



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: 617-660-6370  
[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

**Application fees are non-refundable and non-transferable.**

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

JUL 20 2015

RECEIVED

Application 2 of 3 Applicant Non-Profit Corporation \_\_\_\_\_

## 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: MAD

Application 2 of 3 Applicant Non-Profit Corporation \_\_\_\_\_

## 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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Application 2 of 3 Applicant Non-Profit Corporation \_\_\_\_\_

**SECTION A. APPLICANT INFORMATION**

1. Heka Health, Inc  
Legal name of Corporation
2. Mark A. Dupuis  
Name of Corporation's Chief Executive Officer
3. 48 Elm St  
Suite 3  
Westfield, MA 01085  
Address of Corporation (Street, City/Town, Zip Code)
4. Thomas P Keenan  
Applicant point of contact (name of person the Department should contact regarding this application)
5. 413-562-1500  
Applicant point of contact's telephone number
6. hekalegal@gmail.com  
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.

**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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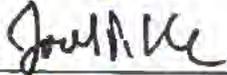
Application 2 of 3 Applicant Non-Profit Corporation \_\_\_\_\_

**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
Christine M Keenan	LPL Financial	Investment Account	\$ 100,000.00	
Joseph P Keenan	Merrill Lynch	Brokerage Account	\$ 100,000.00	
Curtis S. Gezotis	Various	Various - 3 (See Attached)	\$ 317,562.00	
Marc C. Lichwan	Various	Various - 8 (See Attached)	\$ 1,209,995.45	
Laurie M. Yacteen	Chicopee Savings Bank	Checking	\$ 250,000.00	
Angelo N. Della Ripa	Merrill Lynch	Brokerage Account	\$ 189,554.04	
-----	-----	<b>TOTAL:</b>	\$ 2,167,111.49	---

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4828 Parkway Plaza Blvd.  
Charlotte, NC 28217  
Phone: (858) 450-9806  
Toll Free: (800) 877-7210  
Fax: (858) 646-7455

July 17, 2015

Christine M. Keenan  
[REDACTED]

To Whom It May Concern:

LPL Financial client **Christine Keenan** has submitted a written request for verification of her account held at our firm. Please use this letter as verification that the account [REDACTED] has a market value of at least \$100,000.00 as of **July 16, 2015**. This account has no current restrictions.

Please be aware that although LPL Financial has been authorized to verify up to a specific dollar amount on these accounts, we are not placing any restrictions on the account, nor are we liable for market fluctuations, client instructed withdrawals, or any other transactions that would change the value of the accounts.

Sincerely,

A handwritten signature in cursive script that reads 'Jill Hayes'.

Jill Hayes  
Manager | Service360  
LPL Financial



**Burkhart Pizzanelli**  
CERTIFIED PUBLIC ACCOUNTANTS

July 15, 2015

Re: Joseph P. Keenan, M.D.

To whom it may concern,

Dr. Keenan maintains a brokerage account at:

Merrill Lynch  
One Monarch Place  
23<sup>rd</sup> Floor  
Springfield, MA 01103

As of this date, the account balance is in excess of \$100,000. The funds in the account are available for withdrawal by Dr. Keenan.

Truly,

Richard F. Burkhart

RFB/dc

cc: Joseph P. Keenan, M.D.



CURTIS GEZOTIS Group #: [REDACTED]

**Summary**

Address [\[edit\]](#)

[REDACTED]

E-mail [\[edit\]](#)

curtgezo@aol.com

**Summary of Account (as of Jul 8, 2015)**

[REDACTED]

