



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
SEP 30 2015

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

Application fees are non-refundable and non-transferable.

Application 1 of 1 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.

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: 

Application 1 of 1 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.

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: AM

Application 1 of 1 Applicant Non-Profit Corporation _____

SECTION A. APPLICANT INFORMATION

1. Massachusetts Compassionate Patient Care Corp.
Legal name of Corporation
2. Aleksander Murakhovskiy
Name of Corporation's Chief Executive Officer
3. 57 Broadlawn Park Suite 15
Chestnut Hill, MA 02467
Address of Corporation (Street, City/Town, Zip Code)
4. Aleksander Murakhovskiy
Applicant point of contact (name of person the Department should contact regarding this application)
5. (508) 287 - 1922
Applicant point of contact's telephone number
6. alexm@cannamart.com
Applicant point of contact's e-mail address
7. Number of applications: How many *Applications of Intent* do you intend to submit? 1

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.

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: AM

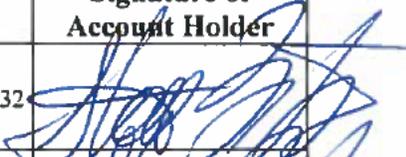
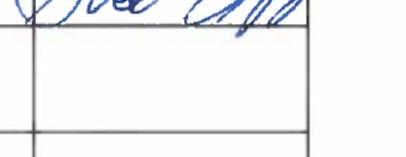
Application 1 of 1 Applicant Non-Profit Corporation

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
I & S LLC	The Colorado Bank & Trust Company	Checking	\$ 120,575.32	
JOIS LLC	The Colorado Bank & Trust Company	Checking	\$ 107,451.80	
MC INC	The Colorado Bank & Trust Company	Checking	\$ 122,337.59	
-----	-----	TOTAL:	\$ 350,364.71	----

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: 



Account Summary

- Show Account Detail ▾
- Export File
- Upcoming Transactions

Welcome
Stanislav Zislis of JOIS LLC
Last Login Date
9/29/2015 10:25:11 AM ET

Quick Links

- Show Account Detail ▾
- Change Quick Links

Account Summary

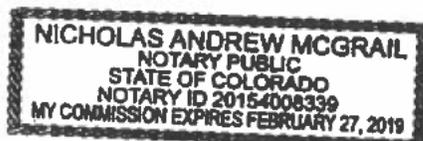
Return to this Account Summary page at any time for the current status of the account below to see the details of that account on the Account Detail page.

Deposit Accounts

Account	Currency	Current Balance
[REDACTED]	USD	\$120,575.32
[REDACTED]	USD	\$107,451.80
[REDACTED]	USD	\$122,337.59
Totals		\$350,364.71



"State of COLORADO, County (or City) of DENVER, I, NICHOLAS MCGRAIL
 a Notary Public in and for said state, do certify that on 09/29/2015, I carefully compared with
 the original the attached facsimile of FINANCIAL STATEMENT and the facsimile I now hold in my
 possession. They are complete, full, true, and exact facsimiles of the document they purport to
 reproduce."



The following information may be used to further identify individuals for telephone instructions, large transactions, or if a signature varies. MIMN=McIntire's Maiden Name

Name: KGOR KAMMER	SSN: [REDACTED]
Street: [REDACTED]	
Mailing: [REDACTED]	
Phone: (HI) (808) 748-8337 (NY) (720) 627-8051	
Job: OWNER, I&S LLC	MIMN: KOFFE
DOB: [REDACTED]	
ID: [REDACTED]	
Name: JAMES MURRAY THOMAS	SSN: [REDACTED]
Street: [REDACTED]	
Mailing: [REDACTED]	
Phone: (NY) (970) 231-2751 (NY) (970) 231-2751	
Job: WAREHOUSE MANAGER	MIMN: BOHFELD
DOB: [REDACTED]	
ID: [REDACTED]	

THIRBACKUP WITHHOLDING

Reporting TIN: 27-1461889

Important: Under penalties of perjury, I certify that 1) the number shown above is the Limited Liability Company's correct taxpayer identification number; 2) I am a U.S. citizen or other U.S. person (defined in the instructions); 3) I am exempt from reporting under the Foreign Account Tax Compliance Act (FATCA), and 4) that I check appropriate box:

The Limited Liability Company is not subject to backup withholding, because the Limited Liability Company is exempt from backup withholding, or because the Limited Liability Company has not been notified by the IRS that the Limited Liability Company is subject to backup withholding as a result of failure to report all interest or dividends, or because the IRS has notified the Limited Liability Company that the Limited Liability Company is no longer subject to backup withholding.

