



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

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

SEP 29 2011

RECEIVED

MARYLOU SUDDERS
 Secretary
 MONICA BHAREL, MD, MPH
 Commissioner

Tel: 617-660-6370
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

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.

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99 Chauncy Street
Boston, MA 02111

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: CW

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.

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Application 1 of 1 Applicant Non-Profit Corporation _____

SECTION A. APPLICANT INFORMATION

1. Odysseus Strategies, Inc
Legal name of Corporation
2. Christopher Woods
Name of Corporation's Chief Executive Officer
3. 82 Broad Street, Number 158
Boston, MA 02110
Address of Corporation (Street, City/Town, Zip Code)
4. Christopher Woods
Applicant point of contact (name of person the Department should contact regarding this application)
5. 720-588-4112 extension 104
Applicant point of contact's telephone number
6. christopher.w.woods@gmail.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.

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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
The Genetic Locker, Inc	Champion Bank	Business Checking	\$ 300,000.00	<i>CW</i>
Pi Strategies, Inc	Champion Bank	Business Checking	\$ 100,000.00	<i>CW</i>
Apogee Management, Inc	Champion Bank	Business Checking	\$ 50,000.00	<i>CW</i>
Christopher Woods	Elevations Credit Union	Personal Checking	\$ 50,000.00	<i>CW</i>
-----	-----	TOTAL:	\$ 500,000.00	----

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16790 Center Court • Parker, Colorado 80134 • Tel: 303-840-8484 • Fax: 303-840-6150
www.thechampionbank.com