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Primary Account: 815-08A47

PIM USA INC TTEE 401K FOR CURT  
GEZOTIS CUSTOM BUILDERS INC  
U/A 01/01/2008  
42 GARY DR  
WESTFIELD MA 01085-4555

# YOUR MERRILL LYNCH REPORT

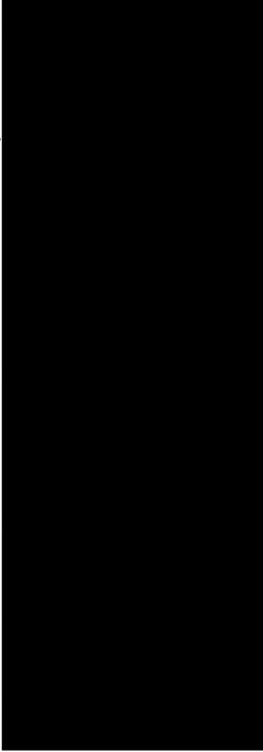
May 30, 2015 - June 30, 2015

## PORTFOLIO SUMMARY

June 30

Net Portfolio Value

\$52,733.23



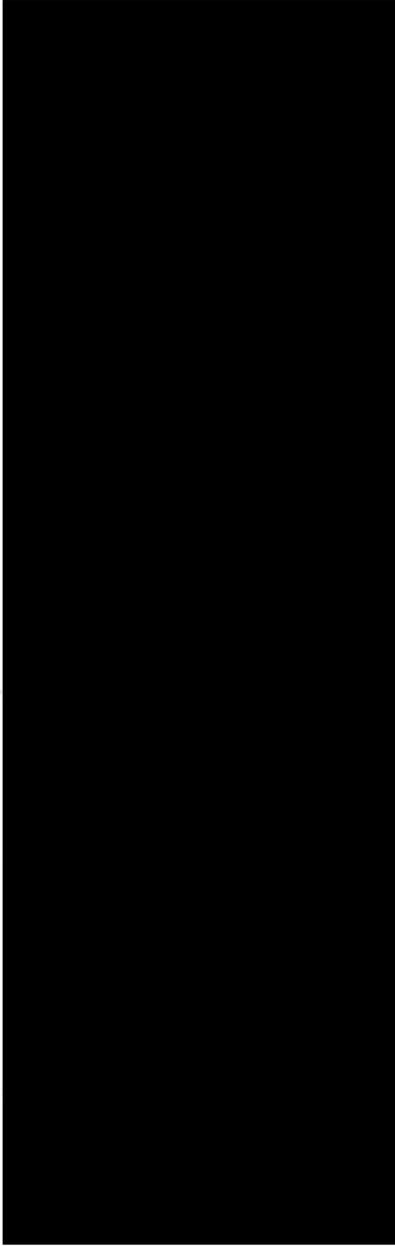
If you have questions on your statement,  
call 24-Hour Assistance:  
(866) 4MLBUSINESS  
(866) 465-2874  
Access Code: [REDACTED]

Investment Advice and Guidance:  
Call Your Financial Advisor

Your Financial Advisor:  
C DAVID KAYE II  
ONE MONARCH PLACE 23RD FLOOR  
SPRINGFIELD MA 01144  
david\_kaye@ml.com  
1-413-747-8971

Up-to-date account information can be viewed  
at: [www.mymerrill.com](http://www.mymerrill.com), where your statements  
are archived for three or more years.

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at the top of the screen once you log in.



