

IN THE SUPREME COURT OF THE STATE OF NEVADA

Supreme Court Case No. 82014

IN RE: D.O.T. LITIGATION

Electronically Filed
Sep 29 2022 07:42 p.m.
Elizabeth A. Brown
Clerk of Supreme Court

TGIG, LLC; NEVADA HOLISTIC MEDICINE, LLC; GBS NEVADA PARTNERS, LLC; FIDELIS HOLDINGS, LLC; GRAVITAS NEVADA, LLC; NEVADA PURE, LLC; MEDIFARM, LLC; MEDIFARM IV LLC; THC NEVADA, LLC; HERBAL CHOICE, INC.; RED EARTH LLC; NEVCANN LLC, GREEN THERAPEUTICS LLC; AND GREEN LEAF FARMS HOLDINGS LLC,

Appellants,

v.

THE STATE OF NEVADA DEPARTMENT OF TAXATION; INTEGRAL ASSOCIATES, LLC D/B/A ESSENCE CANNABIS DISPENSARIES; ESSENCE TROPICANA, LLC; AND ESSENCE HENDERSON, LLC

Respondents.

**THE ESSENCE ENTITIES' SUPPLEMENTAL APPENDIX
VOLUME 4 OF 16**

On appeal from the Eighth Judicial District Court, Clark County
The Honorable Elizabeth Gonzalez, Department XI
District Court Case No. A-19-787004-B and Consolidated Cases.

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Attorneys for Respondent Essence Entities

ALPHABETICAL INDEX TO THE ESSENCE ENTITIES'
SUPPLEMENTAL APPENDIX

<u>Document</u>	<u>Date</u>	<u>Vol.</u>	<u>Page Nos.</u>
Applications (Redacted)	09/2018	1-16	SA000001-3829
Business Court Order Scheduling a Supplemental Rule 16 Conference	09/21/2020	16	SA003924-3928
Business Court Scheduling and Trial Order	10/27/2020	16	SA003929-3933
Court Minute Order regarding All Pending Motions	03/19/2020	16	SA003871-3874
Court Minute Order regarding Motion for Summary Judgment	05/15/2020	16	SA003888-3891
Essence Entities' Brief in Support of Judgment on Partial Findings	08/10/2020	16	SA003892-3896
Essence Entities' Motion for Summary Judgment	03/27/2020	16	SA003875-3887
Essence Entities' Closing Power Point Presentation	08/17/2020	16	SA003897-3923
Order Granting Integral's Motion to Intervene	04/22/2019	16	SA003852-3857
Order Granting Joint Motion to Consolidate	12/06/2019	16	SA003858-3869
Order Granting Motion to Certify	08/04/2022	16	SA003934-3954
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Plaintiff's Trial Exhibit 1142 – Applications Spreadsheet	09/2018	16	SA003830-3851

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1.	Applications (Redacted)	09/2018	1-16	SA000001-3829
2.	Plaintiff's Trial Exhibit 1142 – Applications Spreadsheet	09/2018	16	SA003830-3851
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13.	Order Granting Motion to Certify	08/04/2022	16	SA003934-3954

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that I am an employee of Pisanelli Bice PLLC, and pursuant to NRAP 25(b) and NEFR 9(d), that on this 29th day of September, 2022, I electronically filed and served the foregoing **THE ESSENCE ENTITIES' SUPPLEMENTAL APPENDIX** with the Clerk of the Court for the Nevada Supreme Court by using the Nevada Supreme Courts E-Filing system (Eflex), to all participants in the case who are registered with Eflex system.

/s/ Shannon Dinkel
An employee of PISANELLI BICE PLLC



NEVADA DEPT OF TAXATION
Marijuana Advertising
Submittal Request

For Dept. Use Only: TID _____
Request#: _____
Assigned to: _____

MME/ME Information	Please provide all the information you have about the establishments.
Legal MME/ME Name:	Green Leaf Farms Holdings LLC
MME/ME DBA Name:	Green Leaf Farms Holdings LLC
Contact Person:	Mark B. Feldgreber
Address:	[REDACTED]
City, State, Zip:	[REDACTED]
MME/ME Phone No.:	[REDACTED] Additional Phone No.: [REDACTED]
MME/ME Website:	PROPOSED DISPENSARY - NO RETAIL WEBSITE
Certificate/License No.:	PROPOSED DISPENSARY
MME/ME License Type:	RETAIL MARIJUANA

Advertising Information	Please provide details regarding the advertisements, use additional sheets if necessary, and submit all artwork with completed form. Please allow 30 days to process your request.
Type of advertisements being submitted:	SIGNAGE
If packaging, list product to be packaged and include packaging artwork:	
If DBA Name, please include Fictitious Firm Name Certificate approval.	
If logo, please include the logo artwork.	
If signage advertisement, list all locations with physical address. If advertisement is a billboard, list physical address and longitude and latitude coordinates. Please include all artwork.	
31 Hwy 50 Suite 102	
If print media advertisements, list all forms of advertising and the age demographics of audience.	
If radio and/or television advertisement, list all call letters, frequency, area of broadcast, and age demographics of audience.	
If digital media, list all platforms, please include the URL, artwork, and text.	

Submit this form electronically with any additional documentation to: MJadvertising@tax.state.nv.us

Submit via e-mail

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5.2.13

Tab XIII

Application Fee

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September 17, 2018

Nevada Department of Taxation
Grant Sawyer Office Building
555 E Washington Avenue
Las Vegas, NV 89101

RE: Green Leaf Farms Retail Dispensary Application September 2018

To Whom It May Concern,

Please find attached Volumes I and II of Green Leaf Farms Holdings' application (including thumb drives).

Our experienced team is second to none and consists of 18 diversified professionals, an amazing qualified board and seasoned management including five pioneers with substantial business experience both in and out of cannabis.

- Michael Berk: Creator of "Baywatch" (Guinness Book Of World Records - most watched TV series in history); winner of the Las Vegas Chamber of Commerce Award for Entertainment; recipient of multiple Gubernatorial, Senatorial and Mayoral proclamations in Las Vegas and Nevada.
- Harry Mohny: Owner and operator of over 120 adult night clubs, sports bars, wineries and other retail businesses in the US and worldwide, including eleven privileged-licensed businesses and multiple liquor licenses in Nevada and throughout the world
- David Tuttleman: Developer of 17 Kahunaville restaurants and bars, one located in the Treasure Island casino. Proceeds from the family's national clothing retail brand "The Limited" helped create the Tuttleman Foundation which donates millions of dollars per year via direct grants to charitable organizations.
- Jennifer Solas: Founder of WeCann, the largest medical marijuana patient advocacy group in Nevada; former GM of Shango dispensaries and the chief compliance officer of two other Nevada based cannabis related businesses.
- Mike Abrams: Cannabis Industry 8-year veteran and owner of seven dispensaries in two states.
- Mark Feldgreber: Media technology and marketing pioneer who created the first 24-hour television network "Vegas on Demand" promoting Las Vegas. As the CEO of Players Network a

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publicly traded company of over 25 years, Mark has remained compliant to the demands of the position.

Our ownership consists primarily of Nevada residents who have built Green Leaf Farms from the ground up. We have worked tirelessly to earn our way into the Cannabis Industry here in Nevada. We did not purchase someone else's license in order to qualify for these new dispensary licenses.

We wrote every word of the accompanying application ourselves, with our own in-house staff. We did not farm out the process to a law firm or consultancy group to do the work for us. We have relied on our own expertise and vision, not that of firms-for-hire to do cookie cutter applications for anyone who only wants to "buy" a Nevada Dispensary License without the kind of personalized commitment to the state and its residents that our company holds in the highest regard.

I am pleased to provide you with detailed information in our application that will allow you to make your decision based on facts and data relevant to an applicant's ability to execute its business plan. We believe our application will provide you with the confidence you need, and the high merit score you require, in order to award our company one or more dispensary licenses, assured that we can, and will deliver everything the State of Nevada is seeking in a dispensary licensee that has the wherewithal to get these businesses up and running in a timely manor.

My team and I are available to answer any questions and provide any additional information the department may require at any time.

Thank you in advance for your conscientious consideration of our application.

Sincerely,



Mark Bradley
CEO
Green Leaf Farms Holdings LLC

[REDACTED]

[REDACTED]

