



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, 11<sup>th</sup> 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](http://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, 11<sup>th</sup> Floor  
Boston, MA 02111

MA Dept. of Public Health  
99 Chauncy Street  
Boston, MA 02111

JUN 29 2015

RECEIVED

**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](mailto:RMDapplication@state.ma.us).

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

Application 2 of 3 Applicant Non-Profit Corporation

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## 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.

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**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.

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Application 2 of 3 Applicant Non-Profit Corporation

**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   | Innocent Lugumamu           |
| #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   | Ralph Caruso                |
| #6   | May Chan Hui                                  | FIDELITY                   | Various (4)                 | \$ 524,025.39   | maychan                     |
|      |   |                            | <b>TOTAL:</b>               | \$ 1,919,155.19 |                             |
| #7   | Bert Vining                                   | PERSONAL LOAN              | Cash                        | \$260,000.00    | Bert Vining                 |
|      |   |                            | <b>TOTAL:</b>               | \$2,179,155.19  |                             |

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# /



P.O. Box 15284  
Wilmington, DE 19850

### 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

JAYNE VINING



## Your combined statement

for May 20, 2015 to June 19, 2015

| Your deposit accounts                          | Account/plan number | Ending balance      | Details on |
|--|---------------------|---------------------|------------|
| ScenicBanking - Spring BofA Enhanced -Checking | [REDACTED]          | \$105,059.72        | Page 3     |
| Regular Checking                               | [REDACTED]          | \$1,242.61          | Page 5     |
| <b>Total balance</b>                           |                     | <b>\$106,302.33</b> |            |

Bank of America  
**Preferred Rewards**  
 PLATINUM HONORS

## Thank you and welcome to Preferred Rewards

Now you can earn more, save more and get more back for the everyday banking you do.

**Make sure you get the most out of your new benefits and rewards. Talk to a specialist at 888.888.RWDS (888.888.7937)**

ARC5PWGX

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SSM-11-14-0129.C1



#2a.



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  
Tonia Cardinal  
Assistant Branch Manager



Date: June 24, 2015

NMLS# 412728

ROCHESTER • SANBORNVILLE • ALTON • SOMERSWORTH

Main Office: 45 Wakefield Street, PO Box 1808, Rochester, NH 03866-1808 • Phone: (603) 332-2610 Fax: (603) 332-2519

www.ProfileBank.com



# 4  
# 4a

# NORTHMARK<sup>®</sup> 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  
Branch Manager

- 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: [REDACTED] SSN/Tax ID: [REDACTED]

Existing Accounts  Outgoing Transfers  Incoming Transfers

Search [REDACTED] New Search [REDACTED] Export [REDACTED] Clear [REDACTED] Search Tips [REDACTED]

Reports & Graphs: -- Select A Report -- View: Assets

Account - Summary As Of 06/25/2015

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: [REDACTED]  
 Email Address: [REDACTED]  
 Open Notifications: None  
 B&R Status: Comp  
 Suitability Status: Comp  
 Groups: CARUSO ANDREA 53049718 (Client)

Go To: -- Select an Activity --  
 Total Account Value at LPL: 185,453.76

Account Registration: PTC CUST ROLLOVER IRA FBO ANDREA CARUSO  
 Holder Birth Date: [REDACTED]  
 Holder Calculated Age: [REDACTED]  
 Account Nickname: --save--

|   |            |
|---|------------|
| <b>Account - Balances As Of 06/25/2015</b>                    |            |
| 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: [REDACTED] SSN/Tax ID: [REDACTED]

Existing Accounts  Outgoing Transfers  Incoming Transfers

Search [REDACTED] New Search [REDACTED] Export [REDACTED] Clear [REDACTED] Search Tips [REDACTED]

Reports & Graphs: -- Select A Report -- View: Assets

Account - Summary As Of 06/25/2015

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: [REDACTED]

Email Address: [REDACTED]

