

DISCLOSURE 1 – SUPPLEMENTAL ENTITY INFORMATION

Entity Name _____	Phone No. _____
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(1) ENTITY STRUCTURE

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Privately Held Corporation | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Publicly Held Corporation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Publicly Held Corporation | |

(2) ENTITY PRIOR NAMES

Provide any prior name used by the entity during the past 3 years, if applicable. Add additional pages if necessary.

Entity Prior Name	Date Use Began	Date Use Ceased

(3) ENTITY PRIOR ADDRESSES

Provide any prior address used by the entity during the past 3 years, if applicable. Add additional pages if necessary.

Entity Prior Street Address	City, State, Zip Code	Date Use Began	Date Use Ceased

(4) ENTITY OTHER BUSINESS INTERESTS

Provide any other business interests of the supplemental entity, regardless of whether the business is related to the marijuana industry. Add additional pages if necessary.

Name of Other Business Interest	Type of Business Entity (e.g., LLC, Corporation, Sole Proprietor, etc.)	Type of Business Conducted	Extent of Involvement