The Limited Liability Company is subject to backup withholding.

Signature of Authorized Individual: 

Date

The following information may be used to further identify individual(s) for telephone instructions, large transactions, or if a signature varies. MKN=Mother's Maiden Name

Name: STANISLAV A ZBILIS	SSN: [REDACTED]
Street: [REDACTED]	
Mailng: [REDACTED]	
Phone: (H): (303) 506-9821 (W): (720) 827-5091	
Job: SELF EMPLOYED, TOTAL MANAGEMENT / CANNAMART	
DOB: [REDACTED]	MNN: GOLDVONVA
ID: [REDACTED]	
Name: [REDACTED]	SSN: [REDACTED]
Street: [REDACTED]	
Mailng: [REDACTED]	
Phone: (H): [REDACTED] (W): [REDACTED]	
Job: [REDACTED]	
DOB: [REDACTED]	MNN: [REDACTED]
ID: [REDACTED]	

The Colorado Bank & Trust Company of La Junta
 Account Holder Name(s): METRO CANNABIS INC

Reporting SSN/ITIN: [REDACTED]

Mailing Address: 1080 W LITTLETON BLVD, LITTLETON, CO 80120-2215
 Street Location: 8151 E COLFAX AVE, DENVER, CO 80220-2102
 Telephone Number: [REDACTED]
 Work #:

Number of Signatures Required: 1 CIF Number:
 Signature of Authorized Individual: The Agreement is subject to all terms below.

Signature of Authorized Individual: [Signature]
 Name: [Signature]
 Title: [Signature]
 X
 JAMES J. [Signature]
 Title: Vice President of METRO CANNABIS INC
 X
 VALERIE AV. FETTER, Agent of METRO CANNABIS INC

(Signatures and printed names of each account signer)
 The undersigned hereby agree to the above proposed cardholder agreement, but the Corporation's liability for any overdrafts or other charges on the account shall be limited to the amount of the funds available in the account at the time of the overdraft or other charge. The undersigned hereby agree to the above proposed cardholder agreement, but the Corporation's liability for any overdrafts or other charges on the account shall be limited to the amount of the funds available in the account at the time of the overdraft or other charge. The undersigned hereby agree to the above proposed cardholder agreement, but the Corporation's liability for any overdrafts or other charges on the account shall be limited to the amount of the funds available in the account at the time of the overdraft or other charge.

Account Purpose: Non Consumer EFT Service: Yes

BUSINESS TYPE: Corporation
 ACCOUNT TYPE: BUSINESS CHECKING
 ACCOUNT NUMBER: [REDACTED] OPENED BY: LINDSAY
 Date Opened: 06/18/15 Opened Deposit: [REDACTED] Verified by: [REDACTED]
 Date Closed: [REDACTED] Closed By: [REDACTED] Reason for Closing: [REDACTED]
 Mail: [REDACTED] Special ID# [REDACTED]

©2008 METC, Inc. All Rights Reserved. Copy 2-04-08 Corporation 1008 1008 All Rights Reserved. 001-1223-23 1008-0004