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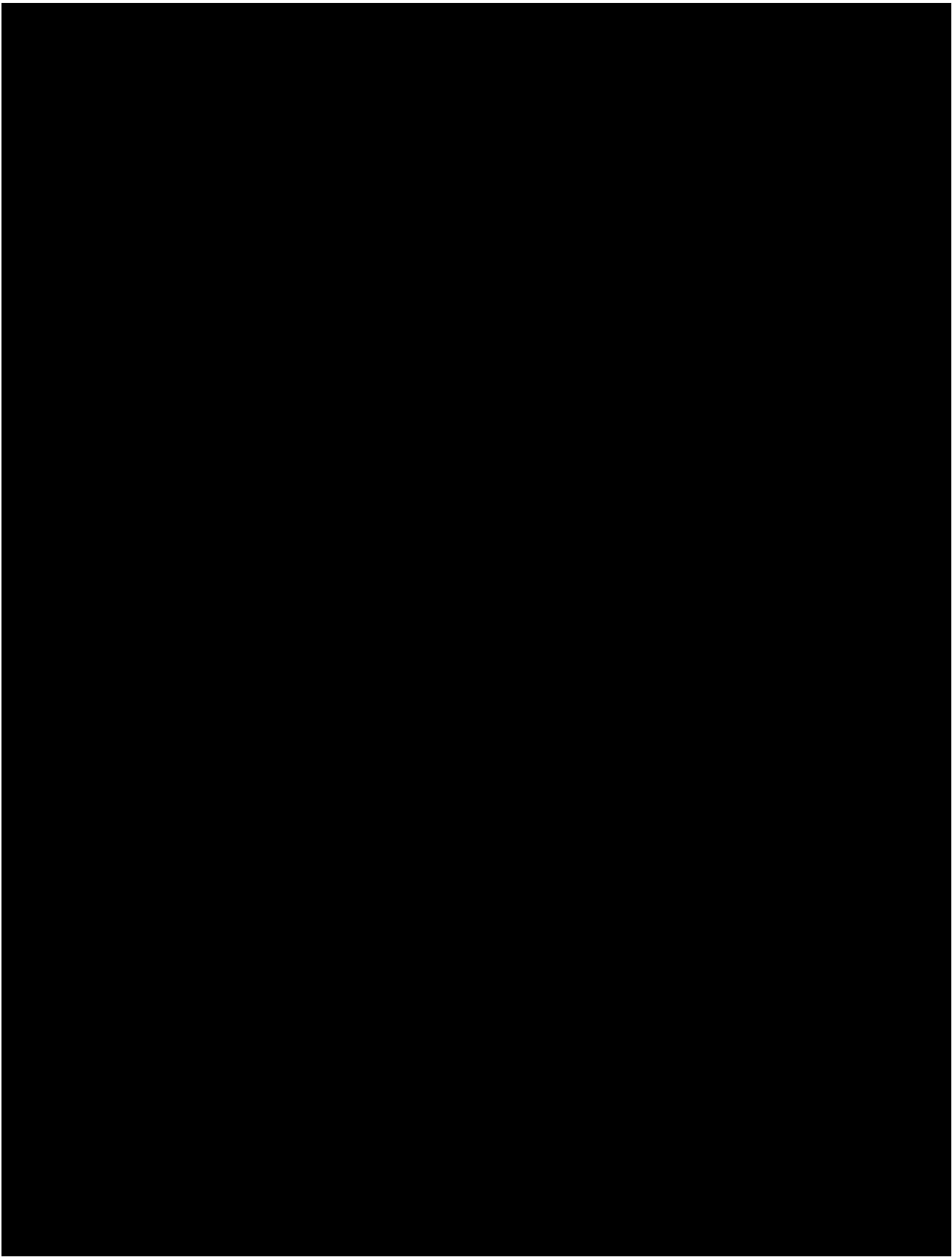
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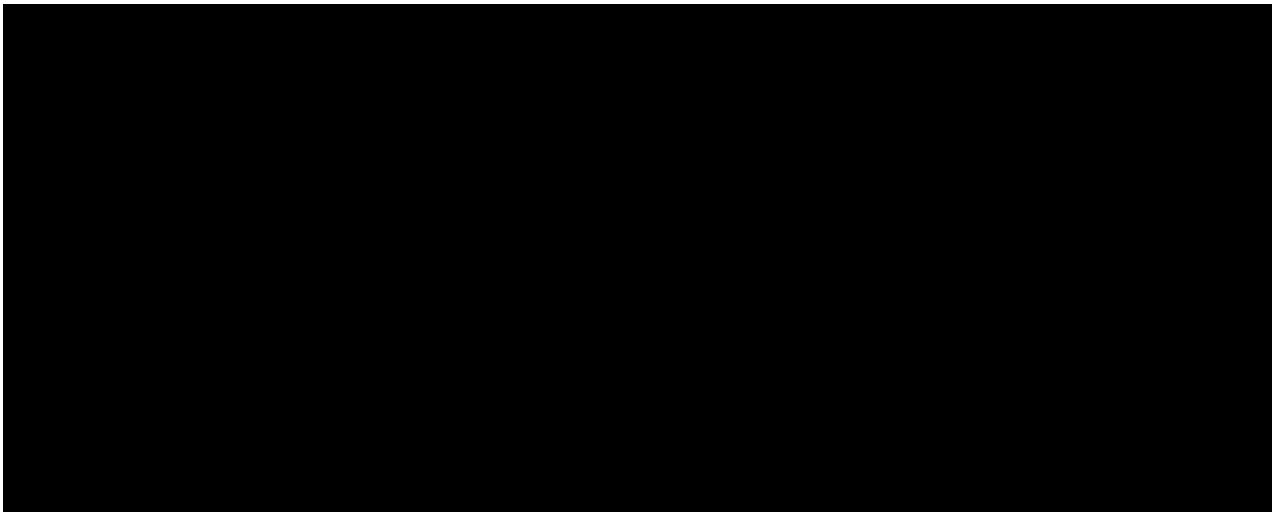
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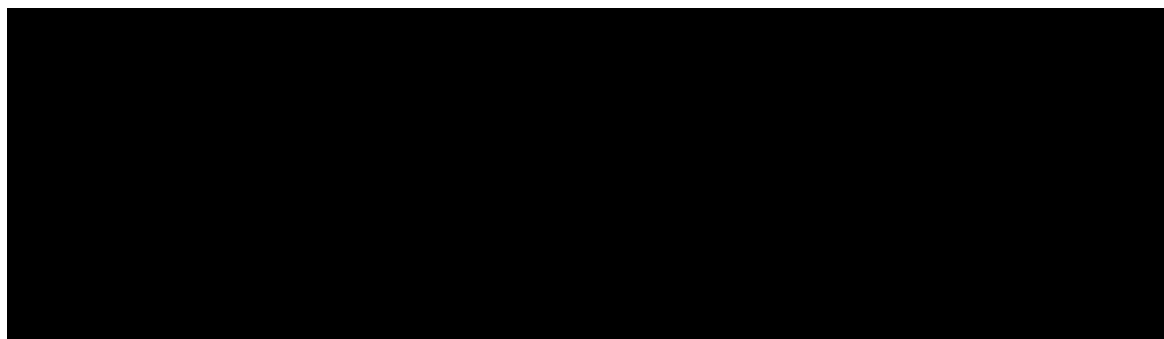
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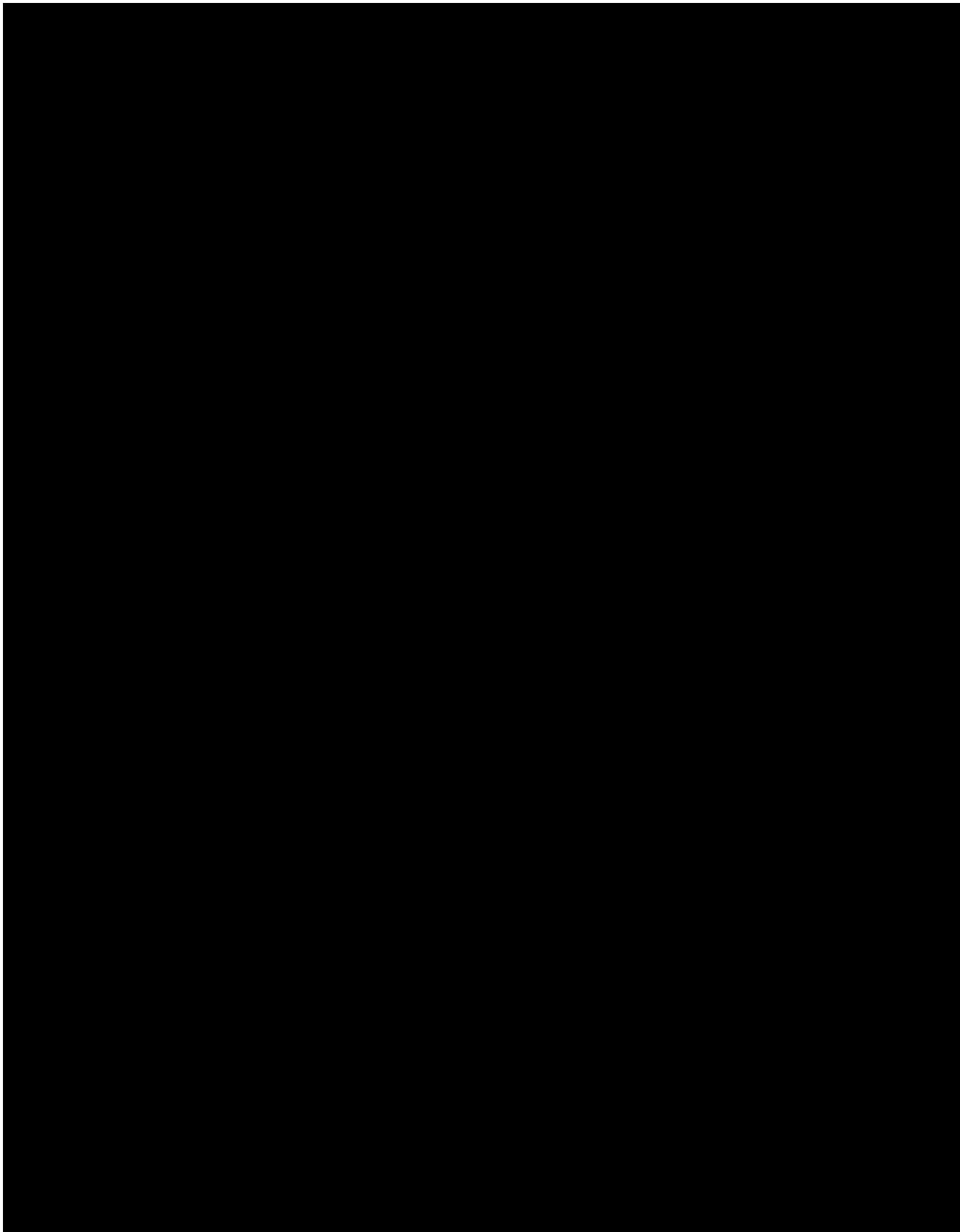
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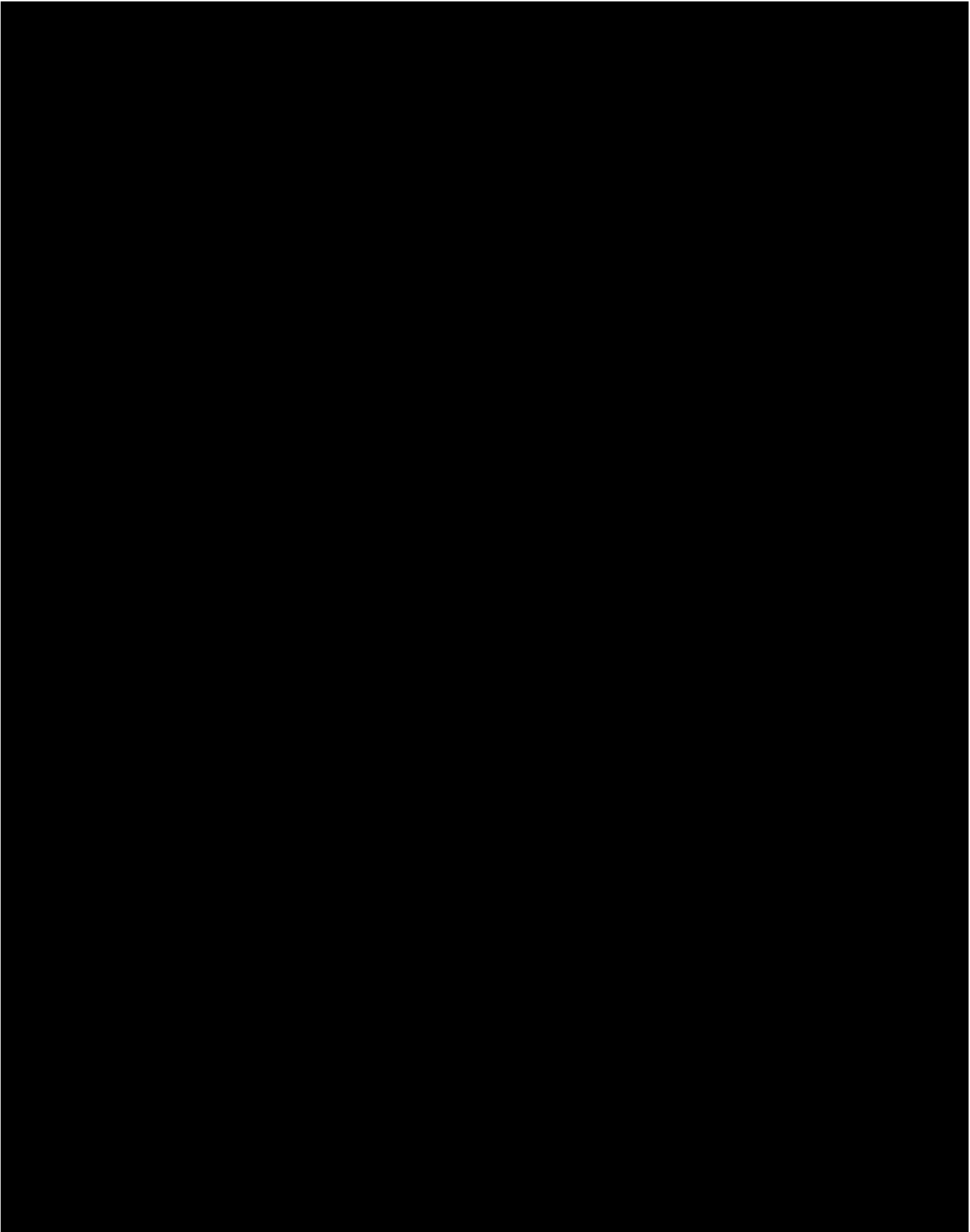


