



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

RECEIVED

JUN 9 9 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](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: AVD

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: M.D.

Application 1 of 1 Applicant Non-Profit Corporation \_\_\_\_\_

**SECTION A. APPLICANT INFORMATION**

1. Medicinal Alternatives, Inc.  
Legal name of Corporation
2. Michael DeCaro  
Name of Corporation's Chief Executive Officer
3. 120 Gilboa Street, Douglas, MA 01516  
Address of Corporation (Street, City/Town, Zip Code)
4. Peter DeCaro  
Applicant point of contact (name of person the Department should contact regarding this application)
5. (508) 864-8150  
Applicant point of contact's telephone number
6. pdecaro@medicalalt.org  
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: MD

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
Patricia K. DeCaro	Metlife	Annuity	\$ 234,404.65	<i>Patricia DeCaro</i>
Patricia K. DeCaro Michael G. DeCaro	Ameriprise	Money Market	\$ 80,071.82	<i>Patricia DeCaro</i> <i>M.G. DeCaro</i>
Patricia K. DeCaro Michael G. DeCaro	Ameriprise	IRA	\$ 279,878.42	<i>Patricia DeCaro</i> <i>M.G. DeCaro</i>
Patricia K. DeCaro Michael G. DeCaro	Ameriprise	IRA	\$ 18,740.78	<i>Patricia DeCaro</i> <i>M.G. DeCaro</i>
-----	-----	<b>TOTAL:</b>	\$ 613,095.67	—

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: MD

Medicinal Alternatives

Financial Account  
Summaries

Section D

MetLife  
P.O. Box 10366  
Des Moines IA 50306-0366

# MetLife

June 29, 2015

PATRICIA K DECARO  
patty@classicenvelope.com

RE: **CONTRACT** [REDACTED]  
**OWNER PATRICIA K DECARO**

Dear Ms. Decaro:

This letter is in response to your inquiry on the above referenced contract.

Please accept this letter as confirmation that the balance on the above referenced account on May 31<sup>st</sup>, 2015 was \$234,128.43.

If you have any questions, please contact your representative or call our Customer Service Center at 1-866-547-3793 Monday through Friday between 8:30 a.m. and 6:30 p.m., ET.

Sincerely,

Jeremy Keezee  
Annuity Representative - Post Issue Processing  
MetLife Annuity Operations and Services

**Help us stay connected:** Please keep us updated with respect to all who are associated with this contract, including the owner, the annuitant, and any beneficiaries. Make sure that we have the following information for all persons or entities: name, address, phone number, date of birth, and social security or tax identification number. Changes may be submitted to the address provided above, by calling our Customer Service Center at the phone number provided above, or by contacting your Representative.

Metropolitan Life Insurance Company • MetLife Insurance Company USA • New England Life Insurance Company • First MetLife Investors Insurance Company



Annuity Investor Services  
PO Box 295  
DES MOINES IA 50306-0295

**CONFIRMATION STATEMENT**

Current Date: 05/01/2015

Medicinal Alternative

Financial Account  
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**Agent Name:**  
NFP ADVISOR SERVICES, LLC  
DANIEL F GIRARD



2001523 3067 #5788

PATRICIA K DECARO  
[Redacted]

Non-Qualified  
Account Number: [Redacted]

Date	Transaction Description	Amount	Unit Price	Units This Transaction
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[Redacted Table Content]				
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Medicinal Alternatives

Financial Account  
Summaries

**CONFIRMATION STATEMENT**

Current Date: 05/01/2015

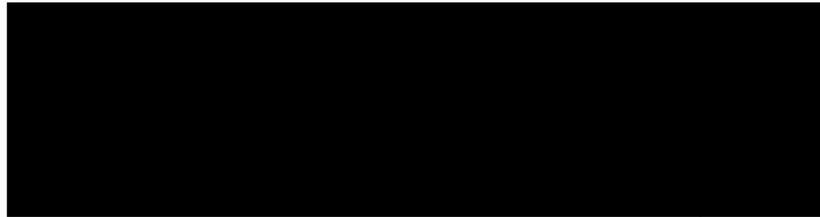
Annuity Investor Services  
PO Box 295  
DES MOINES IA 50306-0295

Section D

PATRICIA K DECARO

Non-Qualified  
Account Number: 

ACCOUNT SUMMARY



ACCOUNT BALANCE AS OF 05/01/2015 \$ 234,404.65

Thank you for your continued participation with MetLife. If you have any questions regarding your annuity contract, please call your agent, or write to: MetLife, Annuity Services, PO Box 295 , Des Moines IA 50306-0295. If you prefer, you may call us toll free at 1-800-874-1225.

MetLife Investors Distribution Co., as principal underwriter, confirms the above transaction(s) in your account in accordance with your instructions of the fund(s) in which the transaction(s) were made and in accordance with the prospectus.

The contract(s) is issued by MetLife Insurance Company USA.



Financial Account Summaries  
Section D

**Peter A. Mina, CMFC®, CRPC®, CLTC**  
Financial Advisor

An Ameriprise Platinum  
Financial Services® practice

Ameriprise Financial Services, Inc.  
324 Grove St  
Worcester, MA 01605-3936  
Tel: 508.796.0027  
Fax: 508.796.0044  
peter.a.mina@ampf.com  
CA Insurance #OE39729

June 29, 2015

To Whom It May Concern,

As requested, the following is a breakdown of the investment accounts as of May 31, 2015 for Michael and Patricia DeCaro at Ameriprise Financial which are fully available for immediate withdrawal as shown on the attached statement of accounts dated May 31, 2015.

Non-qualified joint account: \$80,071.82

Sincerely,

A handwritten signature in black ink, appearing to read "Peter A. Mina".