Open Notifications: None

B&R Status: Corp

Suitability Status: Corp

Groups: CARUSO ANDREA (Client)

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

Holder Birth Date: [REDACTED]

Holder Calculated Age: [REDACTED]

Account Nickname: --save--

Go To: -- Select an Activity --

Total Account Value at LPL: 116,841.96

|   |            |
|---|------------|
| <b>Account - Balances As Of 06/25/2015</b>                    |            |
| Total Account Value at LPL:                                   | 116,841.96 |
| Cash and Equivalent Pct:                                      | 0.33 %     |
| Total Account Value Including Outside Investments: 116,841.96 |            |

- 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: [REDACTED]

Select Account Class:  
 -- All Account Classes --

LPL Account Number: [REDACTED]

Account Name: [REDACTED] SSN/Tax ID: [REDACTED]

Existing Accounts  Outgoing Transfers  Incoming Transfers

**Reports & Graphs:** -- Select A Report --

**Account - Summary As Of 06/25/2015**

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: [REDACTED]

Email Address: [REDACTED]

Open Notifications: None

B&R Status: Comp

Suitability Status: Reg

Groups: CARUSO CHRISTOPHER (Client)

Account Registration:  
 RALPH CARUSO CUSTODIAN FBO  
 CHRISTOPHER J CARUSO UTMMA MA

Holder Birth Date: [REDACTED]

Holder Calculated Age: [REDACTED]

Account Nickname: [REDACTED]

Go To: -- Select an Activity --

Total Account Value at LPL: 82,534.07

**Account - Balances As Of 06/25/2015**

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

- [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: [REDACTED]

Select Account Class: -- All Account Classes --

LPL Account Number: [REDACTED]

Account Name: [REDACTED] SSN/Tax ID: [REDACTED]

Existing Accounts  Outgoing Transfers  Incoming Transfers

View: Assets

Go To: -- Select an Activity --

View: Assets

Go To: -- Select an Activity --

### Reports & Graphs: -- Select A Report --

**Account - Summary As Of 06/25/2015**

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: [REDACTED]

Email Address: [REDACTED]

Open Notifications: None

B&R Status: Contd

Suitability Status: Comp

Groups: CARUSO RALPH 28861010 (Client)

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

Holder Birth Date: [REDACTED]

Holder Calculated Age: [REDACTED]

Account Nickname: --save--

Total Account Value at LPL: 31,562.99

| 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: [REDACTED] SSN/Tax ID: [REDACTED]

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

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: [REDACTED]  
 Email Address: [REDACTED]  
 Open Notifications: None  
 B&R Status: Comp  
 Suitability Status: Req

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

Holder Birth Date: [REDACTED]  
 Holder Calculated Age: [REDACTED]  
 Account Nickname: --save--

Groups: CARUSO ANDREA 53049718 (Client)

Go To: -- Select an Activity --  
 Total Account Value at LPL: 0.00

Account - Balances As Of 06/25/2015

|                             |        |  |           |
|-----------------------------|--------|--|-----------|
| Total Account Value at LPL: | 0.00   | Total Account Value Including Outside Investments: | 19,758.37 |
| Cash and Equivalent Pct:    | 0.00 % |  |           |

- 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: [REDACTED] SSN/Tax ID: [REDACTED]

Existing Accounts  Outgoing Transfers  Incoming Transfers

Search [REDACTED]    New Search [REDACTED]    Export [REDACTED]    Clear [REDACTED]    Search Tips [REDACTED]

Reports & Graphs: -- Select A Report --

View: Assets

Account - Summary As Of 06/25/2015

Account: [REDACTED]

Account Class: [REDACTED]

Investment Obj: [REDACTED]

SSN/Tax ID: [REDACTED]

Rep: (10XB) ROBERT PAUL [REDACTED]

Home Phone: [REDACTED]

Business Phone: [REDACTED]

Mobile Phone: [REDACTED]

Email Address: [REDACTED]