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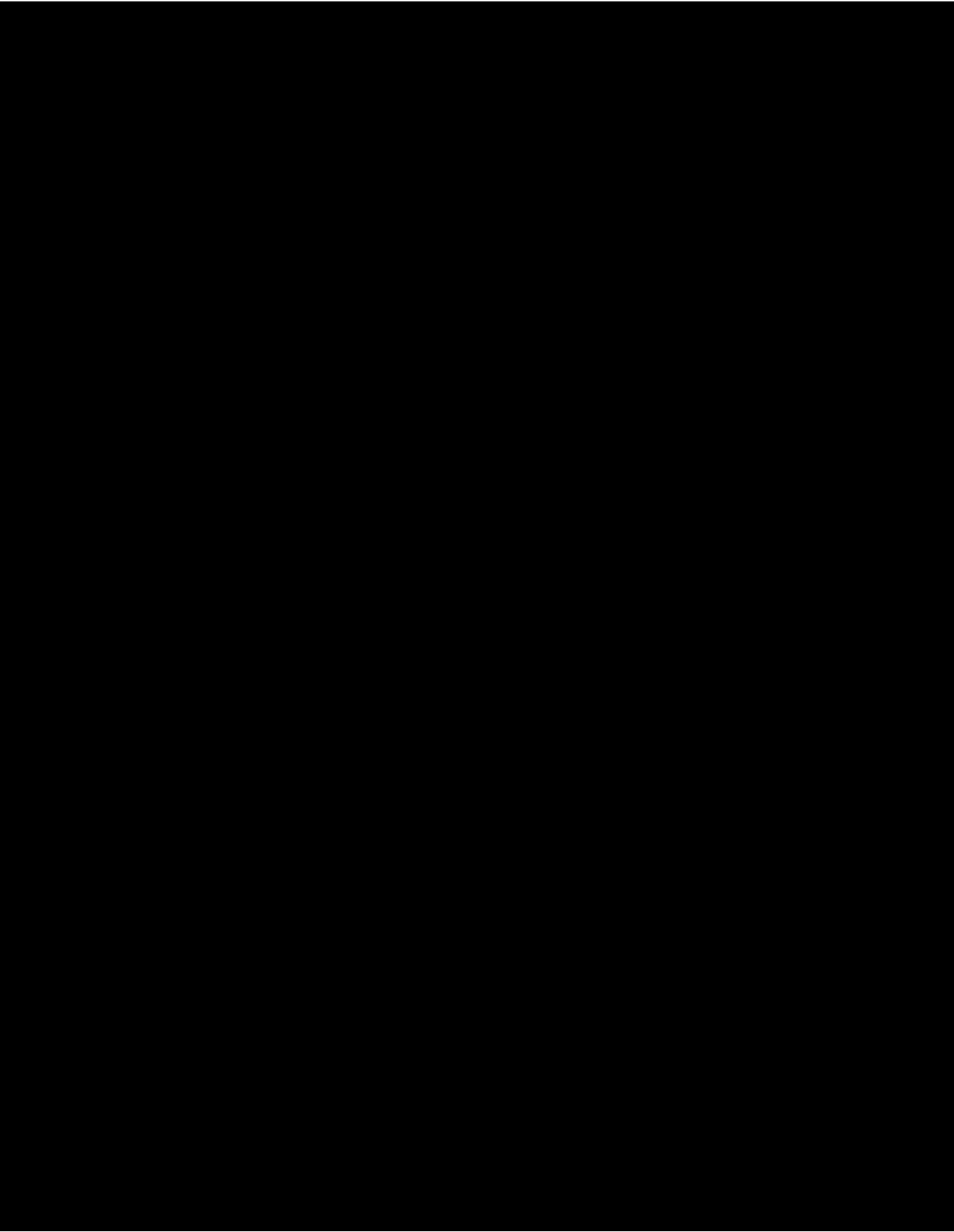
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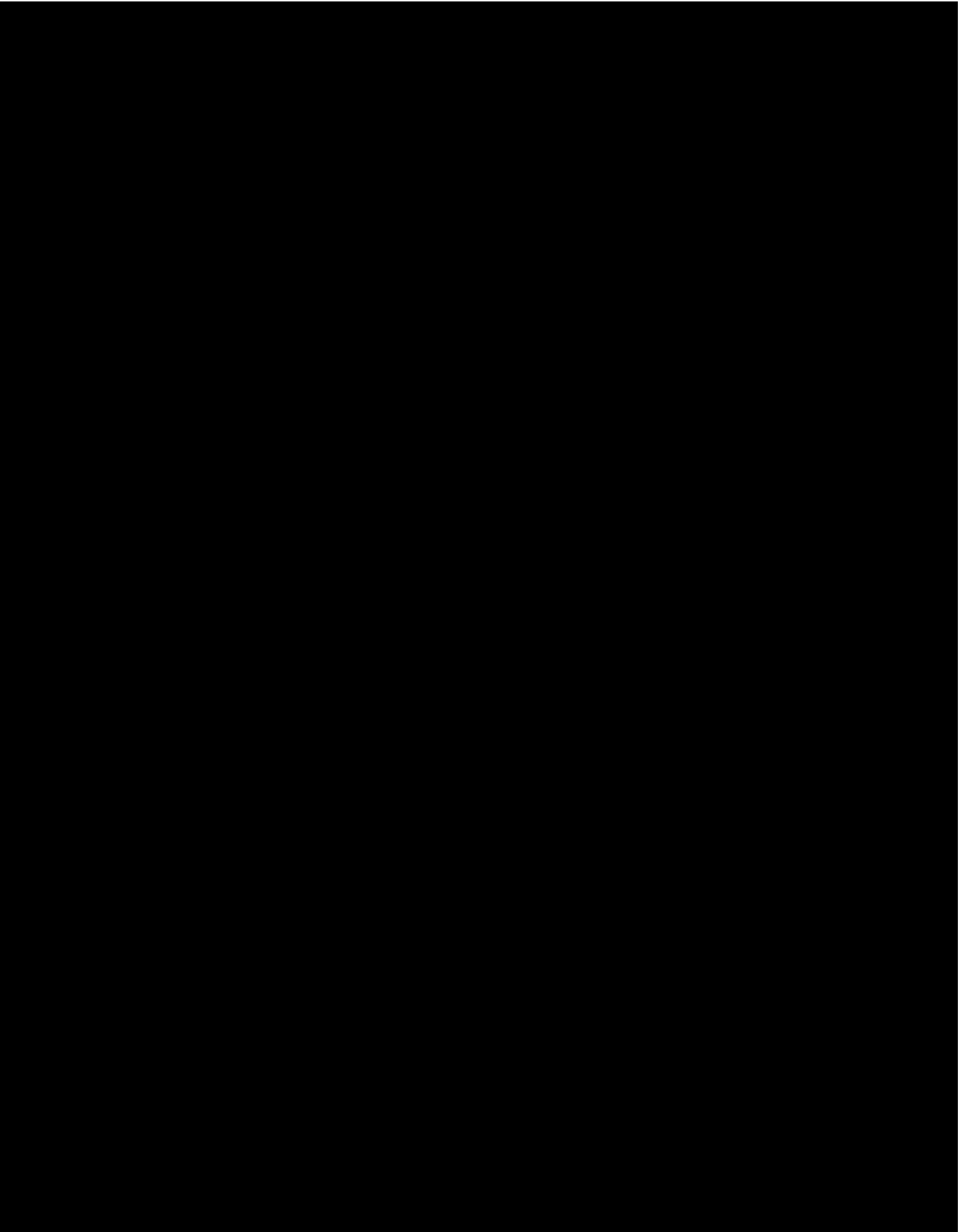
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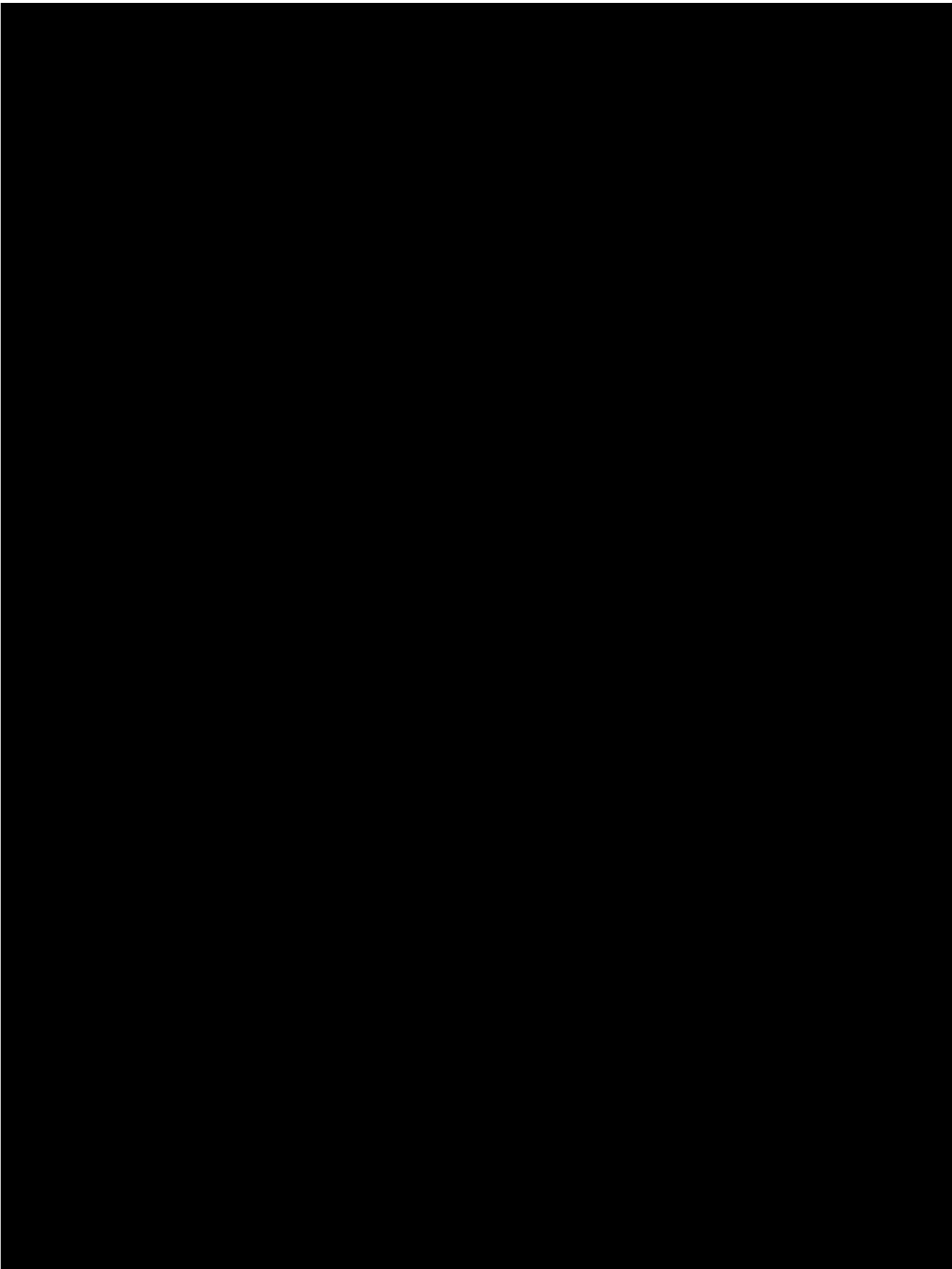
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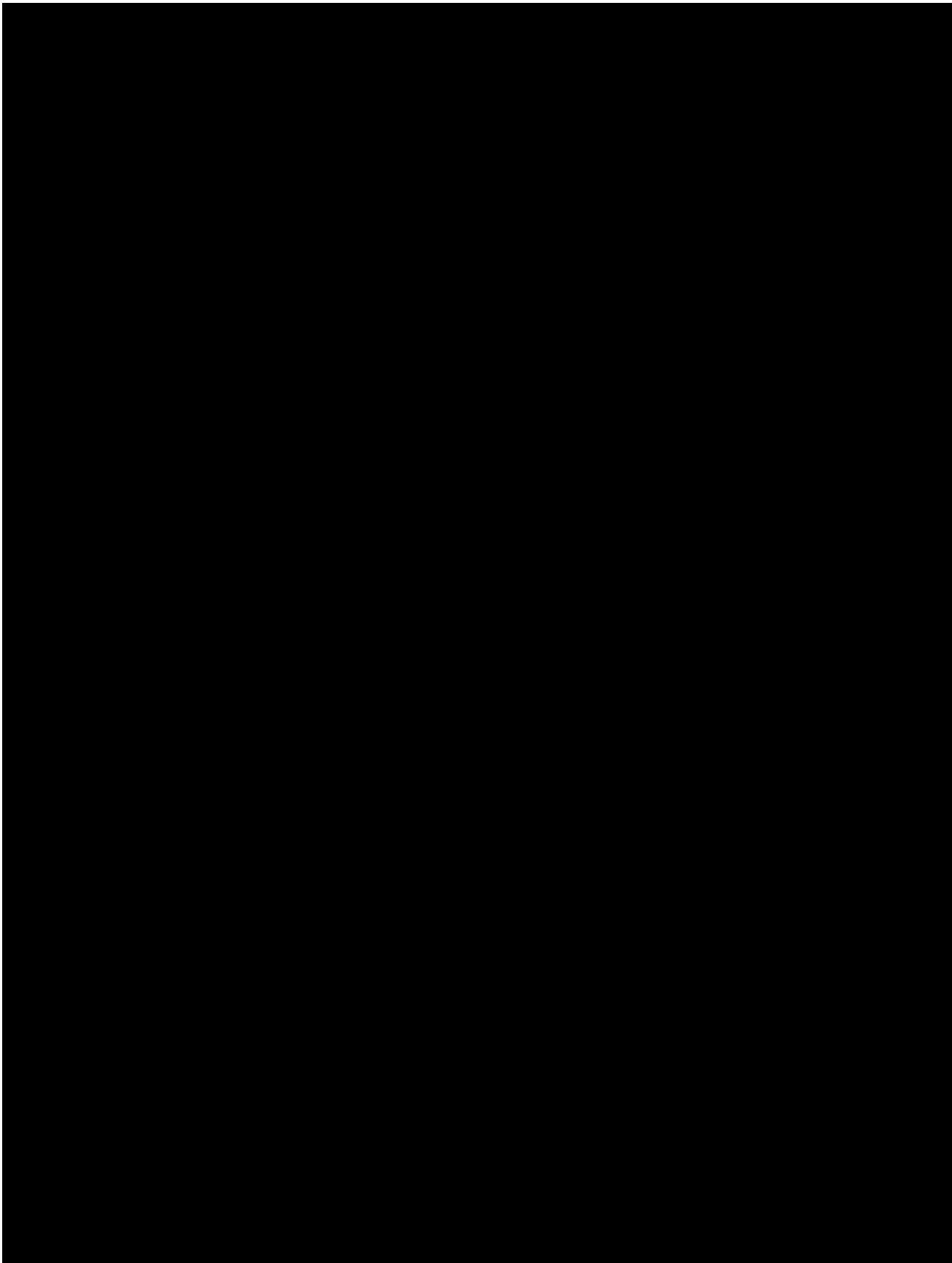
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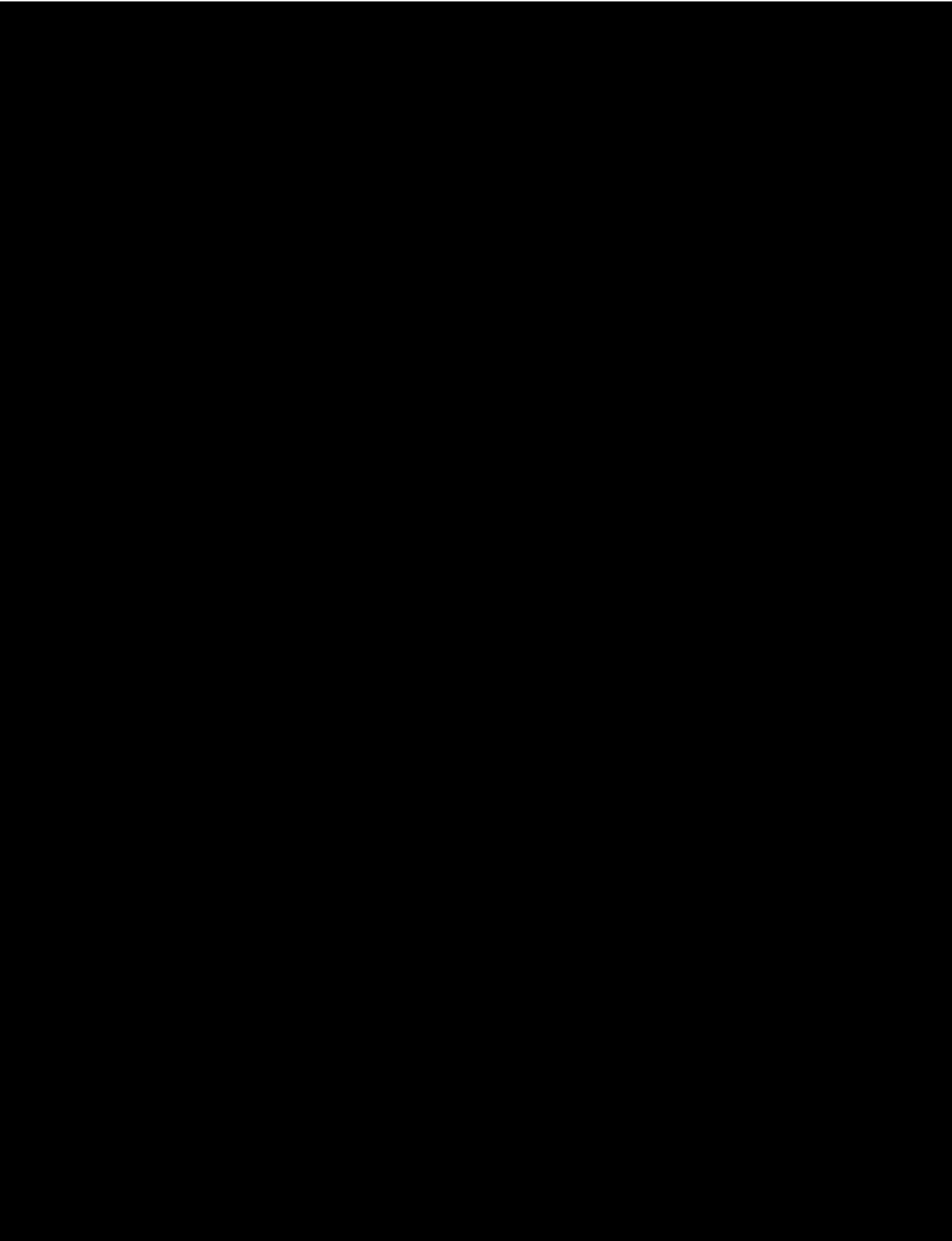
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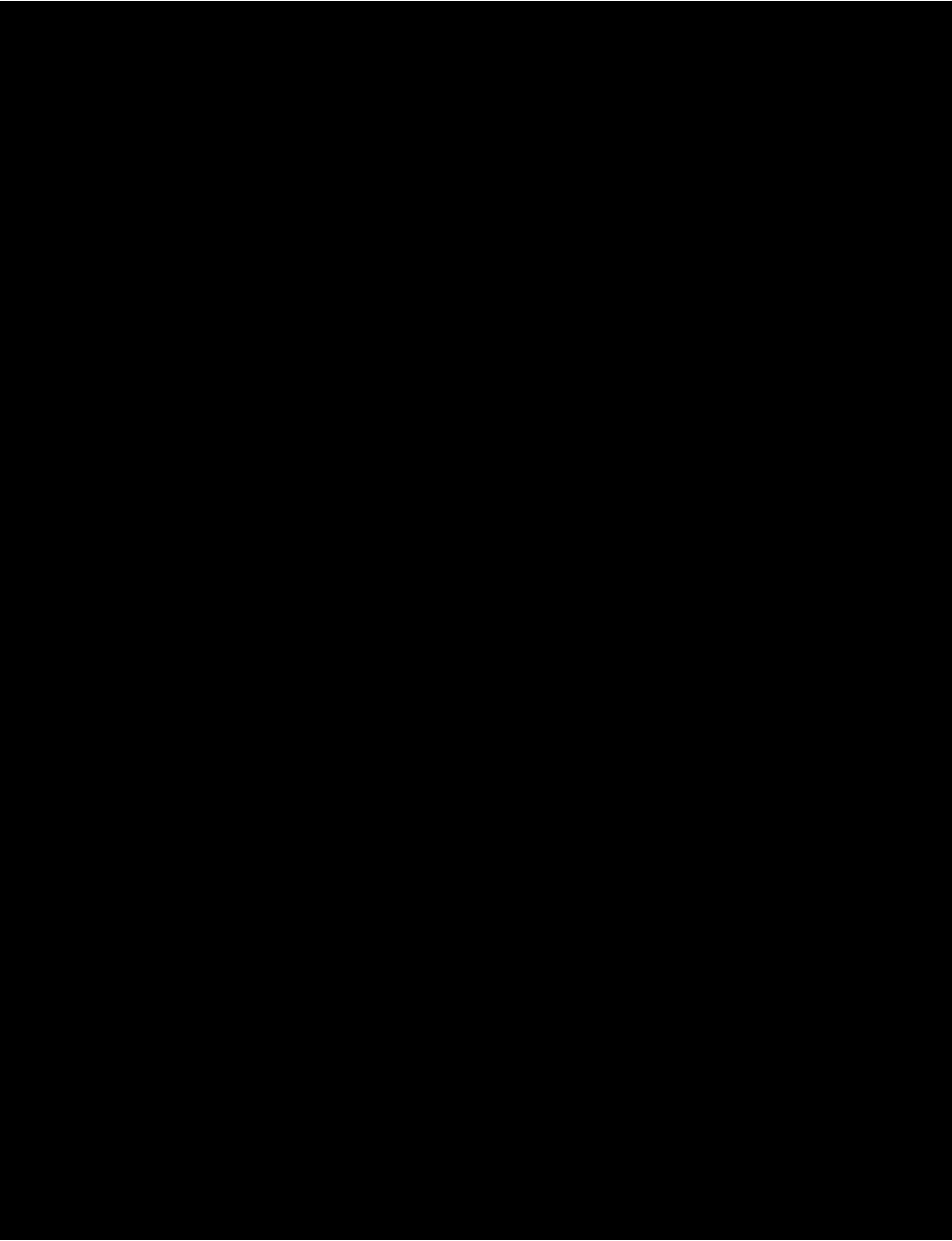