Peter A. Mina, CMFC, CRPC, CLTC  
Financial Advisor

Enclosure: Consolidated Statement Month End May 1, 2015 – May 31, 2015





Financial Account Summaries  
Section D

**Peter A. Mina, CMFC®, CRPC®, CLTC**  
Financial Advisor

An Ameriprise Platinum  
Financial Services® practice

Ameriprise Financial Services, Inc.  
324 Grove St  
Worcester, MA 01605-3936  
Tel: 508.796.0027  
Fax: 508.796.0044  
peter.a.mina@ampf.com  
CA Insurance #0E39729

June 29, 2015

To Whom It May Concern,

As requested, the following is a breakdown of the investment accounts as of May 31, 2015 for Michael and Patricia DeCaro at Ameriprise Financial which are fully available for immediate withdrawal as shown on the attached statement of accounts dated April 30, 2015.

Michael DeCaro IRA Rollover:      \$279,878.42

Sincerely,

A handwritten signature in black ink that reads "Peter A. Mina".

Peter A. Mina, CMFC, CRPC, CLTC  
Financial Advisor

Enclosure: Consolidated Statement Month End May 1, 2015 – May 31, 2015





Financial Account Summaries  
Section D

**Peter A. Mina, CMFC®, CRPC®, CLTC**  
Financial Advisor

An Ameriprise Platinum  
Financial Services® practice

Ameriprise Financial Services, Inc.  
324 Grove St  
Worcester, MA 01605-3936  
Tel: 508.796.0027  
Fax: 508.796.0044  
peter.a.mina@ampf.com  
CA Insurance #OE39729

June 29, 2015

To Whom It May Concern,

As requested, the following is a breakdown of the investment accounts as of May 31, 2015 for Michael and Patricia DeCaro at Ameriprise Financial which are fully available for immediate withdrawal as shown on the attached statement of accounts dated May 31, 2015.

Patricia DeCaro IRA Rollover:        \$18,740.78

Sincerely,

A handwritten signature in cursive script that reads "Peter A. Mina".

Peter A. Mina, CMFC, CRPC, CLTC  
Financial Advisor

Enclosure: Consolidated Statement Month End May 1, 2015 – May 31, 2015



May 1, 2015 - May 31, 2015

**Ameriprise Achiever Circle Portfolio Review**

MRS PATRICIA K DE CARO  
MR MICHAEL G DE CARO

Client Number: [REDACTED]  
Client Number: [REDACTED]  
Group ID Number: [REDACTED]

192920

Your Personal Advisor is:

PETER MINA CMFC® CRPC® CLTC  
508-796-0027

Medicinal Alternatives

Financial Account  
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Section D

**Portfolio Snapshot**

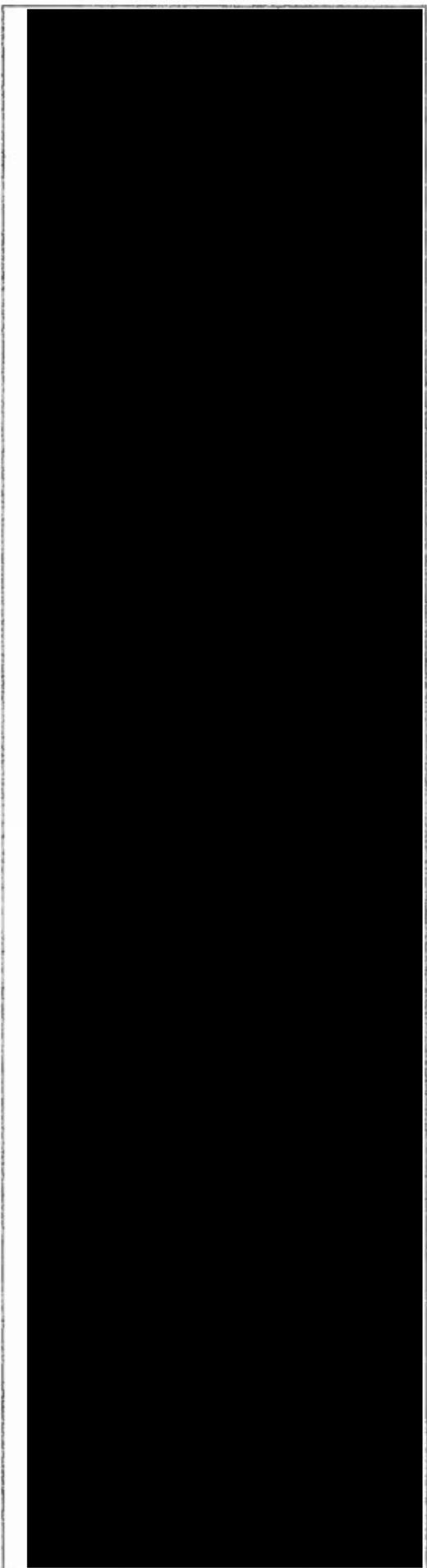
Ending Value **\$378,691.02** **\$378,691.02**

*Net Additions & Withdrawals: all money deposited or withdrawn from your portfolio.  
Change in Value: the change in market value of your portfolio.*

**Portfolio Progress**

Portfolio Value on May 31, 2015 **\$378,691.02**

**Portfolio Allocation**



**Portfolio Summary**

Starts on Date	Owner/Account	Account Number	Beginning Value	Net Additions & Withdrawals	Change in Value	Ending Value
			\$371,429.57	\$6,000.00	\$1,261.35	\$378,691.02
<b>TOTAL PORTFOLIO</b>						

*Introducing firm: Ameriprise Financial Services Inc., Service Delivery, 70100 Ameriprise Financial Center, Minneapolis, MN 55474-0507, 1-800-862-7919  
 Cleaning Firm: American Enterprise Investment Services Inc., 70400 Ameriprise Financial Center, Minneapolis, MN 55474, 1-800-862-7919*

**ESB** Indicates an account which includes check-writing privileges. For the balance in each checking/draft account, refer to individual account statements starting on the page indicated to the left of the icon.