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# JOHN HANCOCK FREEDOM 529

Offered by the EDUCATION TRUST OF ALASKA

## ACCOUNT STATEMENT

January 1, 2015 to June 30, 2015

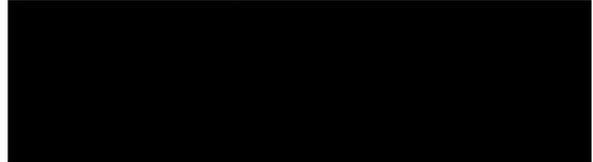
Page 1 of 2

2000644 02 \*\*AUTO 4 0 7033 01085-455542 -C01-P00644-11 011824

ACCOUNT HOLDER/CUSTODIAN  
CURTIS S GEZOTIS



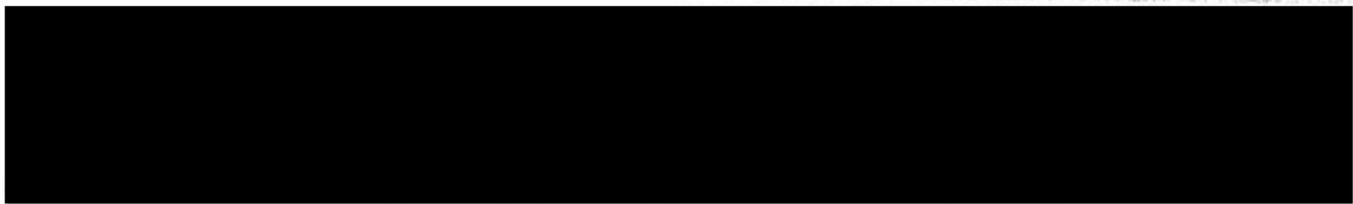
### ACCOUNT SUMMARY AT A GLANCE



**Total Ending Balance** **\$39,681.73**

FINANCIAL CONSULTANT, AS AGENT  
WALTER E DRENEN  
MONEY CONCEPTS CAPITAL CORP  
89 S MAPLE ST  
WESTFIELD MA 01085-4388

Back to school means back to saving for many families. Set up an automatic purchase plan on your Freedom 529 account, or increase an existing one, to make sure you're on track to meet your savings goals. Visit [johnhancockfreedom529.com](http://johnhancockfreedom529.com) or contact our customer service department at 866-222-7498 for more information.



7033-01-m2-2000644-0001-0002247





Your last login was: 7/9/2015 10:09:28 AM ET

Log Off

52006547

Detailed Quote:

Hello, MARC C LICHWAN

Home Page 1

Message Center

Products & Services

Contact Us

Trading Tools:

Scottrade Streaming Quotes

Scottrade ELITE (New)

Explore New Ideas: Launching Pad

My Account [Edit](#)

Total Brokerage Account Value: **\$161,429.19**

View:

[Balance Details](#)

Chart is current as of previous day's close.

Quick Links [Edit](#)

Fund Your Account

8 Steps to Help Plan For Your Retirement

Quick Quote

Symbol or Name

Symbol or Name

DJIA \$DJIA +57.72 (0.33%)

NASDAQ \$COMP +18.63 (0.38%)

2,054.16 +7.48 (0.37%)

NYSE \$NYA +65.1052 (0.61%)

Market Closes In:

1 hour 21 minutes

7/9/2015 2:39 PM ET

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Quick Trade

DJIA \$DJIA  
17,573.14 +57.72 (0.33%)

NASDAQ \$COMP  
4,928.39 +18.63 (0.38%)

S&P 500 \$SPX  
2,054.16 +7.48 (0.37%)

Market Closes In:  
1 hour 21 minutes  
7/9/2015 2:39 PM ET

7/9/2015



# Employee Plan Information by Fund

◀ Previous Employee

Next Employee ▶

**Mcl Mechanical Services Inc**

**Marc Lichwan**

Branch / Client Number: [REDACTED]

To view other employee information, make a selection in the drop-down menu.

Display Employee Plan Information By Fund ▼

Apply Selections

Case Number [REDACTED]

**Totals: \$263,543.69**

Close

Print

Investment Professional Support Line: 1-877-283-9520

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[Privacy Statement](#)

Pricing is Intraday  
As of Jul-09-2015 2:18 PM ET

Account Positions (Open/Unrealized) for [Redacted]  
Searched by None ; Sorted by Security Type ; Then Sorted by Security ID

Security ID	Symbol	Security Description	Closing Quantity	Recent Quantity	Recent Price	Recent Market Value	Account Type	Cost	\$ Gain/Loss	Current Face	Factor/Inflation Factor	% Gain/Loss
[Redacted]												
Total											\$60,790.32 USD	

[Redacted]

\*Core Sweep/Fund \*\*Mutual Fund w/Short-Term ▼ Intraday <sup>a</sup>Adjusted Cost <sup>b</sup>Custodied by a Third Party

Marc C Lichwan

\$38,860.49

Advisor ID: AGA950

Email Address: [accounting@mdmech.com](mailto:accounting@mdmech.com)

Phone Number: [413-642-3563](tel:413-642-3563)

[Activity](#) [Holdings](#) [Performance](#) [Gain/Loss](#) [Investment History](#) [Account Information](#) [Fees](#) [On-Demand Report](#)

[All Holdings](#) [Holdings By Sector](#)