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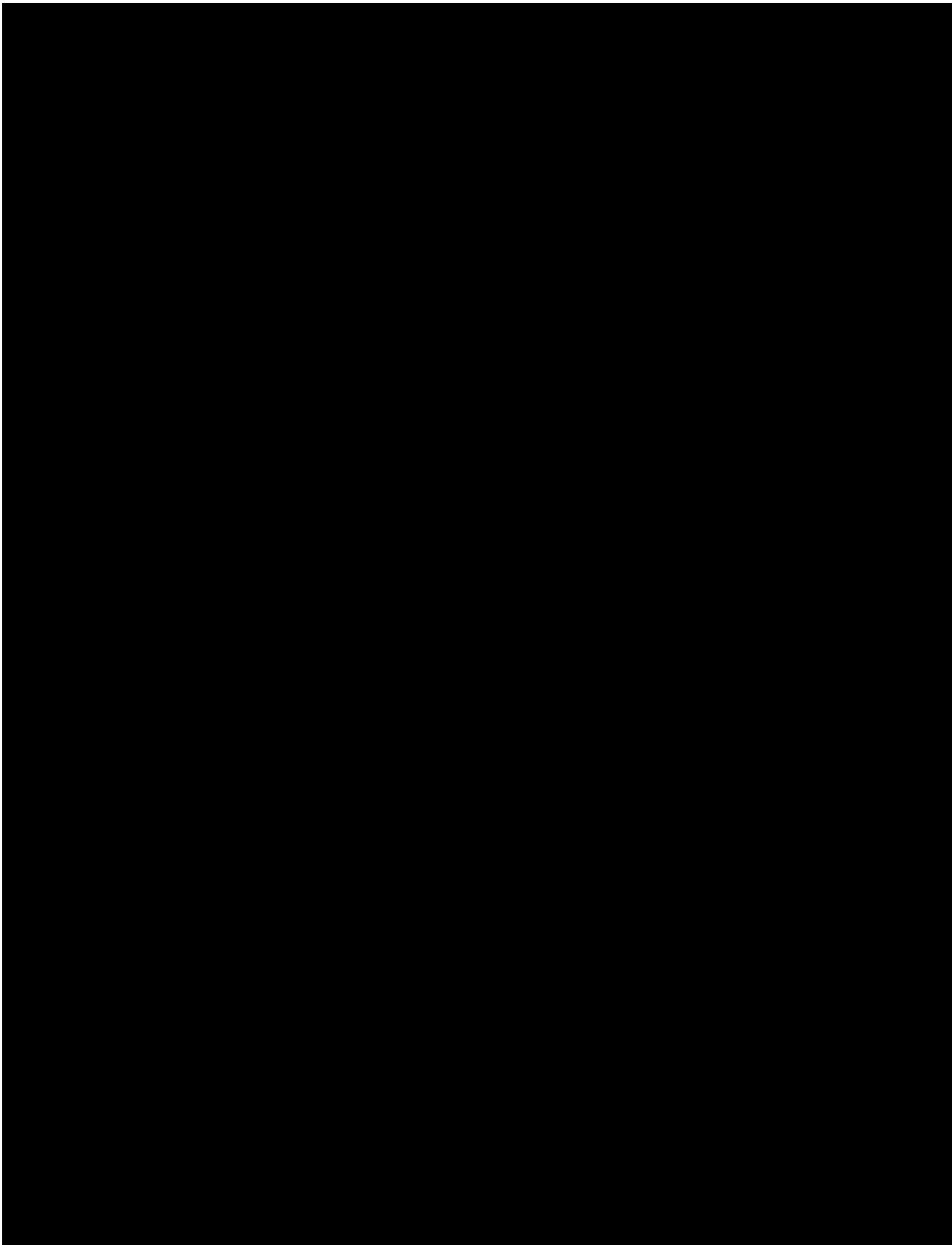


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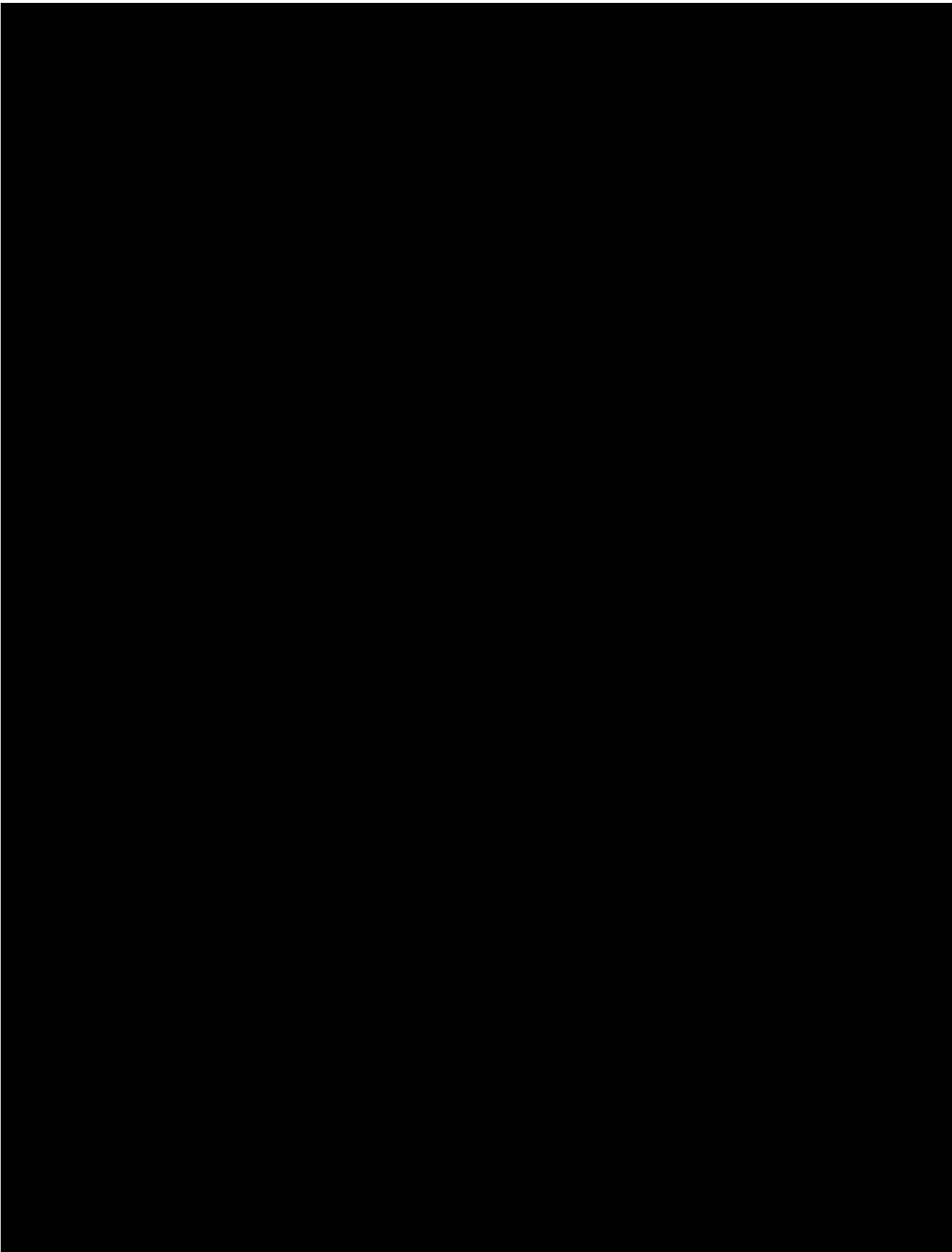
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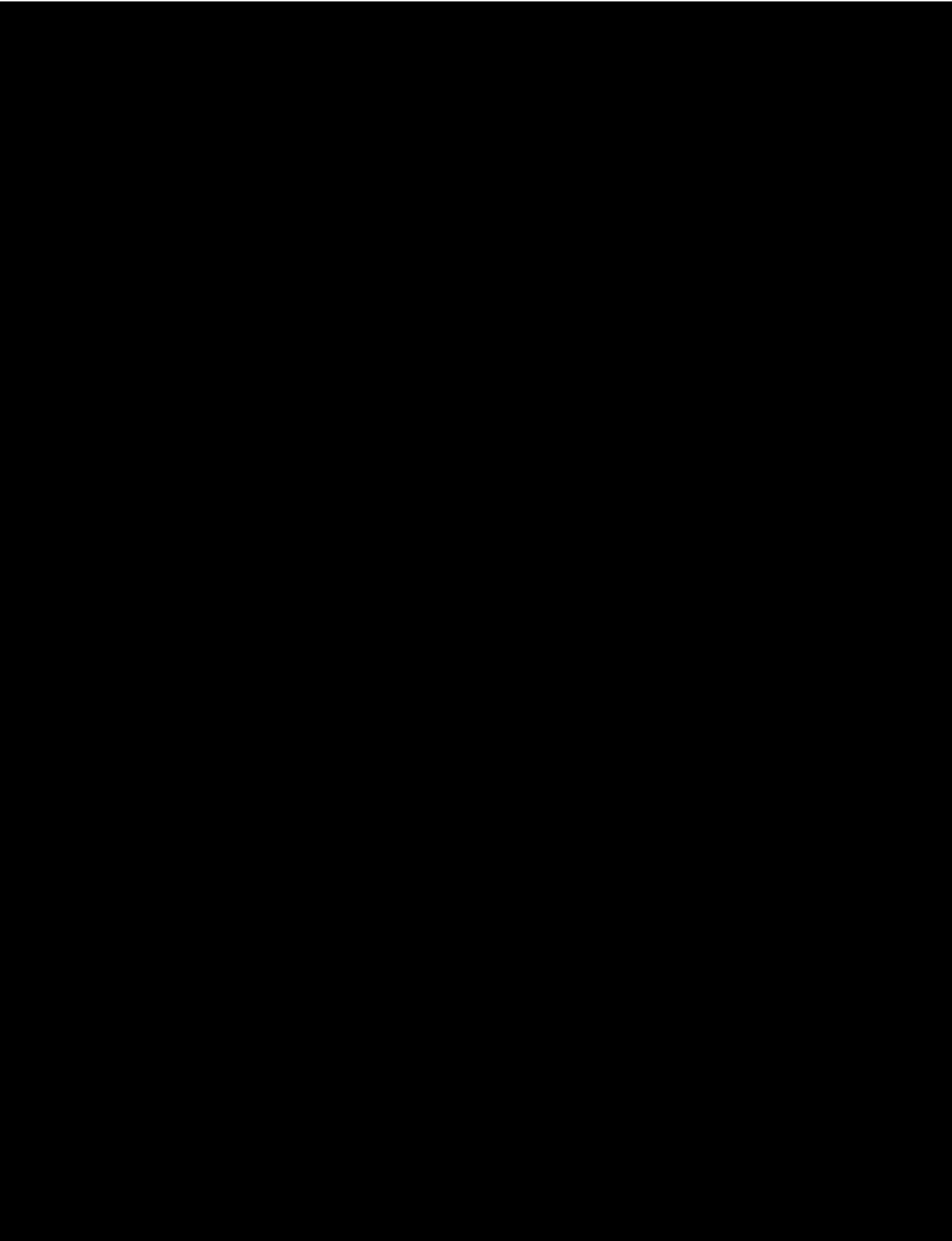