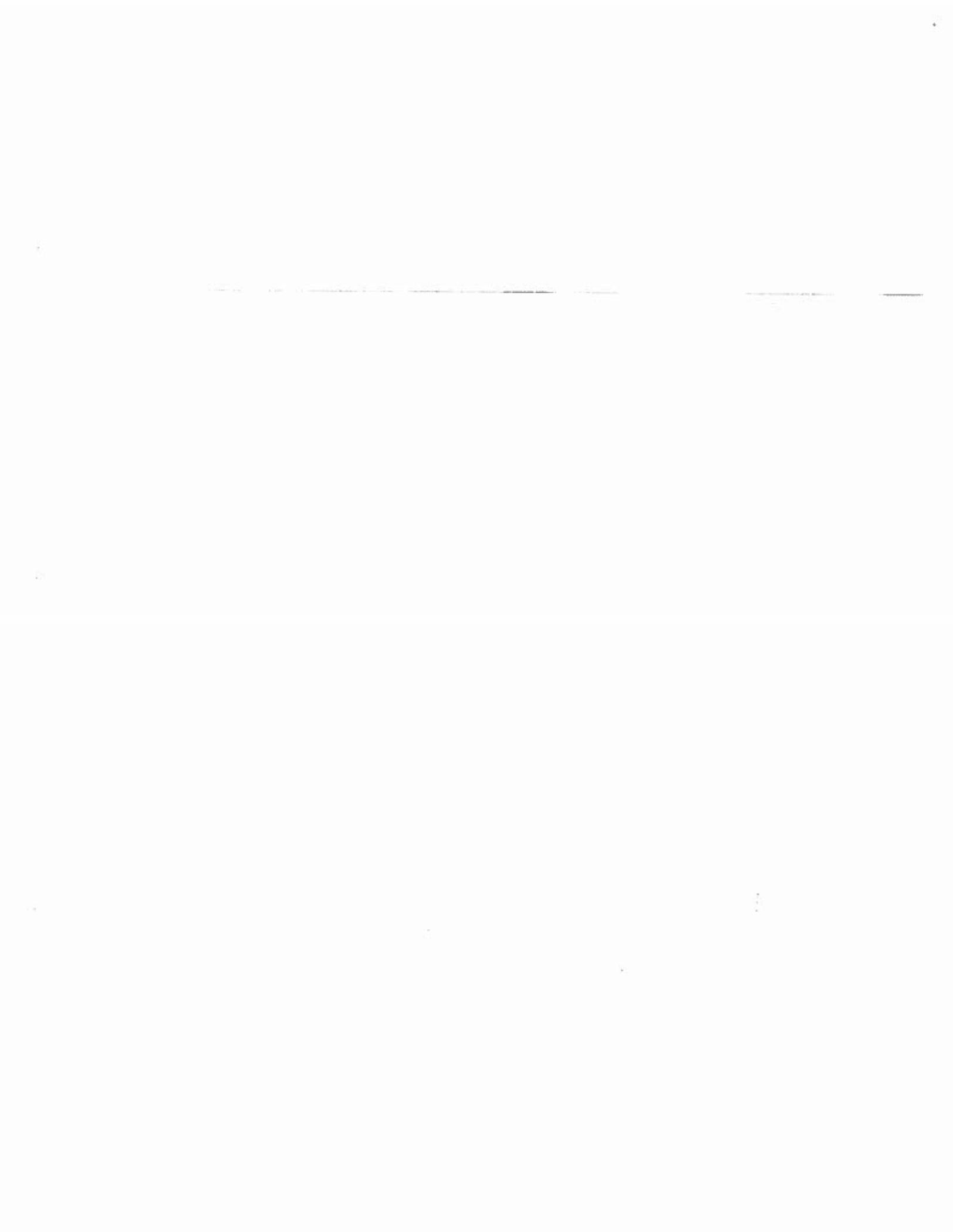
The Colorado Bank & Trust Company of La Junta
 Account Holder Name(s): METRO CANNABIS INC

Reporting SSN/ITIN: [REDACTED]

Mailing Address: 1080 W LITTLETON BLVD, LITTLETON, CO 80120-2215
 Street Location: 8151 E COLFAX AVE, DENVER, CO 80220-2102
 Telephone Number: [REDACTED]
 Work #:

Number of Signatures Required: 1 CIF Number:
 Signature of Authorized Individual:

Signature of Authorized Individual: [Signature]
 Name: [Signature]
 Title: [Signature]
 X
 JAMES J. [Signature]
 Title: Vice President of METRO CANNABIS INC
 X
 VALERIE AV. FETTER, Agent of METRO CANNABIS INC



The Colorado Bank & Trust Company
Account Holder Name(s): METRO CANNABIS INC

Reporting SSN/TIN: [REDACTED]

Mailing Address: 1080 W LITTLETON BLVD, LITTLETON, CO 80120-2215
Street Location: 8151 E COLFAX AVE, DENVER, CO 80220-2102
Telephone Number: [REDACTED]
Work #:

Number of Signatures Required: 1 CIE Number:

ACCOUNT TYPE: BUSINESS CHECKING

Signatures of Authorized Individuals: This Agreement is subject to all terms below.