Open Notifications: None

B&R Status: Comp

Suitability Status: Reg

Account Registration: ANDREA CARUSO IRA OUTSIDE INVESTMENTS-RETIREMENT

Holder Birth Date: [REDACTED]

Holder Calculated Age: [REDACTED]

Account Nickname: --save--

Groups: CARUSO, ANDREA, 53049718 (Client)

Go To: -- Select an Activity --

Total Account Value at LPL: [REDACTED] 0.00

Account - Balances As Of 06/25/2015

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

- 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: [REDACTED] SSN/Tax ID: [REDACTED]

Existing Accounts     Outgoing Transfers     Incoming Transfers

**Reports & Graphs:** -- Select A Report --

**View:** Assets

**Account - Summary As Of 06/25/2015**

Go To: -- Select an Activity --    Total Account Value at LPL: 0.00

|  |   |
|--|---|
| <p>Account: [REDACTED]</p> <p>Account Class: [REDACTED]</p> <p>Investment Obj: [REDACTED]</p> <p>SSN/Tax ID: [REDACTED]</p> <p>Rep: (10XB) ROBERT PAUL</p> <p>Home Phone: [REDACTED]</p> <p>Business Phone: (617) 966-8330</p> <p>Mobile Phone: [REDACTED]</p> <p>Email Address: [REDACTED]</p> <p>Open Notifications: None</p> <p>B&amp;R Status: <u>Comp</u></p> <p>Suitability Status: <u>Req</u></p> | <p>Account Registration: ANDREA CARUSO<br/>                 ROTH IRA- IVA FUNDS<br/>                 OUTSIDE INVESTMENTS-<br/>                 RETIREMENT</p> <p>Holder Birth Date: [REDACTED]</p> <p>Holder Calculated Age: [REDACTED]</p> <p>Account Nickname: --save--</p> |
|--|---|

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: | 3,214.13 |

## 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 | [REDACTED] |        |
| 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



|                         |                     |                 |
|-------------------------|---------------------|-----------------|
| <b>Total</b>            | <b>\$524,025.39</b> | <b>-\$11.15</b> |
| 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;

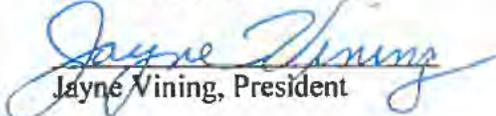
The Entity has secured the licenses, permits and approvals to establish and operate a "Registered Marijuana Dispensary or Dispensaries in the Commonwealth of Massachusetts, in accordance and compliance with the laws of the Commonwealth of Massachusetts.

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

Lender;

Borrower; CAS Foundation

  
Bert Vining

  
Jayne Vining, President

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6/26/2015

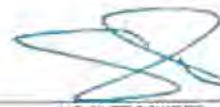
PAY TO THE ORDER OF Bert Vining

\$ \*\*269,552.30

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

DOLLARS

Bert Vining



AUTHORIZED SIGNATURE

MEMO

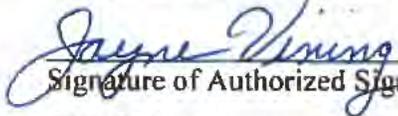
12 Elysian Drive, Andover MA - Weng, Binwei

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**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.

  
Signature of Authorized Signatory

06/22/2015  
Date Signed

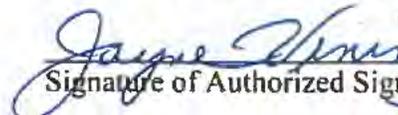
Jayne Vining

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.

  
Signature of Authorized Signatory

06/26/2015  
Date Signed

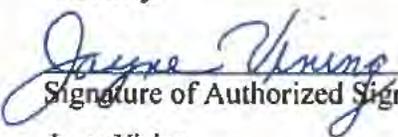
Jayne Vining

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.

  
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



William Francis Galvin  
Secretary of the  
Commonwealth

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

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.

A handwritten signature in cursive script that reads "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