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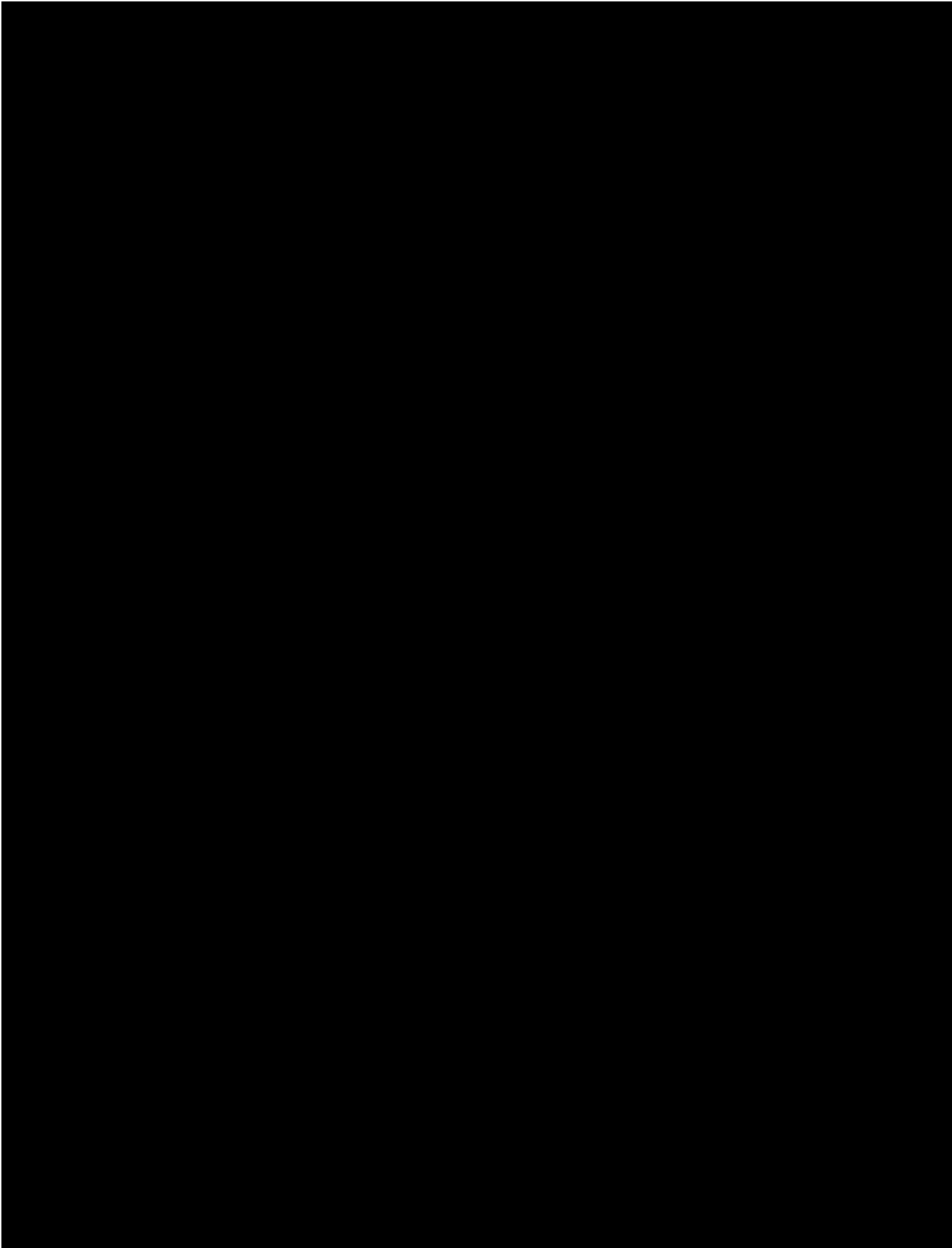
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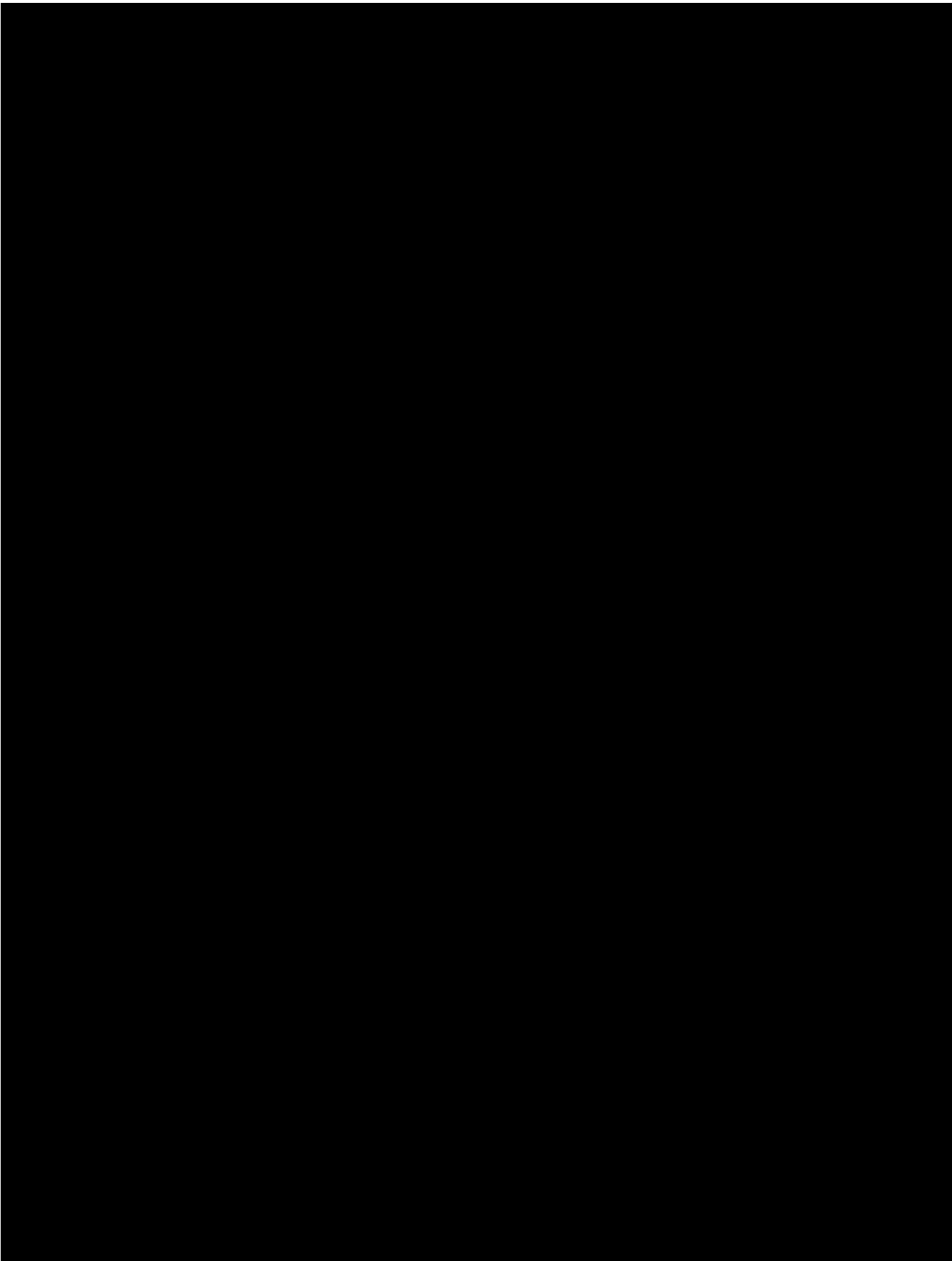
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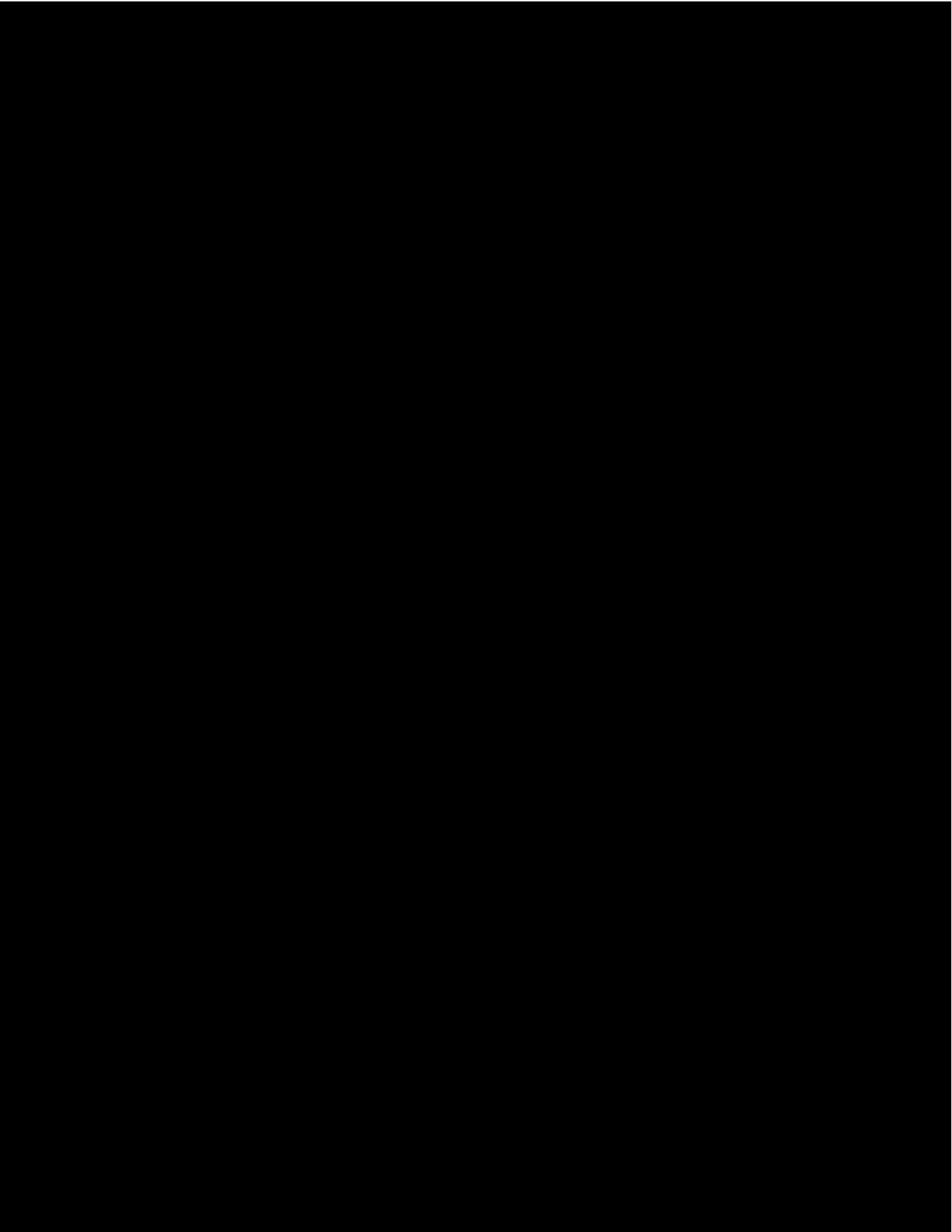
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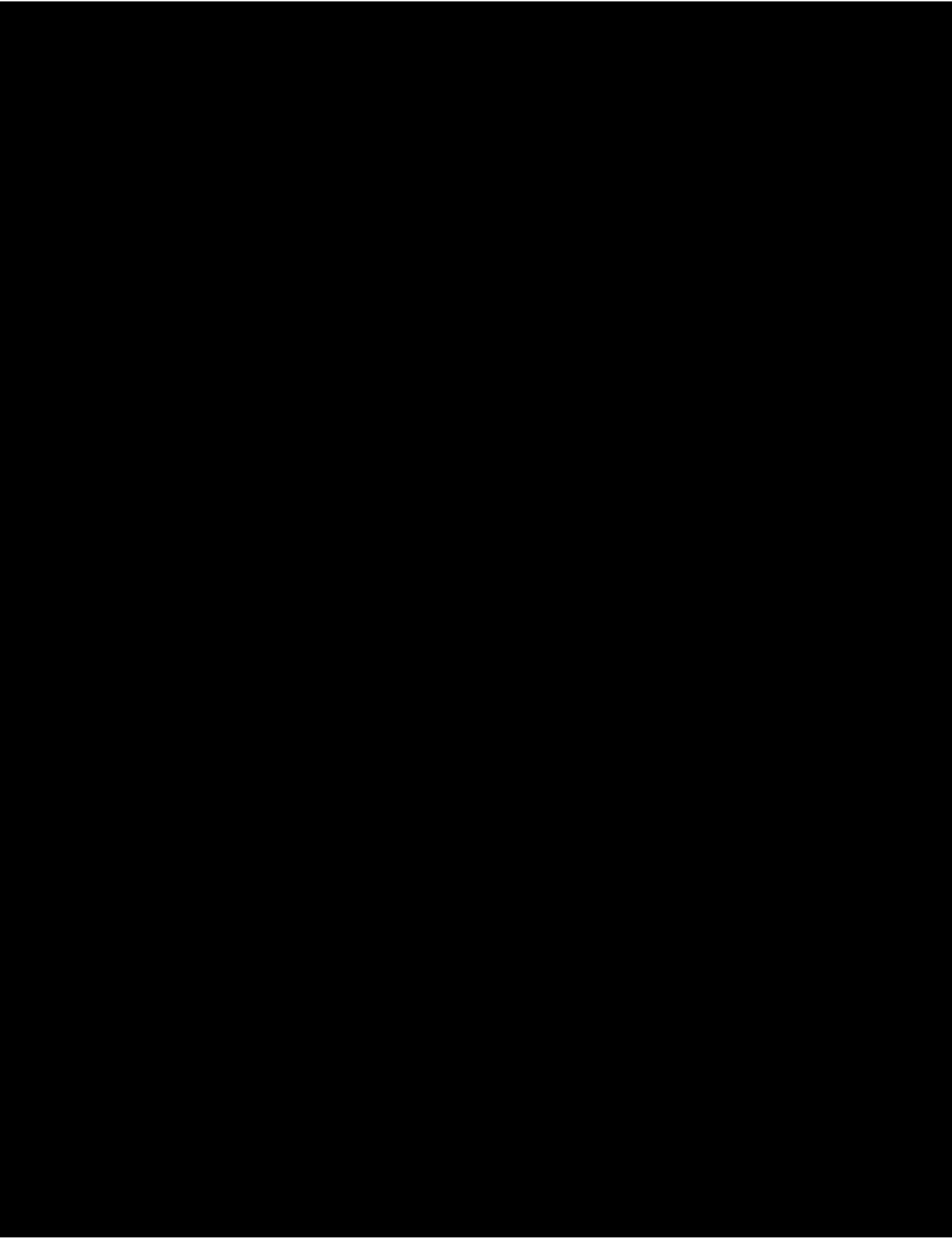
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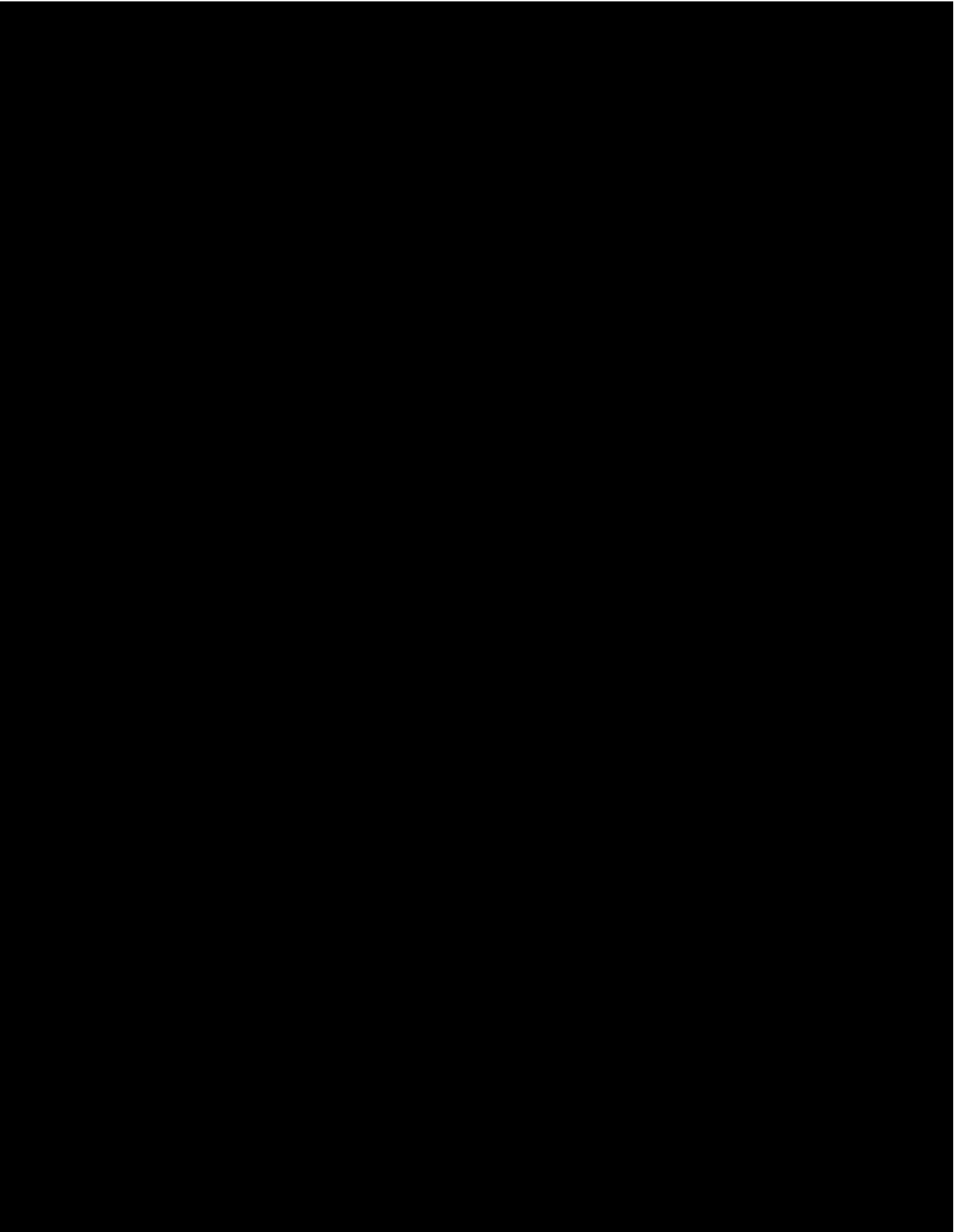