◆ Indicates an account with tax-exempt or tax-deferred contributions and/or earnings.

The Ending Value does not reflect any pending transactions in your account(s). Should you choose to sell your entire portfolio or a holding in an account, the total amount received may not be the same as the ending value noted here due to sales or surrender charges, tax withholding, outstanding loans or other fees that may apply at the time of sale.

Please see the Disclosures section at the back of this statement for additional information.

The non-periodic distributions you receive from your annuity or tax-qualified account are subject to Federal income tax withholding unless you elect not to have withholding apply. If you do not make an election, 10% will be withheld from your distribution. For tax-qualified accounts withholding will be taken from the gross amount of the distribution, even though it may contain amounts not includable in income and result in excess withholding. If total withholding and other tax payments are not adequate, you may be subject to penalties under the estimated tax payment rules. You may make a withholding election or change your current election by contacting us or your financial advisor. You may also adjust withholding by providing a new withholding certificate. State income tax withholding may be required from your distribution. Your state of residence will determine your state income tax withholding requirements, if any. Withholding rules vary by state and in some states withholding is not available. Based on your state's rules you may have the option to: (i) elect out of withholding, (ii) elect to have state withholding apply, or (iii) increase the rate of withholding. For some states, you may need to supply us with a state-specific form. Please see your tax advisor for assistance with these matters.

The distributions you receive from your annuity or tax-qualified account are subject to Federal income tax withholding unless you elect to not have withholding apply. Once you have made a withholding election it applies until you choose to revoke it. For tax-qualified accounts withholding will be taken from the gross amount of the distribution, even though it may contain amounts not includable in income and result in excess withholding. If total withholding and other tax payments are not adequate, you may be subject to penalties under the estimated tax payment rules. You may make a withholding election or change your current election by contacting us or your financial advisor. You may also adjust withholding by providing a new withholding certificate. State income tax withholding may be required from your distribution. Your state of residence will determine your state income tax withholding requirements, if any. Withholding rules vary by state and in some states withholding is not available. Based on your state's rules you may have the option to: (i) elect out of withholding, (ii) elect to have state withholding apply, or (iii) increase the rate of withholding. For some states, you may need to supply us with a state-specific form. Please see your tax advisor for assistance with these matters.

**Retirement/Education Contribution Summary**

Plan Owner	Plan ID	Tax Year 2015 Contributions	Tax Year 2015 Rollover Contributions	Total Tax Year 2015 Contributions	Tax Year 2014 Contributions



May 1, 2015 - May 31, 2015



Mediclinal Alternatives  
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# STRATEGIC PORTFOLIO SERVICE ADVANTAGE ONE FEATURES