1 THE GENETIC LOCKER, INC
dba TERRAPIN CARE STATION
5370 MANHATTAN CIR, STE 104
BOULDER CO 80303

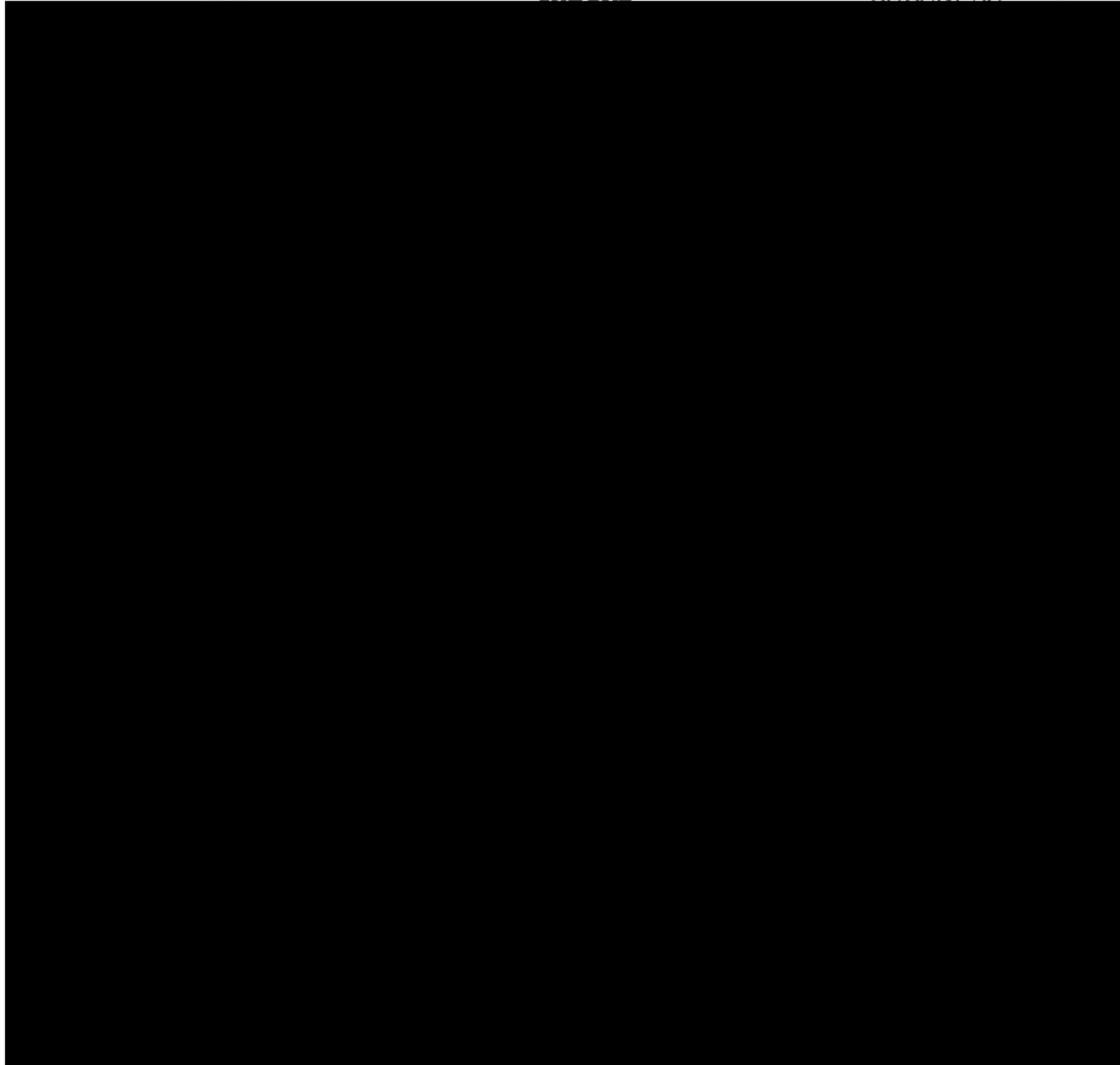
Statement Date: 8-31-15

Page: 1

EFT DISCLOSURE STATEMENT

Small Business Checking	██████████	Balance Forward	██████████
Date Last Statement:	8-02-15	125 Deposits:	██████████
		200 Withdrawals:	
Enclosures: 173		Ending Balance:	715,938.93