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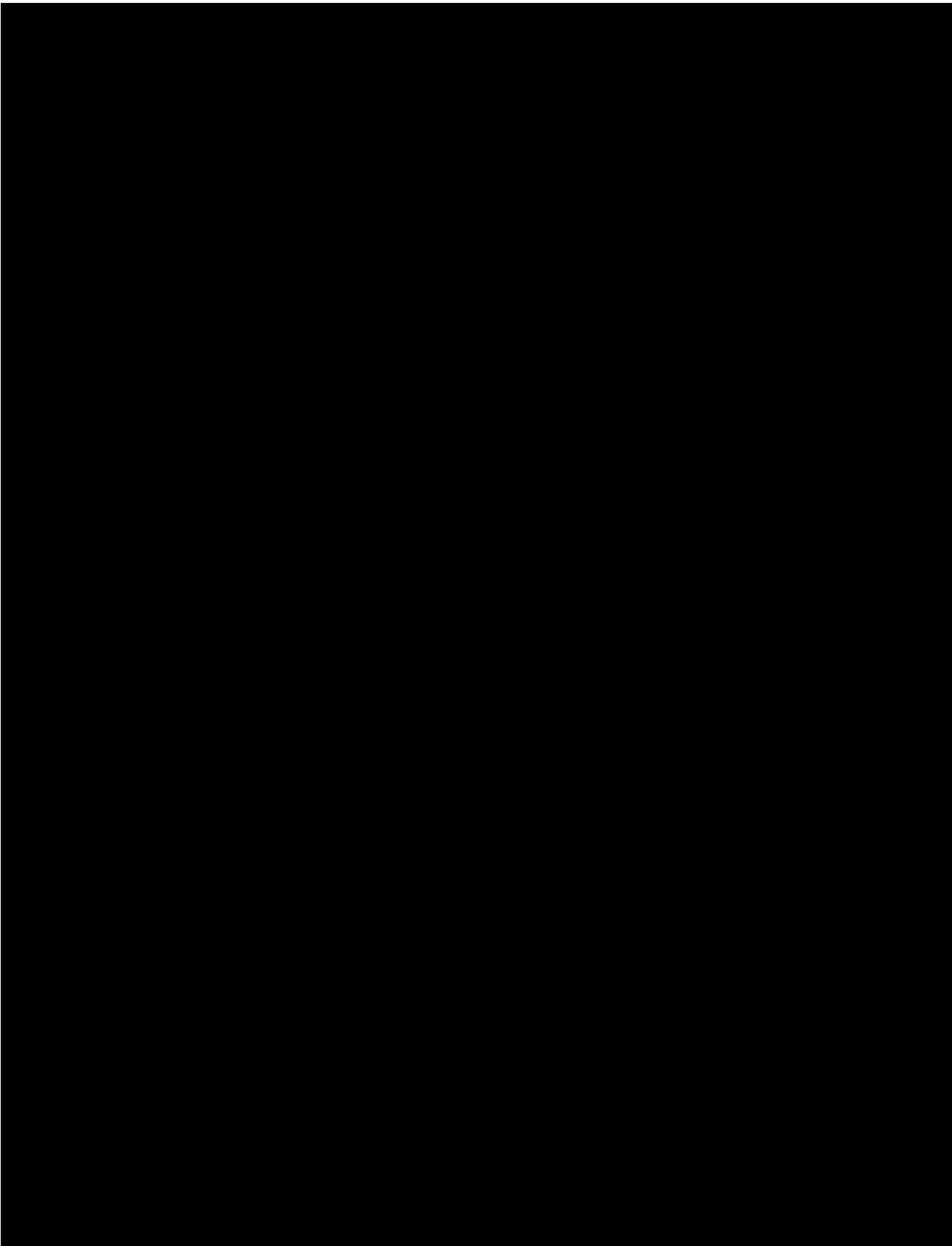
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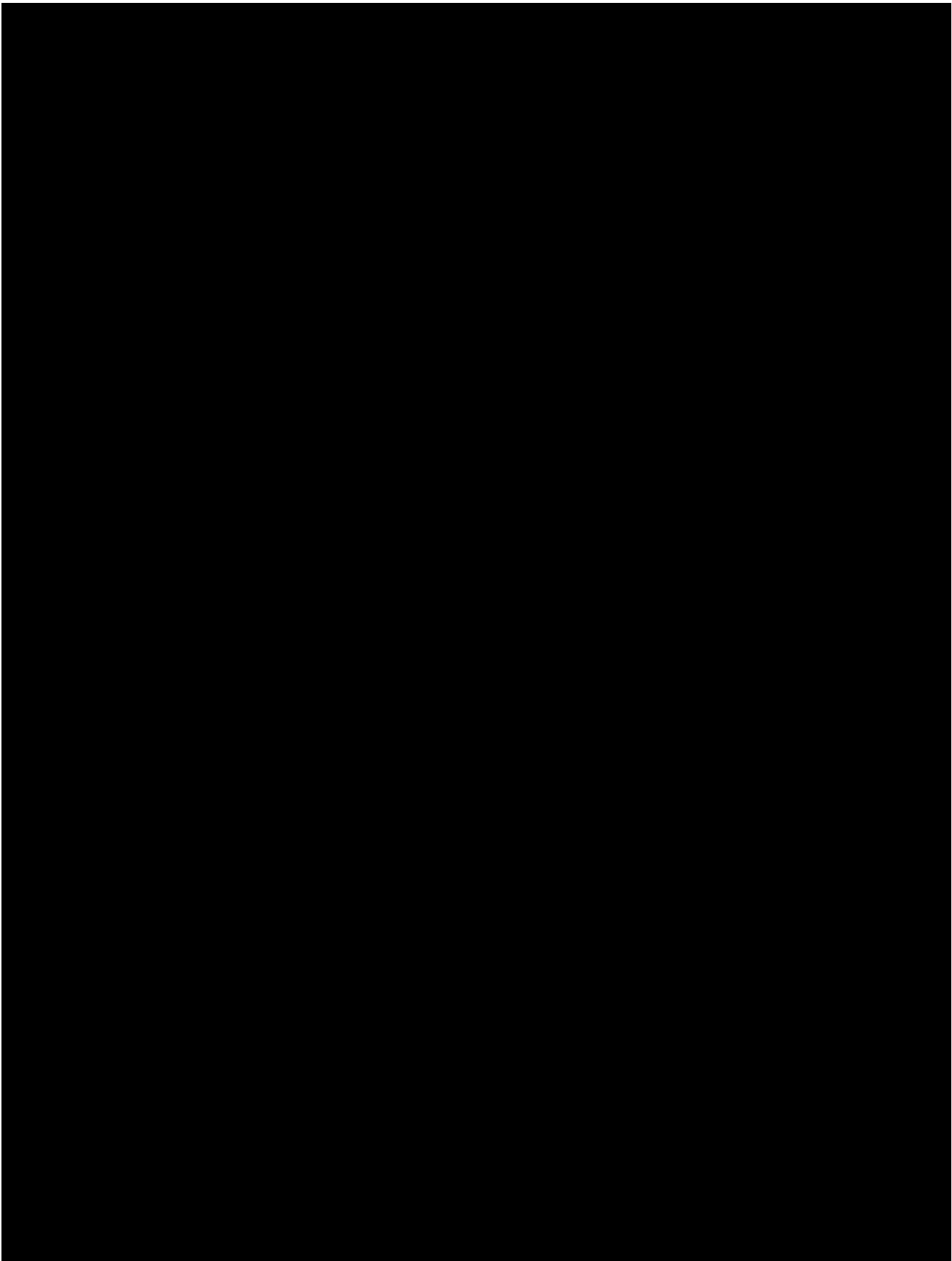
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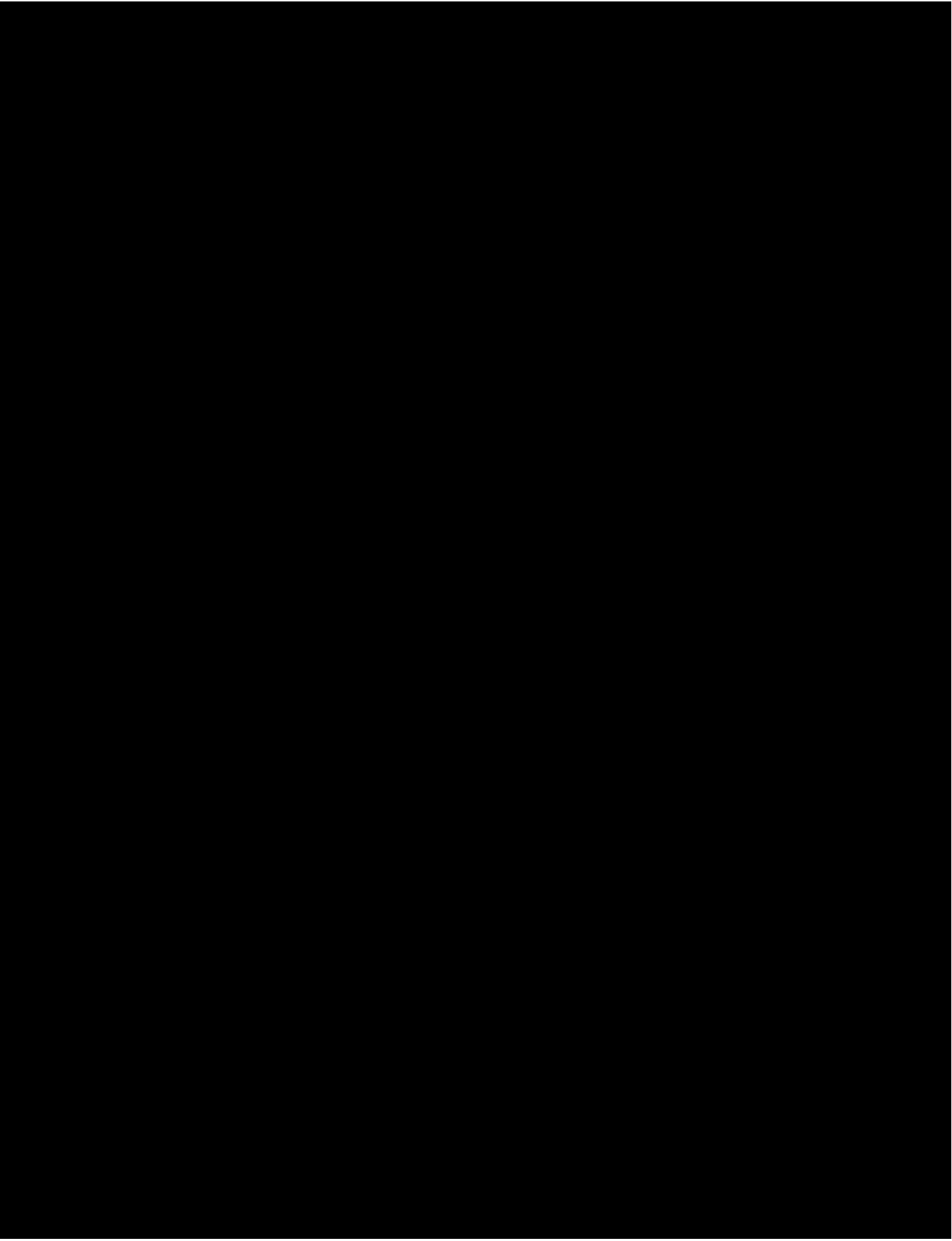
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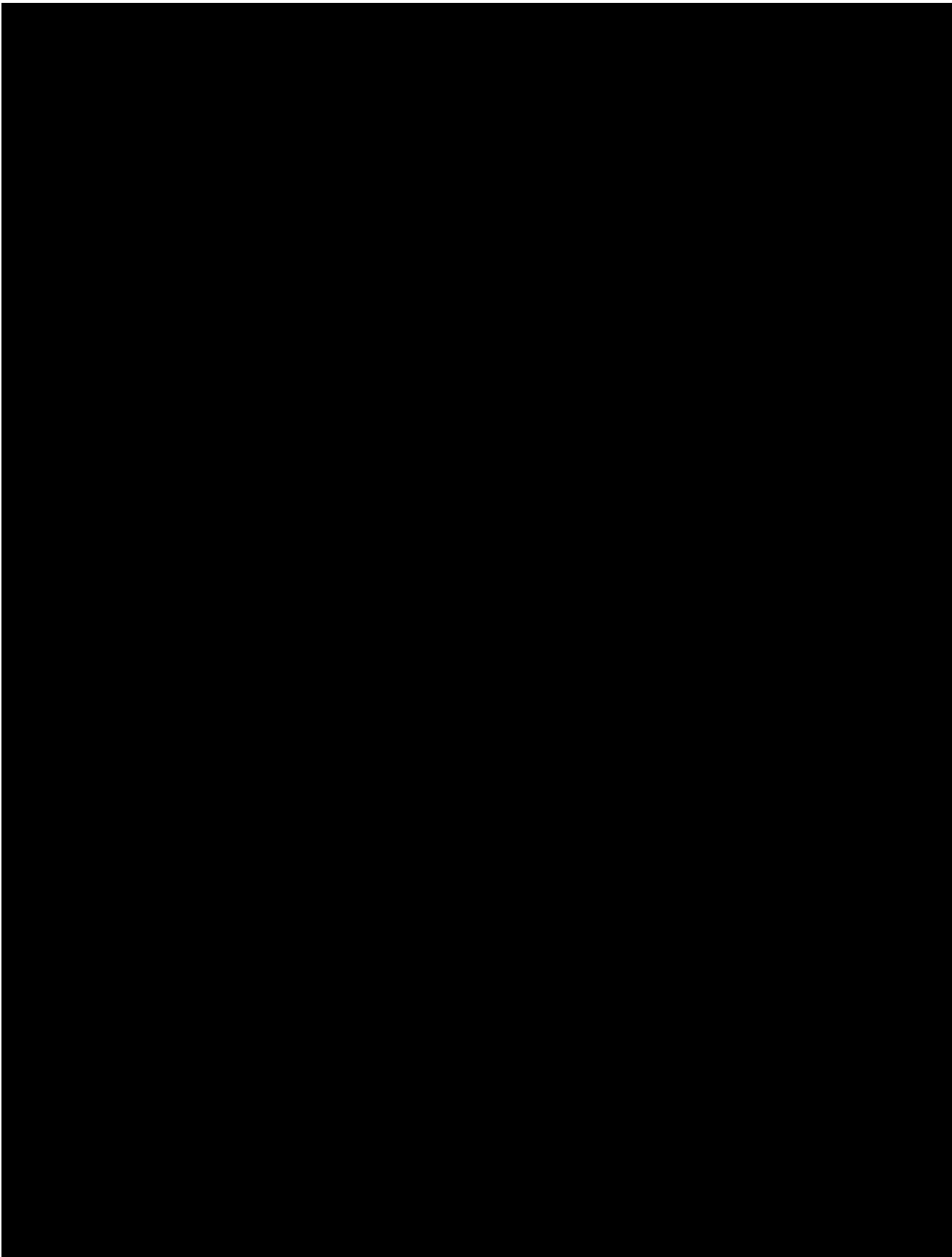