MICHAEL G DE CARO AND  
PATRICIA K DE CARO JT TOD

Section D

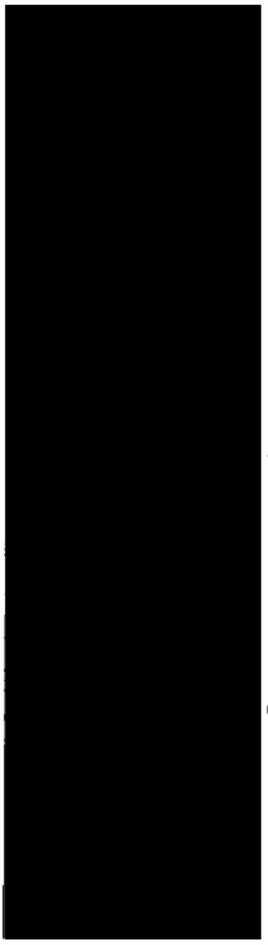
Account #



## Account Summary

	This Year	This Period
Ending Value	\$80,071.82	\$80,071.82

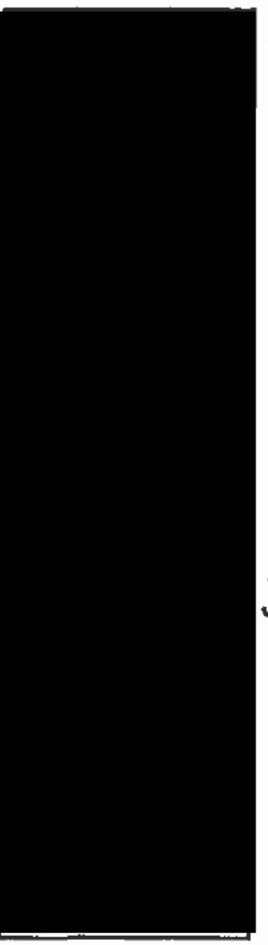
## Realized Gain/Loss Summary



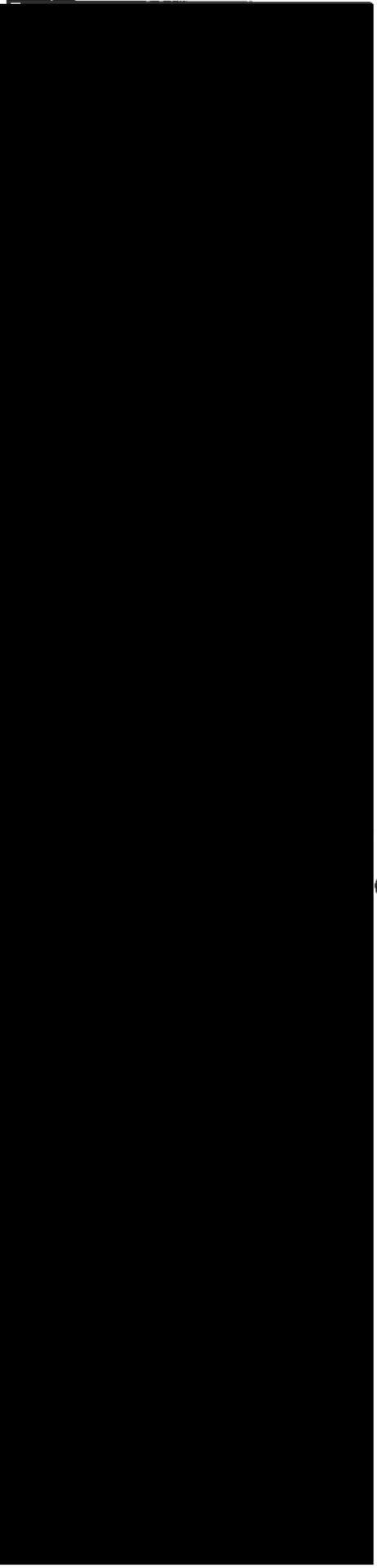
## Product Summary

	Last Period	This Period
		\$80,071.82

## Income Summary



## Account Holdings



May 1, 2015 - May 31, 2015

Medicinal Alternatives

Account #

**STRATEGIC PORTFOLIO SERVICE ADVANTAGE ONE FEATURES**

Financial Account Summaries

MICHAEL G DE CARO AND  
PATRICIA K DE CARO JT TOD

Section D

**Account Holdings (continued)**

**Total Account Holdings**

**\$80,071.82**

- 1 Cost basis may be incomplete or inaccurate and should not be relied upon in preparing your tax return. See the Disclosures section of this statement for more information.
- 2 Ameriprise Insured Money Market Account (AIMMA) deposits are FDIC-insured within applicable limits, are not considered securities covered by SIPC and represent direct obligations of the Program Banks. You may opt out of depositing your funds at listed Program Banks as outlined in your Brokerage Client Agreement.
- 5 Any balances held in AIMMA or a money market mutual fund can be liquidated at your request and the proceeds held as cash in the account or reinvested to you per your instructions.
- 7 Ending value amounts for Account Holdings represent information posted as of trade date and thus may include transactions that have not settled as of the date of this statement.





May 1, 2015 - May 31, 2015



MEMORANDUM

Financial Account  
Summaries

Section D



Account #

STRATEGIC PORTFOLIO SERVICE ADVANTAGE ONE FEATURES (cont'd)  
MICHAEL G DE CARO AND  
PATRICIA K DE CARO JT TOD

**Account Activity Detail**

Date	Transaction	Description	Symbol/ Cusip	Amount	Quantity	Price
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May 1, 2015 - May 31, 2015

Medicinal Alternatives

**STRATEGIC PORTFOLIO SERVICE ADVANTAGE ONE FEATURES**

Financial Account Summaries

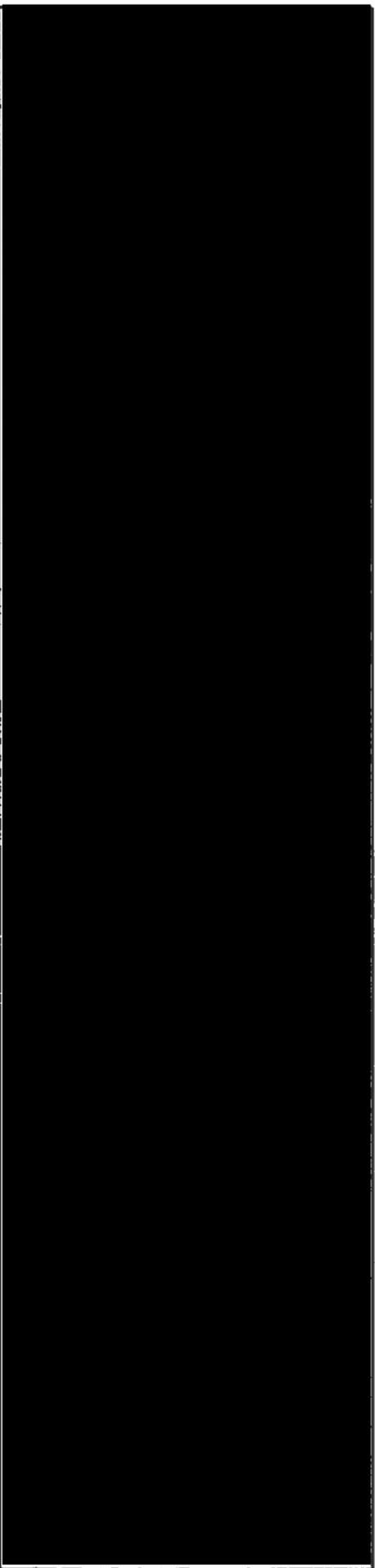
Account #  
0000 6787 4490 5 133

MICHAEL G DE CARO AND

PATRICIA K DE CARO JT TOD

Section D

**Account Activity Detail (continued)**





May 1, 2015 - May 31, 2015



Medicinal Alternatives  
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Account #

Plan ID

# AMERIPRISE STRATEGIC PORTFOLIO SERVICE ADVANTAGE

AMERIPRISE TRUST COMPANY

C/O MICHAEL G DE CARO

AS CUSTD FOR THE MICHAEL DE CARO IRA ROLLOVER

[Redacted Account #]  
[Redacted Plan ID]

## Account Summary

[Redacted]	
Ending Value <sup>7</sup>	\$279,878.42
	\$279,878.42

## Product Summary

[Redacted]	
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## Realized Gain/Loss Summary

[Redacted]	
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## Income Summary

[Redacted]	
------------	--

## Account Holdings

[Redacted]	
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May 1, 2015 - May 31, 2015

