Vining $ **269,552.30

Two Hundred Sixty-Nine Thousand Five Hundred Fifty-Two and 30/100** DOLLARS

Bert Vining

AUTHORIZED SIGNATURE

MEMO 12 Elysian Drive, Andover MA - Weng, Binwei

[redacted]

 Applicant Non-Profit Corporation Cardiac Arrhythmia Syndromes Foundation, Inc. aka - CAS Foundation

ATTESTATIONS

Signed under the pains and penalties of perjury, I, the authorized signatory for the applicant non-profit corporation, agree and attest that all information included in this application is complete and accurate and that I have an ongoing obligation to submit updated information to the Department if the information presented within this application has changed.

Jayne Vining

Signature of Authorized Signatory

06/22/2015

Date Signed

Jayne Vining

Print Name of Authorized Signatory

CEO & President

Title of Authorized Signatory

I hereby attest that if the non-profit corporation is allowed to proceed to submit a *Management and Operations Profile*, the applicant non-profit corporation is prepared to pay a non-refundable application fee of $30,000 and the cost of all required background checks, and comply with all *Management and Operations Profile* and *Siting Profile* requirements.

Jayne Vining

Signature of Authorized Signatory

06/26/2015

Date Signed

Jayne Vining

Print Name of Authorized Signatory

CEO & President

Title of Authorized Signatory

I hereby attest that I understand that registered marijuana dispensaries are required to conduct background investigations of proposed Dispensary Agents, that such background investigations are subject to the Department's inspection and review, and that the applicant non-profit corporation will not engage the services of a Dispensary Agent that has ever been convicted of a felony drug offense in Massachusetts, or a like violation of the laws of another state, the United States, or a military, territorial, or Indian tribal authority.

Jayne Vining

Signature of Authorized Signatory

06/22/2015

Date Signed

Jayne Vining

Print Name of Authorized Signatory

CEO & President

Title of Authorized Signatory

Information on this page has been reviewed by the applicant, and where provided by the applicant, is accurate and complete, as indicated by the initials of the authorized signatory here: JV

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

Date: June 23, 2015

To Whom It May Concern :

I hereby certify that

CARDIAC ARRHYTHMIA SYNDROMES FOUNDATION, INC.

appears by the records of this office to have been incorporated under the General Laws of this

Commonwealth on **July 17, 2008** (Chapter 180).

I also certify that so far as appears of record here, said corporation still has legal existence.

In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 15063939620
Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx
Processed by: tad