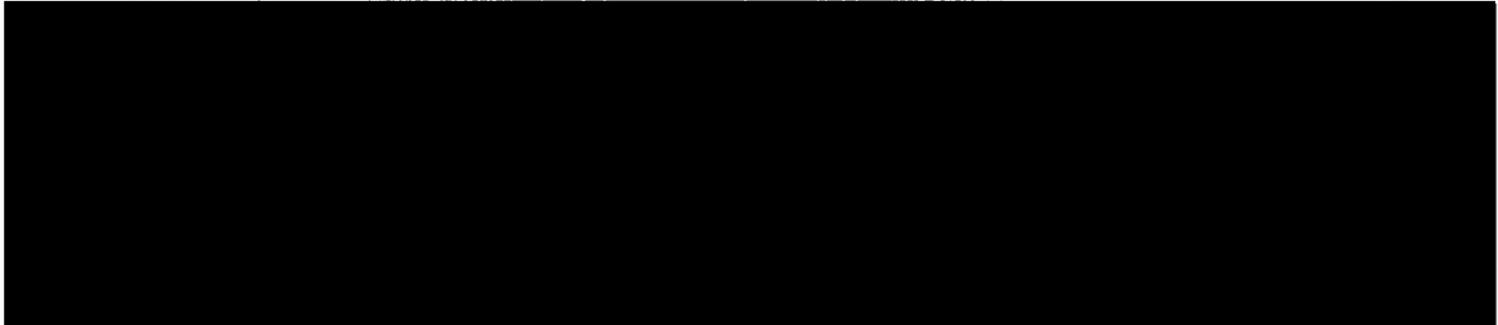
Last Updated: 7/8/2015

Search

Recent Searches :

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6 Holdings

Total

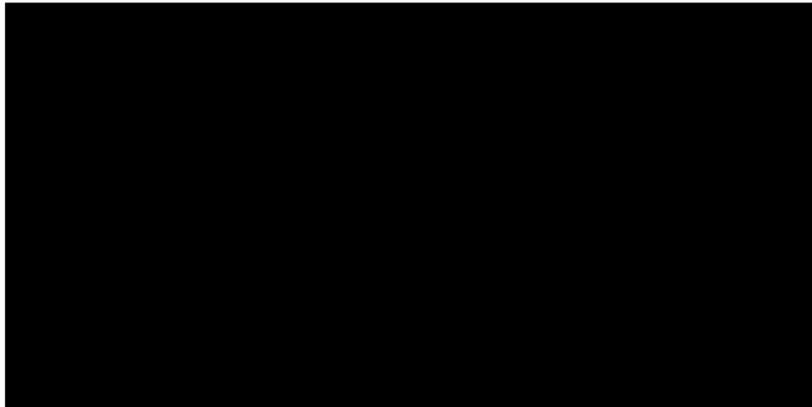
\$38,860.49

Total Assets - Class

Total Assets - Sector

Total Assets Class

Total Assets by Asset Class. The pie chart breaks down the total value of all holdings in this account by Asset Class.





# Florence Savings Bank

Partners in Our Hometown

85 Main Street-PO Box 60700

Florence, MA 01062-0700

(413) 586-1300 TDD(413) 586-1309

www.florencesavings.com

Page: 1 of 2

Account Number: [REDACTED]

Billing Date: 06-30-2015

Mortgage Loan



013434

MARC C LICHWAN  
SERENA M LICHWAN

Property Description:

[REDACTED]

[REDACTED]

[REDACTED]

Available Credit

83,600.00

(v) = Variable Rate

Should you have any questions:

Call 413-586-1300, or toll free at 1-800-644-8261



July 10, 2015

Marc C. Lichwan  
[REDACTED]

Re: Credit Reference

Dear Marc:

The purpose of this letter is to confirm that March C. Lichwan located at [REDACTED] [REDACTED] has been a valuable customer of United Bank (the "Bank") since 2006. Mr. Lichwan currently maintains a depository account with the Bank with a current outstanding balance of \$197,178, as of July 10, 2015. The account has been handled as agreed and continues to be satisfactory.

If I can be of further assistance to you in this matter, please do not hesitate to contact me at (413) 787-1274.