# AMERIPRISE STRATEGIC PORTFOLIO SERVICE ADVANTAGE

AMERIPRISE TRUST COMPANY  
C/O MICHAEL G DE CARO  
AS CUSTD FOR THE MICHAEL DE CARO IRA ROLLOVER

Medicinal Alternatives

Financial Account Summaries

Section D

Account #

Plan ID

## Account Holdings (continued)

Symbol/Cusip Rating	Description	Beginning Value	Quantity	Ending Price	Ending Value	Cost Basis <sup>1</sup>	Estimated Unrealized Gain/Loss	Annual Income	Yield
[REDACTED]									



May 1, 2015 - May 31, 2015

**AMERIPRISE STRATEGIC PORTFOLIO SERVICE ADVANTAGE (cont'd)**

AMERIPRISE TRUST COMPANY  
C/O MICHAEL G DE CARO  
AS CUSTD FOR THE MICHAEL DE CARO IRA ROLLOVER

Medicir.al Alternatives  
Financial Account  
Surr maries  
Section D

Account #  
Plan ID

**Account Holdings (continued)**

Symbol/Cusip Rating	Description	Beginning Value	Quantity	Ending Price	Ending Value	Cost Basis <sup>1</sup>	Estimated Unrealized Gain/Loss	Annual Income	Yield
<b>Total Account Holdings</b>									
					<b>\$279,878.42</b>				

<sup>1</sup> Cost basis may be incomplete or inaccurate and should not be relied upon in preparing your tax return. See the Disclosures section of this statement for more information.

<sup>2</sup> Ameriprise Insured Money Market Account (AIMMA) deposits are FDIC-insured within applicable limits, are not considered securities covered by SIPC and represent direct obligations of the Program Banks. You may opt out of depositing your funds at listed Program Banks as outlined in your Brokerage Client Agreement.

<sup>5</sup> Any balances held in AIMMA or a money market mutual fund can be liquidated at your request and the proceeds held as cash in the account or remitted to you per your instructions.

<sup>7</sup> Ending value amounts for Account Holdings represent information posted as of trade date and thus may include transactions that have not settled as of the date of this statement.

May 1, 2015 - May 31, 2015

**AMERIPRISE STRATEGIC PORTFOLIO SERVICE ADVANTAGE**

Medicinal Alternatives

Account #

AMERIPRISE TRUST COMPANY

Financial Account Summaries

Plan ID

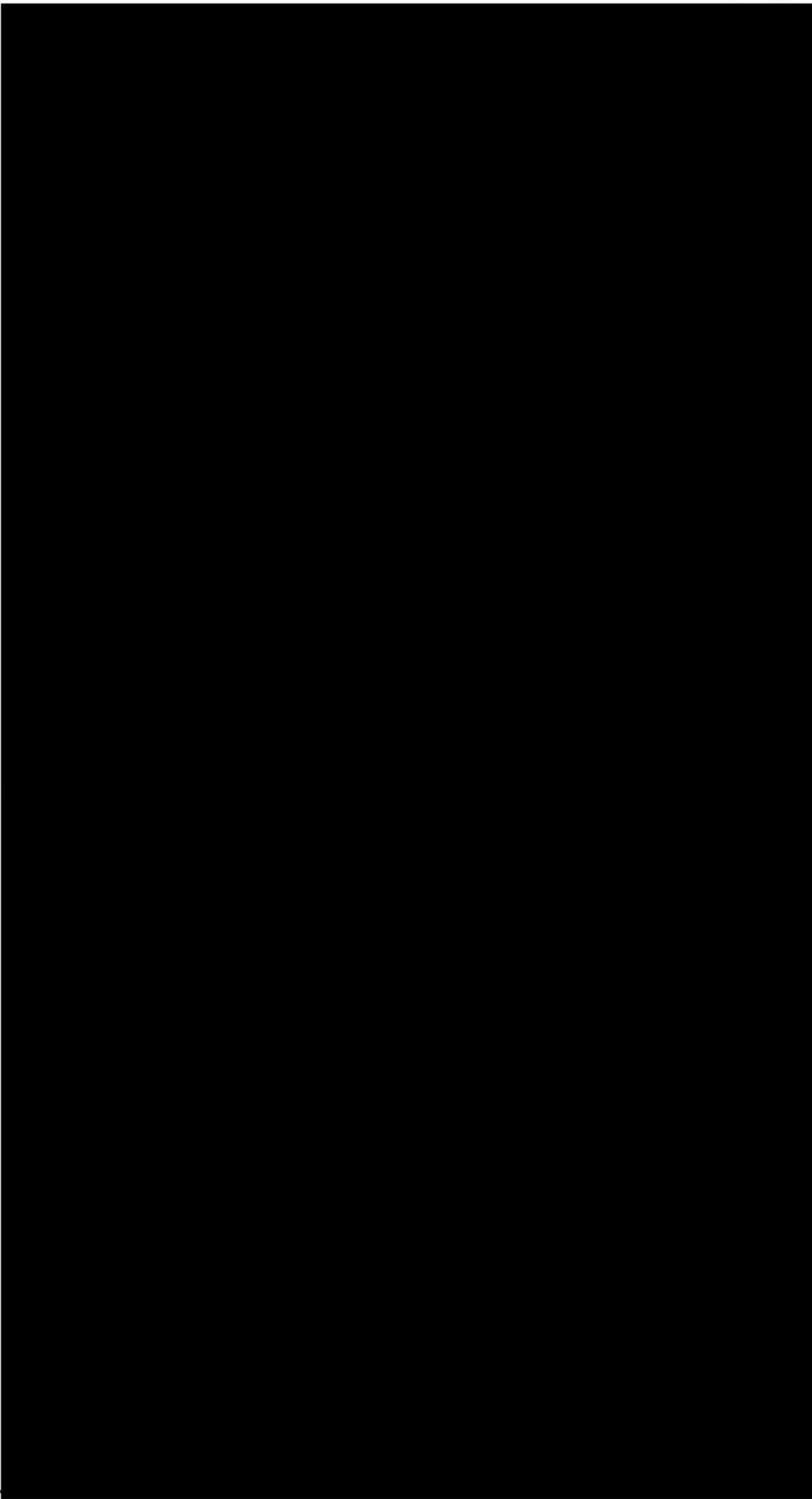
C/O MICHAEL G DE CARO

Section D

AS CUSTD FOR THE MICHAEL DE CARO IRA ROLLOVER

**Account Activity Detail**

Date	Transaction	Description	Symbol/ Cusip	Amount	Quantity	Price
	Trade Activity	Securities Purchased				