-----CHECKS----- -----CHECKS----- -----BALANCES-----





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1 PI STRATEGIES INC
5370 MANHATTAN CIR, STE 200
BOULDER CO 80303

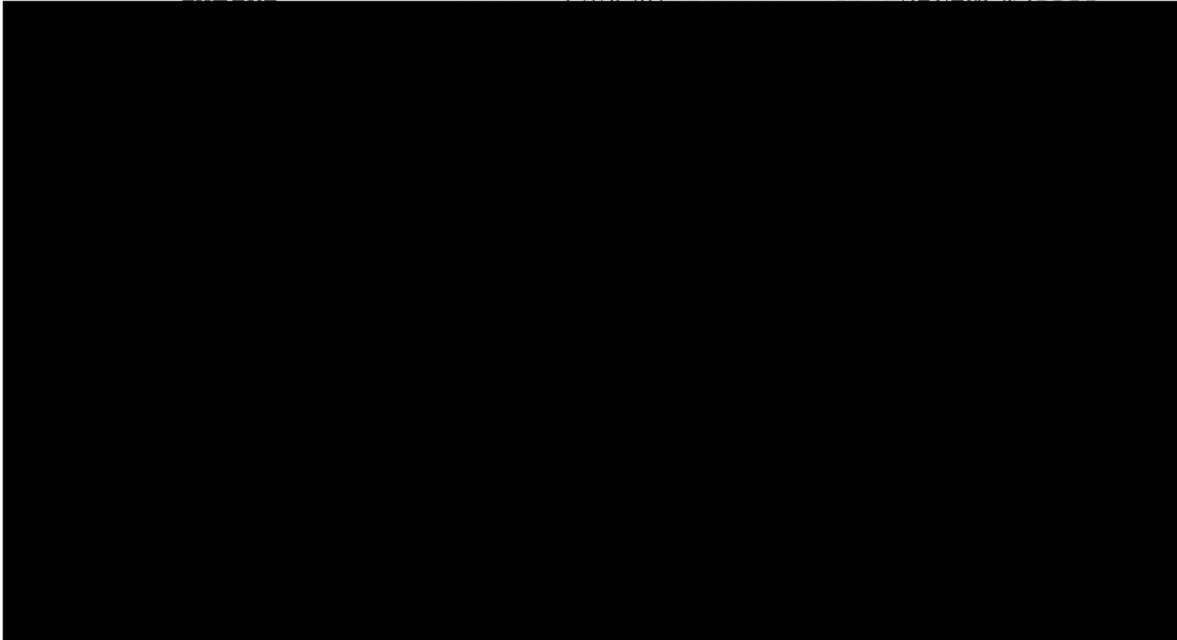
Statement Date: 8-31-15

Page: 1

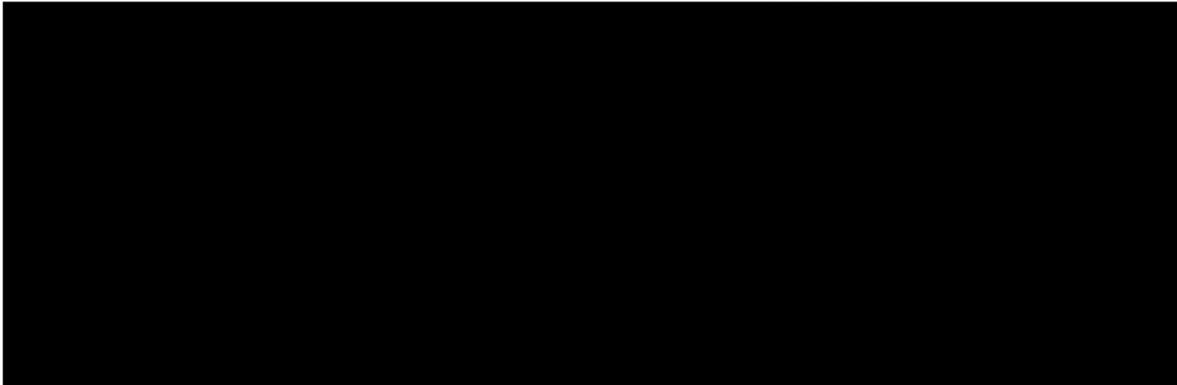
EFT DISCLOSURE STATEMENT

Small Business Checking	██████████	Balance Forward	██████████
Date Last Statement:	8-02-15	7 Deposits:	██████████
Enclosures:	29	52 Withdrawals:	
		Ending Balance:	229,961.40

-----CHECKS----- -----CHECKS----- -----BALANCES-----



Date Amount * * * * Other Account Transactions * * * *





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1 APOGEE MANAGEMENT INC
dba TERRAPIN CARE STATION
5370 MANHATTAN CIR STE 200
BOULDER CO 80303

Statement Date: 8-31-15

Page: 1

EFT DISCLOSURE STATEMENT

Small Business Checking	[REDACTED]	Balance Forward	[REDACTED]
Date Last Statement:	8-02-15	45 Deposits:	[REDACTED]
Enclosures:	98	112 Withdrawals:	[REDACTED]
		Ending Balance:	158,656.69

-----CHECKS----- -----CHECKS----- -----BALANCES-----





09/28/2015

CHRISTOPHER WOODS
[REDACTED]

Re: Account [REDACTED]

To Whom It May Concern,

This letter is to advise that CHRISTOPHER WOODS is a member in good standing with Elevations Credit Union. This account has been opened since 10/12/2011.

The current balance on the account is as follows:

Share	\$25.00
Share Draft	\$481,901.89

Please contact us using the information below if further assistance is needed.

Sincerely,

A handwritten signature in black ink, appearing to read 'Neil Tuominen', written in a cursive style.

NEIL TUOMINEN
ELEVATIONS CREDIT UNION
FSR
303.443.4672 x 2903
neil.tuominen@elevationscu.com

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.

 C Woods
Signature of Authorized Signatory

09/25/2015
Date Signed

Christopher Woods

Print Name of Authorized Signatory

President / 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.

 C Woods
Signature of Authorized Signatory

09/25/2015
Date Signed

Christopher Woods

Print Name of Authorized Signatory

President / 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.

 C Woods
Signature of Authorized Signatory

09/25/2015
Date Signed

Christopher Woods

Print Name of Authorized Signatory

President / CEO

Title of Authorized Signatory

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

William Francis Galvin
Secretary of the
Commonwealth

September 25, 2015

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office,

ODYSSEUS STRATEGIES, INC.

is a domestic corporation organized on **September 25, 2015**, under the General Laws of the Commonwealth of Massachusetts.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



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

Processed By: tpg