Sincerely,

Diane M. LaCasse  
Senior Vice President  
Commercial Banking



July 10, 2015

Marc C. Lichwan  
MCL Mechanical Services, Inc.  
26 Kelso Avenue  
West Springfield, MA 01089

Re: Credit Reference

Dear Marc:

The purpose of this letter is to confirm that MCL Mechanical Services, Inc. (the "Company") located at 26 Kelso Avenue, West Springfield, Massachusetts, has been a valuable customer of United Bank (the "Bank") since 1998. The Company has a secured Line of Credit commitment with the Bank in the medium six figures with medium six figure availability. The Line of Credit is reviewed annually.

Currently, the aggregate balance for the Company's deposit and savings accounts is in the medium six figures. The aggregate balance for the Company's accounts has averaged medium six figures over the past twelve months. The Company's payment performance on any indebtedness to the Bank, as well as the depository relationship, continues to be satisfactory.

If I can be of further assistance to you in this matter, please do not hesitate to contact me at (413) 787-1274.

Sincerely,

A handwritten signature in black ink, appearing to read "Diane M. LaCosse".

Diane M. LaCosse  
Senior Vice President  
Commercial Banking



Primary Account

# YOUR MERRILL LYNCH REPORT

May 30, 2015 - June 30, 2015

## PORTFOLIO SUMMARY

June 30

Net Portfolio Value

\$189,554.04

If you have questions on your statement, call 24-Hour Assistance: (800) MERRILL (800) 637-7455 Access Code

Investment Advice and Guidance: Call Your Financial Advisor

Your Financial Advisor: THE CM GROUP 200 GLASTONBURY BLVD GLASTONBURY CT 06033 1-888-768-6999

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**CHICOPEE SAVINGS**

July 13, 2015

To Whom It May Concern:

Please be advised that our customer Laurie Yacteen of [REDACTED] has a current balance of \$250,000 available in her checking account [REDACTED] with Chicopee Savings Bank.

Any further questions please call me at (413) 598-3240.

Sincerely,

Martha M. Rickson  
Assistant Vice President  
Chicopee Savings Bank

*Chicopee Savings Bank, 70 Center Street, Chicopee, Massachusetts 01014-0300 (413) 594-6692 • Fax # (413) 594-5266  
www.chicopeesavings.com*

*Member FDIC*

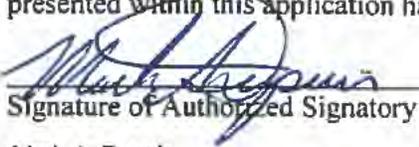


*Member DIF*

Application 2 of 3 Applicant Non-Profit Corporation \_\_\_\_\_

**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

7-16-15  
Date Signed

Mark A. Dupuis

\_\_\_\_\_  
Print Name of Authorized Signatory

CEO

\_\_\_\_\_  
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

7-16-15  
Date Signed

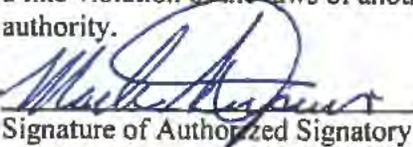
Mark A. Dupuis

\_\_\_\_\_  
Print Name of Authorized Signatory

CEO

\_\_\_\_\_  
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

7-16-15  
Date Signed

Mark A. Dupuis

\_\_\_\_\_  
Print Name of Authorized Signatory

CEO

\_\_\_\_\_  
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: MAD



William Francis Galvin  
Secretary of the  
Commonwealth

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

Date: June 23, 2015

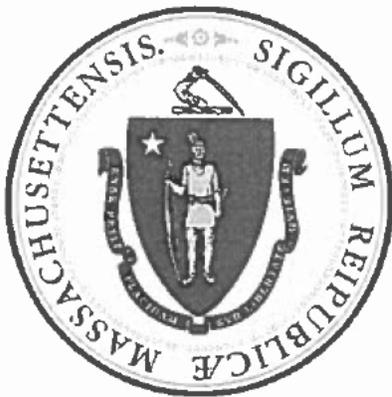
To Whom It May Concern :

I hereby certify that

**HEKA HEALTH, INC.**

appears by the records of this office to have been incorporated under the General Laws of this  
Commonwealth on April 27, 2015 (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: 15063925910

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: ach