May 1, 2015 - May 31, 2015

AMERIPRISE STRATEGIC PORTFOLIO SERVICE ADVANTAGE (cont'd)

AMERIPRISE TRUST COMPANY  
C/O MICHAEL G DE CARO  
AS CUSTD FOR THE MICHAEL DE CARO IRA ROLLOVER

Mediclinal Alternatives

Financial Account

Summaries

Section 1)

Account #

Plan ID

Account Activity Detail (continued)

Date	Transaction	Description	Symbol/ Cusip	Amount	Quantity	Price
Other Activity						

An investment in money market funds is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Although the Fund seeks to maintain the value of your investment at \$1.00 per share, it is possible to lose money by investing in the Fund.

May 1, 2015 - May 31, 2015  
**AMERIPRISE STRATEGIC PORTFOLIO SERVICE ADVANTAGE**

AMERIPRISE TRUST COMPANY  
C/O PATRICIA K DE CARO  
AS CUSTD FOR THE PATRICIA K DE CARO  
IRA ROLLOVER

Medicinal Alternatives

Financial Account Summaries

Section D

Account #

Plan ID

**Account Summary**

[REDACTED]		
Ending Value*	\$18,740.78	\$18,740.78

**Product Summary**

[REDACTED]	
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**Realized Gain/Loss Summary**

[REDACTED]	
------------	--

**Income Summary**

[REDACTED]	
------------	--

**Account Holdings**

[REDACTED]	
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May 1, 2015 - May 31, 2015

**AMERIPRISE STRATEGIC PORTFOLIO SERVICE ADVANTAGE (cont'd)**

AMERIPRISE TRUST COMPANY  
C/O PATRICIA K DE CARO  
AS CUSTD FOR THE PATRICIA K DE CARO  
IRA ROLLOVER

MediClm Alternatives

Financial Account  
Summaries

Section D

Account #

Plan ID

**Account Holdings (continued)**

- 1 Cost basis may be incomplete or inaccurate and should not be relied upon in preparing your tax return. See the Disclosures section of this statement for more information.
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- 5 Any balances held in AIMMA or a money market mutual fund can be liquidated at your request and the proceeds held as cash in the account or remitted to you per your instructions.
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May 1, 2015 - May 31, 2015