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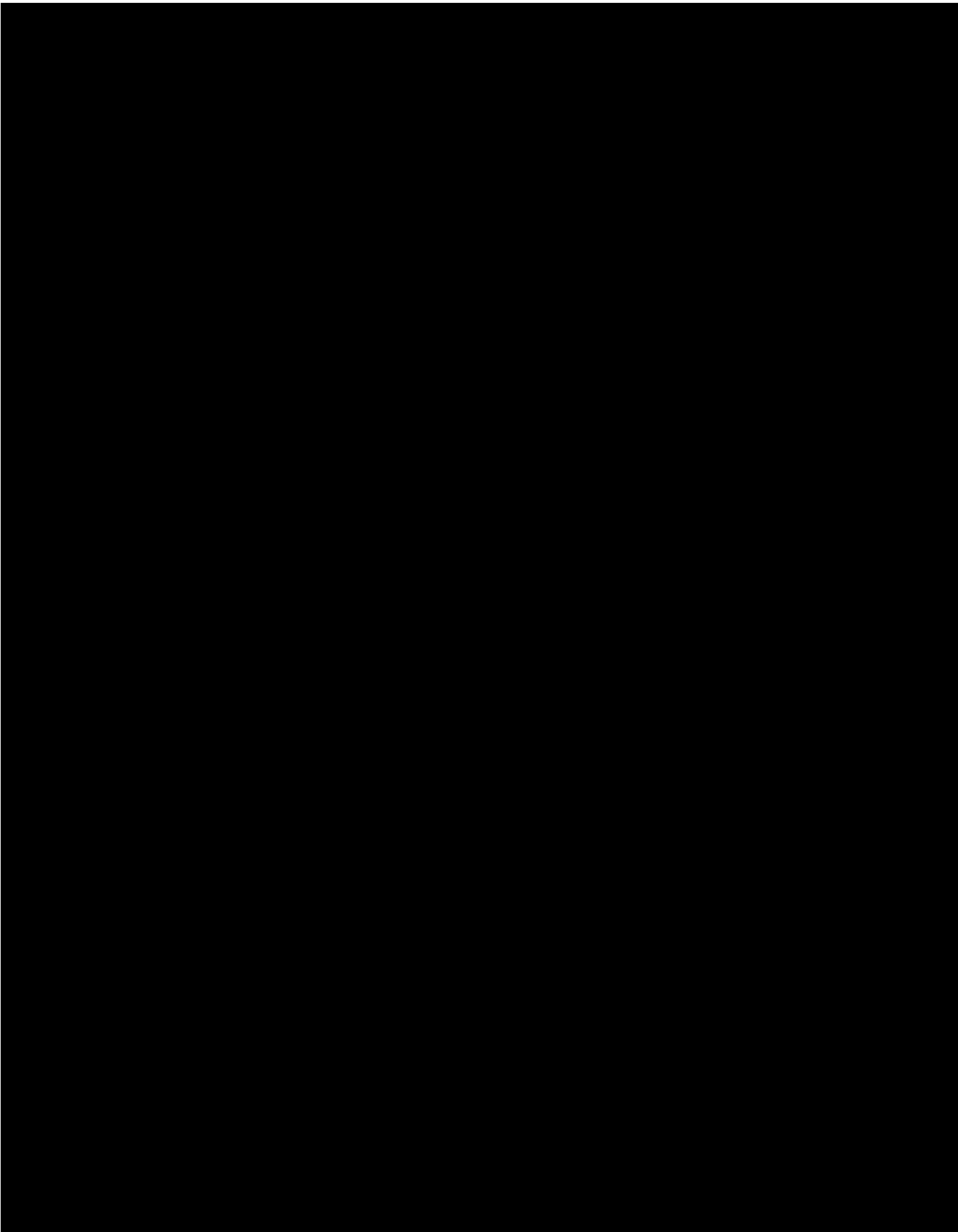
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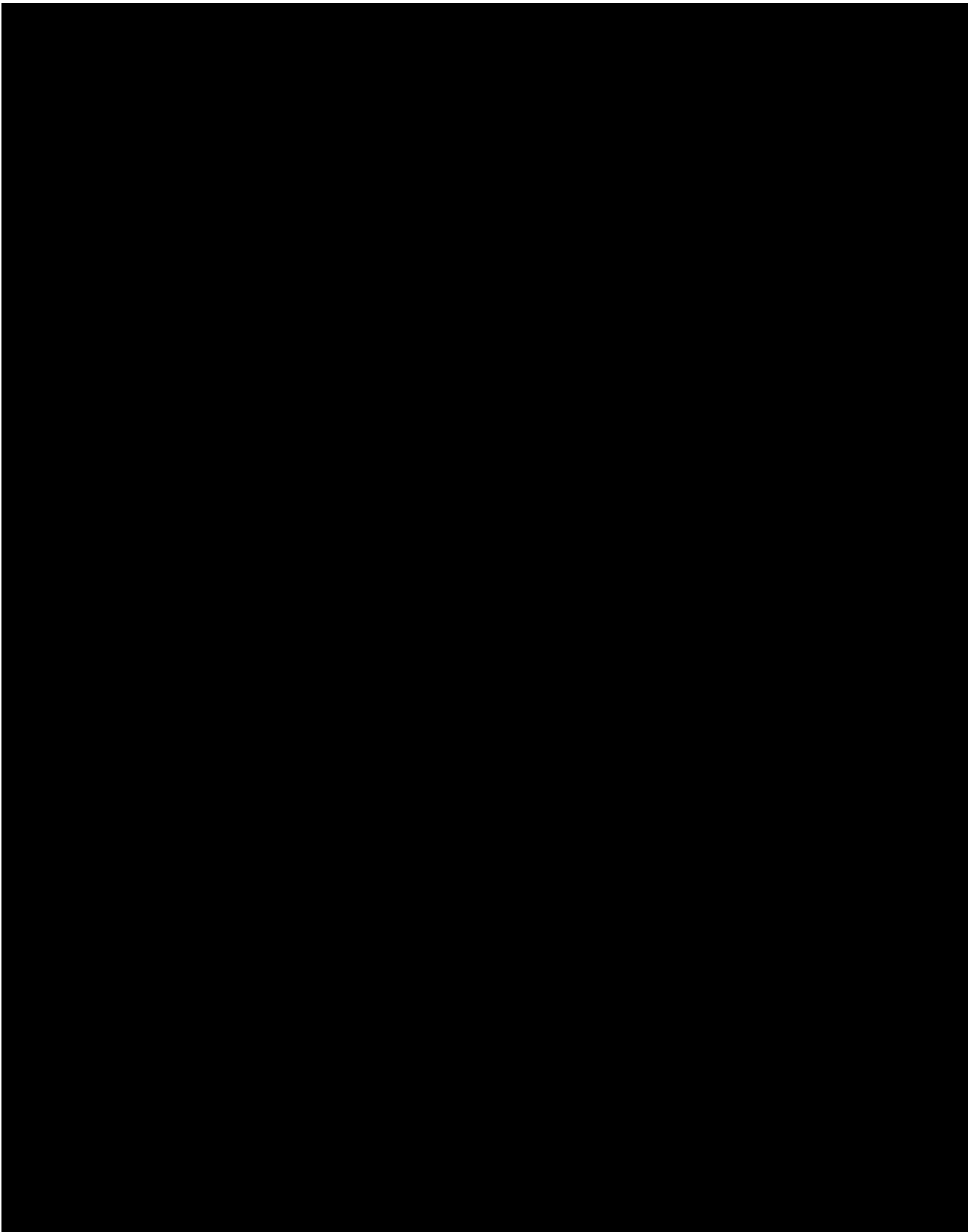