[Signature]
X
AUTHORIZED REPRESENTATIVE, Agent of METRO CANNABIS INC

Information may be used to further identify individual(s) for telephone instructions, large transactions, or if a signature varies from holder's maiden name

Name: JAMES MURRAY THOMAS SSN: [REDACTED]

Street: [REDACTED]

Mailing: [REDACTED]

Phone: (H): (970) 231-3787 (W): (970) 231-3751

Job: WAREHOUSE MANAGER

DOB: [REDACTED] MMN: BOWFIELD

ID: [REDACTED]

Name: VLADISLAV FEYOK SSN: [REDACTED]

Street: [REDACTED]

Mailing: [REDACTED]

Phone: (H): (817) 458-9243 (W): (720) 771-8866

Job: MANAGER, METRO CANNABIS INC

DOB: [REDACTED] MMN: NNNA

ID: [REDACTED]

The Colorado Bank & Trust Company of La Junta
Account Holder Name(s): METRO CANNABIS INC
Reporting SSN/TIN: [REDACTED]
26-5923468
Mailing Address: 1080 W LITTLETON BLVD, LITTLETON, CO 80120-2215
Street Location: 8151 E COLFAX AVE, DENVER, CO 80220-2102
Telephone Number: [REDACTED] Work #:
Number of Signatures Required: 1 CIE Number:
ACCOUNT TYPE: BUSINESS CHECKING
Signatures of Authorized Individuals: [REDACTED]

[Signature]
X
AUTHORIZED REPRESENTATIVE, Agent of METRO CANNABIS INC

[REDACTED]

The following information may be used to further identify individual(s) for telephone instructions, large transactions, or if a signature varies. Minn-Mohe's Maiden Name

Name: ALEXANDER MURAKHOVSKIY SSN: [REDACTED]
 Mailing: [REDACTED]
 Phone: (117) 504 287-1322 (97) 420 771-8068
 Job: MANAGER, METRO CANNABIS INC
 DOB: [REDACTED] MINN: KERVOSHEY
 ID: [REDACTED]

Name: [REDACTED] SSN: [REDACTED]
 Mailing: [REDACTED]
 Phone: (H): (W):
 Job: [REDACTED]
 DOB: [REDACTED] MINN:
 ID: [REDACTED]

Name: [REDACTED] SSN: [REDACTED]
 Mailing: [REDACTED]
 Phone: (H): (W):
 Job: [REDACTED]
 DOB: [REDACTED] MINN:
 ID: [REDACTED]

Name: [REDACTED] SSN: [REDACTED]
 Mailing: [REDACTED]
 Phone: (H): (W):
 Job: [REDACTED]
 DOB: [REDACTED] MINN:
 ID: [REDACTED]

The following information may be used to further identify, individually, for telephone instructions, large transactions, or if a signature varies. (MMN=Mother's Maiden Name)

Name:	STANISLAV A ZISLUS	SSN:	
Street:			
Mailing:			
Phone:	(H): (303) 508-9621	(WF): (720) 627-8091	
Job:	SELF-EMPLOYED, TOTAL MANAGEMENT / CANNAMART		
DOB:		MMN:	GOLOVINDA
ID:			
Name:	IGOR KAMNER	SSN:	
Street:			
Mailing:			
Phone:	(H): (303) 748-9137	(WF): (720) 627-8081	
Job:	OWNER IAS LLC		
DOB:		MMN:	IOFFE
ID:			

BACKUP WITHHOLDING

Reporting TIN: 26-8223466
Important: Under penalties of perjury, I certify that 1) the number shown above is the Corporation's correct taxpayer identification number, 2) I am a U.S. citizen or other U.S. person (defined in the instructions), 3) I am exempt from reporting under the Foreign Account Tax Compliance Act (FATCA), and 4) that (check appropriate box):

- The Corporation is not subject to backup withholding, because the Corporation is exempt from backup withholding, or because the Corporation has not been notified by the IRS that the Corporation is subject to backup withholding as a result of failure to report all interest or dividends, or because the IRS has notified the Corporation that the Corporation is no longer subject to backup withholding.
- The Corporation is subject to backup withholding.