**AMERIPRISE STRATEGIC PORTFOLIO SERVICE ADVANTAGE**

AMERIPRISE TRUST COMPANY  
C/O PATRICIA K DE CARO  
AS CUSTD FOR THE PATRICIA K DE CARO  
IRA ROLLOVER

Medicinal Alternatives

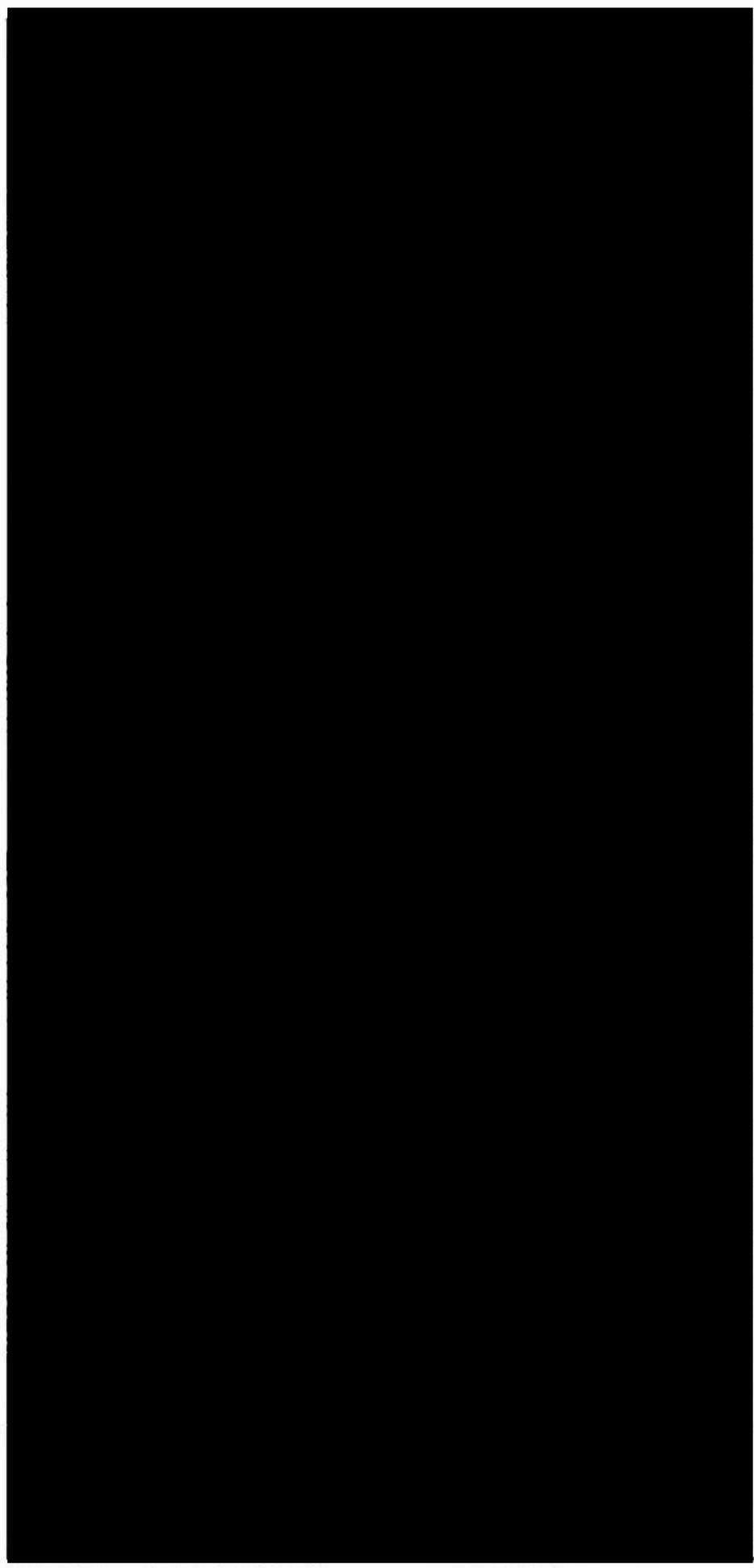
Financial Account Summaries

Section D

Account #

Plan ID

**Account Activity Detail**



Financial Account Summaries

Section D

not include  
34 dividends in  
all or

Please review your statement carefully. Report any inaccuracies or discrepancies immediately to Ameriprise Financial Services, Inc. (AFSI), the introducing firm, and American Enterprise Investment Services, Inc. (AEIS), the clearing firm. Members FINRA and SIPC. Any oral communication should be re-confirmed in writing to us to protect your rights, including your rights under the Securities Investor Protection Act (SIPA). Please notify us promptly in writing of any change of address. In addition, should any material change occur in your investment objectives or financial situation, we request prompt notification to ensure we maintain the most up-to-date background and financial information. Brokerage accounts, investment, and financial advisory services are introduced by and made available through AFSI. AEIS is the registered clearing broker dealer for your securities positions and free credit balances held in your Ameriprise brokerage account(s). Both AFSI and AEIS are wholly owned subsidiaries of Ameriprise Financial, Inc.

Direct inquiries to the introducing firm (including a problem with, or a complaint about your advisor, or unauthorized activity in your account(s)): Ameriprise Financial Services, Inc., Service Delivery 70100 Ameriprise Financial Center, Minneapolis, MN 55474-0507, 1 (800) 862-7919. Direct inquiries to the Clearing Firm: American Enterprise Investment Services Inc., 70400 Ameriprise Financial Center, Minneapolis, MN 55474, 1-800-882-7919. A financial statement of this organization is available for your personal inspection at its offices, or a copy of it will be mailed upon your written request. Investment products are not insured by the FDIC, are not deposits or obligations of or guaranteed by a financial institution, involve investment risks including possible loss of principal, and may fluctuate in value.

RiverSource Distributors, Inc. (Distribution), Member FINRA, insurance and annuity products are issued by RiverSource Life Insurance Company and in New York, by RiverSource Life Insurance Co. of New York, Albany, New York. These companies are affiliated with AFSI. Only RiverSource Life Insurance Co. of New York is authorized to sell insurance and annuities in New York.

Ameriprise® Managed Accounts: It is important for you to review your financial condition on a periodic basis. Contact your financial advisor if there have been any changes to your financial condition, your investment objectives, or if you would like to add or change any restrictions on the trading or management of your Active Portfolios, SPS Advisor and/or any separately managed account(s).

Securities pricing: The prices, values, yields and annual income shown on your statement are estimates obtained from the issuer, our affiliates, or various pricing services we believe to be reliable. These estimates may be based on closing prices, bid/ask quotations, or a matrix based on interest rates for similar securities. In some cases the estimate may reflect a value calculated prior to the current statement period. The estimated price, annual income and yield do not represent actual income or prices at which the securities could have been purchased or sold. We cannot guarantee the accuracy of these estimates. Securities that do not have prices available or for which we have not received data from our pricing services are not included in the total account value.

Activity for this period: Information regarding transaction execution time and capacity will be furnished upon written request. Transaction(s) that have not yet settled by the date of this statement will appear on your next statement.

“Covered securities” cost basis: A security is considered “covered” and subject to special tax reporting rules under these conditions: 1) Stock acquired on or after Jan. 1, 2011, and not purchased under a dividend reinvestment program 2) Mutual funds/REITs/stocks in a dividend reinvestment program purchased on or after Jan. 1, 2012 3) Certain debt securities and options purchased on or after Jan 1, 2014, and 4) Certain debt securities and options purchased on or after Jan 1, 2016.

When a covered investment is sold, we will report the cost basis and holding period of the investment to you and the IRS. The cost basis information provided on your consolidated statement may not include all the tax adjustments you need. For tax reporting purposes, use the information provided to you on Form 1099-B, Proceeds from Broker and Barter Exchange Transaction, which will be sent for the tax year in which the investment was sold.

“Noncovered securities” estimated cost basis: “Non-covered” is a term for those securities that are not subject to the new required reporting as mentioned above. Ameriprise Financial provides cost basis information to clients, but not the IRS, for many noncovered mutual funds, stocks,

options and fixed income securities and changes due to corporate actions (such as fractional shares), wash adjustments to fixed income securities (including early prepayment of principal, premium amortization, accrual of market discount or original interest discount) or transfers into Ameriprise Financial by new or existing clients. Ameriprise Financial will not verify noncovered cost basis information that is provided by someone else (including a client, an advisor or another entity, such as a broker) or is the result of a transfer between persons (including inheritance, gift, divorce, distributions from a trust, shares used to repay a loan, etc.). It also will not verify noncovered cost basis information obtained through corporate acquisitions (such as H&R Block Financial Advisors Inc. and J. & W. Seligman & Co. Inc.). For transactions related to any of these activities for noncovered shares, review your records and consult your tax advisor when preparing your tax return.

Marketing support: AFSI receives, or has entered into arrangements to receive, payments for marketing support, also commonly known as revenue sharing, when you purchase shares of mutual funds or 529 Plans from firms that participate in our program as either Full Participation or Limited Participation firms. To participate in our program, fund families agree to pay AFSI a portion of the revenue generated from the sale and/or management of fund shares. Full Participation firms pay revenue sharing at a higher level than do Limited Participation firms. Revenue sharing and other cash compensation may influence AFSI to select or recommend mutual funds by a firm participating in the program. In addition, AFSI receives payments when you purchase products for which we, or our affiliates, have similar financial arrangements, such as annuity products, insurance products and alternative investments (such as REITs/BDCs, hedge fund offerings, Unit Investment Trusts, and structured CDs and notes). See ameriprise.com/guide for sources and amounts of mutual fund and 529 Plan payments, and descriptions of payments from other products. For additional information on a particular fund’s payment and compensation practices, please review the fund’s prospectus and statement of additional information (SAI).

Equity Dividend Reinvestment (DRIP) Customers: Transactions to purchase shares for the DRIP program are executed on an Agency basis by AEIS. The time of the details of the DRIP transactions will be furnished upon written request.

We reserve the right to negotiate terms and conditions on limit orders for institutional accounts and on institution-sized limit orders. We reserve the right to decline to accept and may reject any limit orders in your account.

Free Credit Balance: In general, a free credit balance represent cash payable upon demand which, although properly accounted for on our books, is not segregated and may be used in the conduct of the firm’s business. We may but are not obligated to pay you interest on available free credit balances, and we may earn income from the balances as compensation for servicing your account. Certain assets purchased through AFSI are displayed on this statement as a courtesy to you, even though the assets are held outside your brokerage account at a third party. These products include, but are not limited to Variable Annuities and Life Insurance products; Hedge Fund Offerings; Managed Futures Funds; Real Estate Private Placements, DSI/TICs and 529 Plans. Ownership records for these products, valuation information and SIPC coverage, if applicable, are the responsibility of the company holding the assets, and not AFSI.

Non-Traded Real Estate Investment Trust (REIT) DRIP Customers: If you participate in the Distribution Reinvestment Plan or make subsequent purchases of shares and you experience a material adverse change in your financial condition, promptly notify your financial advisor.

Callable Securities: When we hold securities which are callable in part on your behalf, you agree to participate in the impartial lottery allocation system of the called securities in accordance with the provisions of the exchange on which they trade, and in compliance with industry rules. For further details about the allocation process, please go to ameriprise.com/callable-securities.

Disclosure for Persons Without a Financial Advisor: Mutual funds can be purchased through AFSI without the aid of an advisor through the company’s online brokerage site or other channels. If you do not work with an advisor, AFSI keeps the full amount of any sales charges and 12b-1 fees paid to AFSI on your transaction.

May 1, 2015 - May 31, 2015

# Ameriprise Achiever Circle Portfolio Review

MRS PATRICIA K DE CARO  
MR MICHAEL G DE CARO

Client Number:  
Client Number:

Medicinal Alternatives

Group Number

Financial Account Summaries

Section D

## Important Information

## Contact and Service Information

Your Personal Advisor: PETER MINA CMFC® CRPC® CLTC  
324 GROVE ST  
WORCESTER MA 01605-3936  
508-796-0027  
508-796-0044 FAX  
peter.a.mina@ampf.com

For 24 Hour Automated Service please call 1 (800) 862-7919

Press 1 for automated account values in Easy Access Line.  
Enter your Social Security Number and PIN.  
Press 1 to continue to the main menu or press 2 to receive values by group.  
Main menu:  
Press 1 for a list of your account values.  
For account details, press 1 while the account name and total value are being presented.  
Press 2 for information on a single account.  
Press 3 for the last 5 transactions.  
Press 4 for PIN maintenance.  
Press 5 for additional help information.

For other questions or concerns:  
Ameriprise Financial Services, Inc.  
Service Delivery  
70100 Ameriprise Financial Center  
Minneapolis, MN 55474-0507  
1-866-465-3297  
website: ameriprise.com

When contacting us by mail, be sure to include name, account or group number and details about the issue.

MRS PATRICIA K DE CARO  
MR MICHAEL G DE CARO

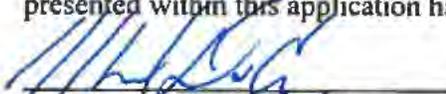


22-84E600

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.



06/26/2015

Signature of Authorized Signatory

Date Signed

Michael DeCaro

Print Name of Authorized Signatory

Chief Executive Officer

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.



06/26/2015

Signature of Authorized Signatory

Date Signed

Michael DeCaro

Print Name of Authorized Signatory

Chief Executive Officer

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.



06/26/2015

Signature of Authorized Signatory

Date Signed

Michael DeCaro

Print Name of Authorized Signatory

Chief Executive Officer

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: MD



William Francis Galvin  
Secretary of the  
Commonwealth

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

Date: June 29, 2015

To Whom It May Concern :

I hereby certify that

**MEDICINAL ALTERNATIVES, INC.**

appears by the records of this office to have been incorporated under the General Laws of this  
Commonwealth on **June 29, 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.

*William Francis Galvin*

Secretary of the Commonwealth

Certificate Number: 15064021140

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

Processed by: ach