Signature of Authorized Individual:  Date: _____

The following information may be used to further identify, individually, for telephone instructions, large transactions, or if a signature varies. (MMN=Mother's Maiden Name)

Name:	STANISLAV A ZIBLS	SSN:	[REDACTED]
Street:	[REDACTED]		
Mailing:	[REDACTED]		
Phone:	(H): (303) 508-8621 (W): (720) 627-6081		
Job:	SELF EMPLOYED, TOTAL MANAGEMENT / CANNAMART		
DOB:	[REDACTED]	MMN:	GOLOVYNQA
ID:	[REDACTED]		
Name:	ISOR KAMNER	SSN:	[REDACTED]
Street:	[REDACTED]		
Mailing:	[REDACTED]		
Phone:	(H): (303) 748-8937 (W): (720) 627-6091		
Job:	OWNER, IAS LLC		
DOB:	[REDACTED]	MMN:	IOFFE
ID:	[REDACTED]		

THIRDCOPY WITHHOLDING

Reporting TIN: [REDACTED]

Important: Under penalties of perjury, I certify that 1) the number associated with the United Liability Company's correct taxpayer identification number, 2) I am a U.S. citizen or other U.S. person (defined in the instructions), 3) I am exempt from reporting under the Foreign Account Tax Compliance Act (FATCA), and 4) that (check appropriate box):

The United Liability Company is not subject to backup withholding, because the United Liability Company is exempt from backup withholding, or because the United Liability Company has not been notified by the IRS that the United Liability Company is subject to backup withholding as a result of failure to report all interest or dividends, or because the IRS has notified the United Liability Company that the United Liability Company is no longer subject to backup withholding.

The United Liability Company is subject to backup withholding.

Signature of Authorized Individual: 

Date

The following information may be used to further identify individual(s) for telephone instructions, large transactions, or if a signature varies. (M/N=Mother's Maiden Name)

Name:	JAMES MURRAY THOMAS	SSN:	[REDACTED]
Street:	[REDACTED]		
Phone:	(41) (970) 231-3761	(W):	(970) 231-3761
Job:	WAREHOUSE MANAGER		
DOB:	[REDACTED]		MMN: BONFIELD
ID:	[REDACTED]		
Name:		SSN:	
Street:			
Phone:	(41) (970) 231-3761	(W):	
Job:			
DOB:			MMN:
ID:			

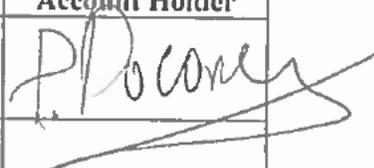
Application 1 of 1 Applicant Non-Profit Corporation

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
Law Auto Group, Inc	Bank of America	Checking	\$ 995,030.49	
-----	-----	TOTAL:	\$ 995,030.49	----

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: AM

To whom it may concern:

9-29-2015

Re: Law Auto group, Inc.

Tatyana Povorozniouk

Please accept this letter as account and ownership verification. Bank of America account # [REDACTED] belongs to Law Auto group, Inc. President of the corporation is Tatyana Povorozniouk. The current available balance on the account as of 9-29-2015 is \$995,030.49

Please feel free to contact me directly with any questions or concerns.

Levon Sahakian



Personal Banker

2821 Pfingsten Rd

Glenview, IL 60026

847.715.4101

Application 1 of 1 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

09/28/15
Date Signed

Aleksander Murakhovskiy

Print Name of Authorized Signatory

President and Director

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

09/28/15
Date Signed

Aleksander Murakhovskiy

Print Name of Authorized Signatory

President and Director

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

09/28/15
Date Signed

Aleksander Murakhovskiy

Print Name of Authorized Signatory

President and Director

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: 



William Francis Galvin
Secretary of the
Commonwealth

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

Date: September 25, 2015

To Whom It May Concern :

I hereby certify that

MASSACHUSETTS COMPASSIONATE PATIENT CARE CORP.

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

Commonwealth on July 09, 2013 (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: 15095456650

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

Processed by: nmc