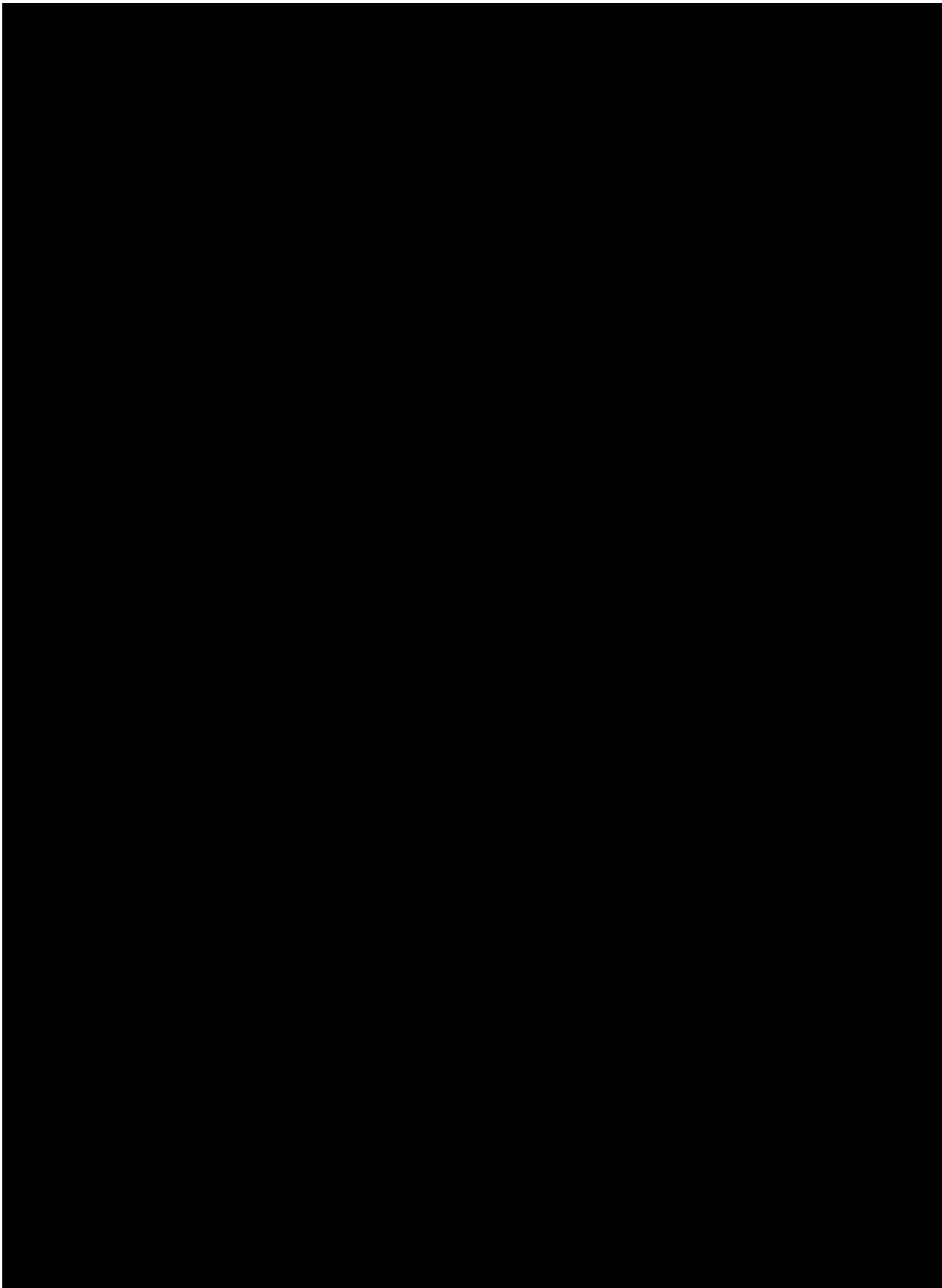
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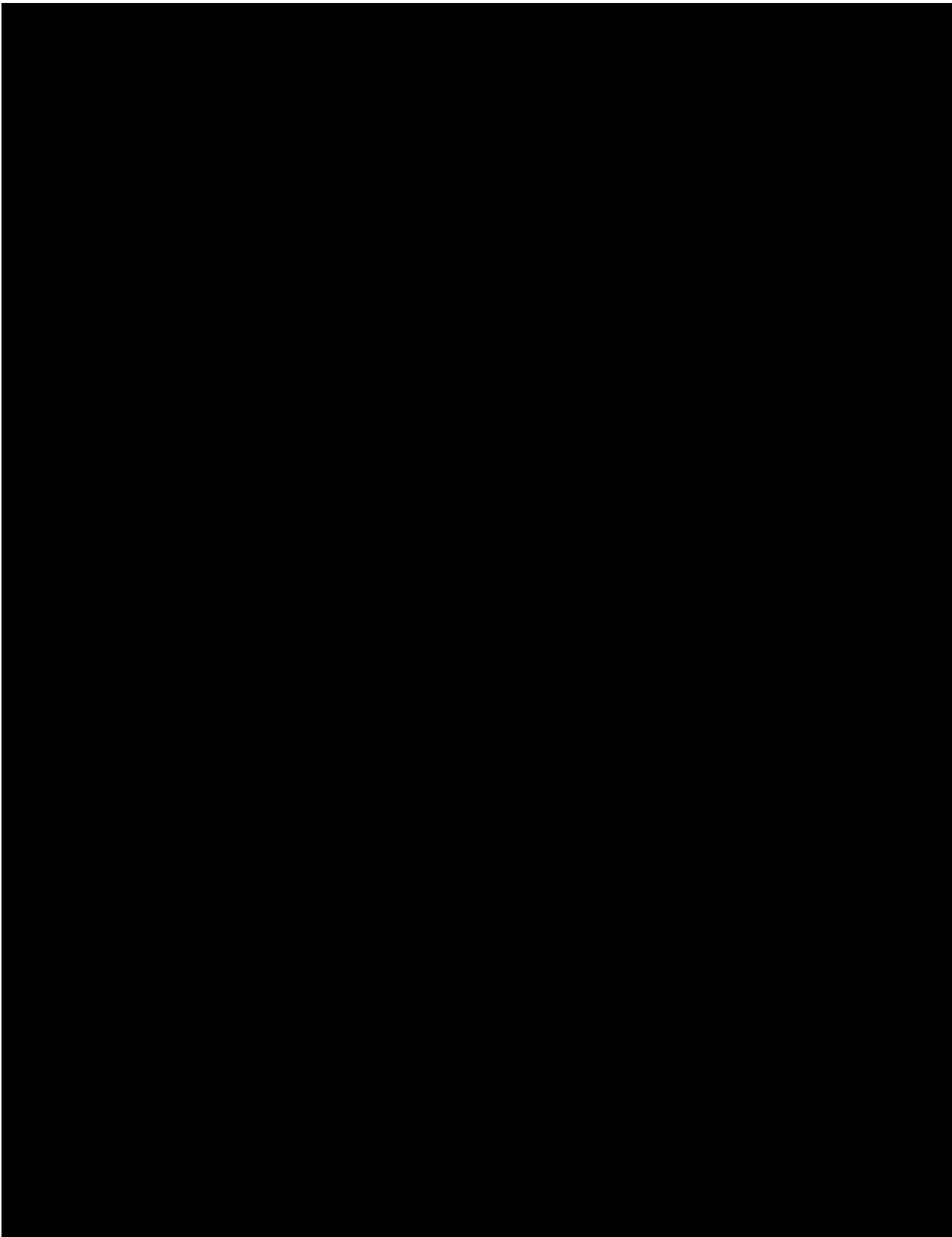
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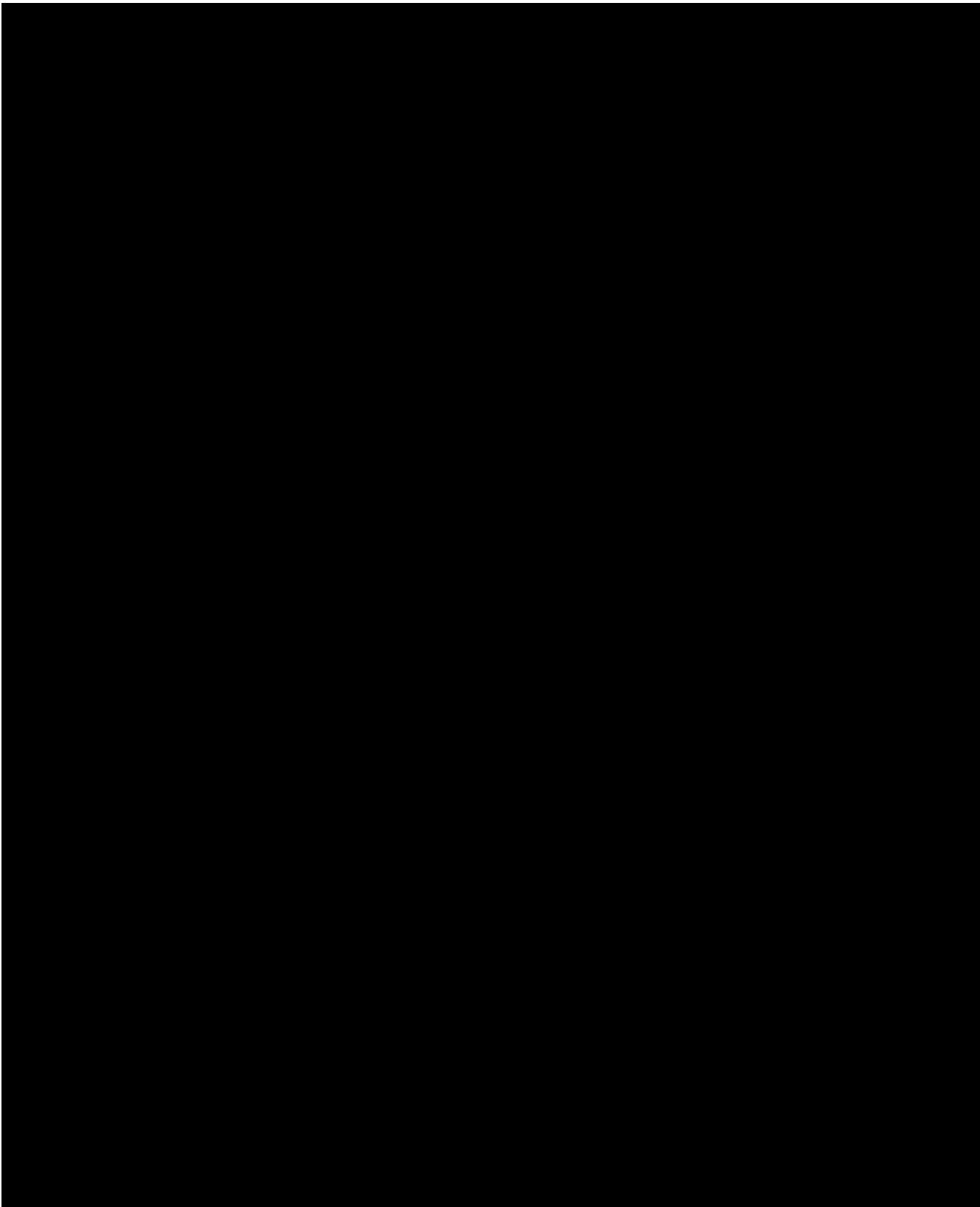


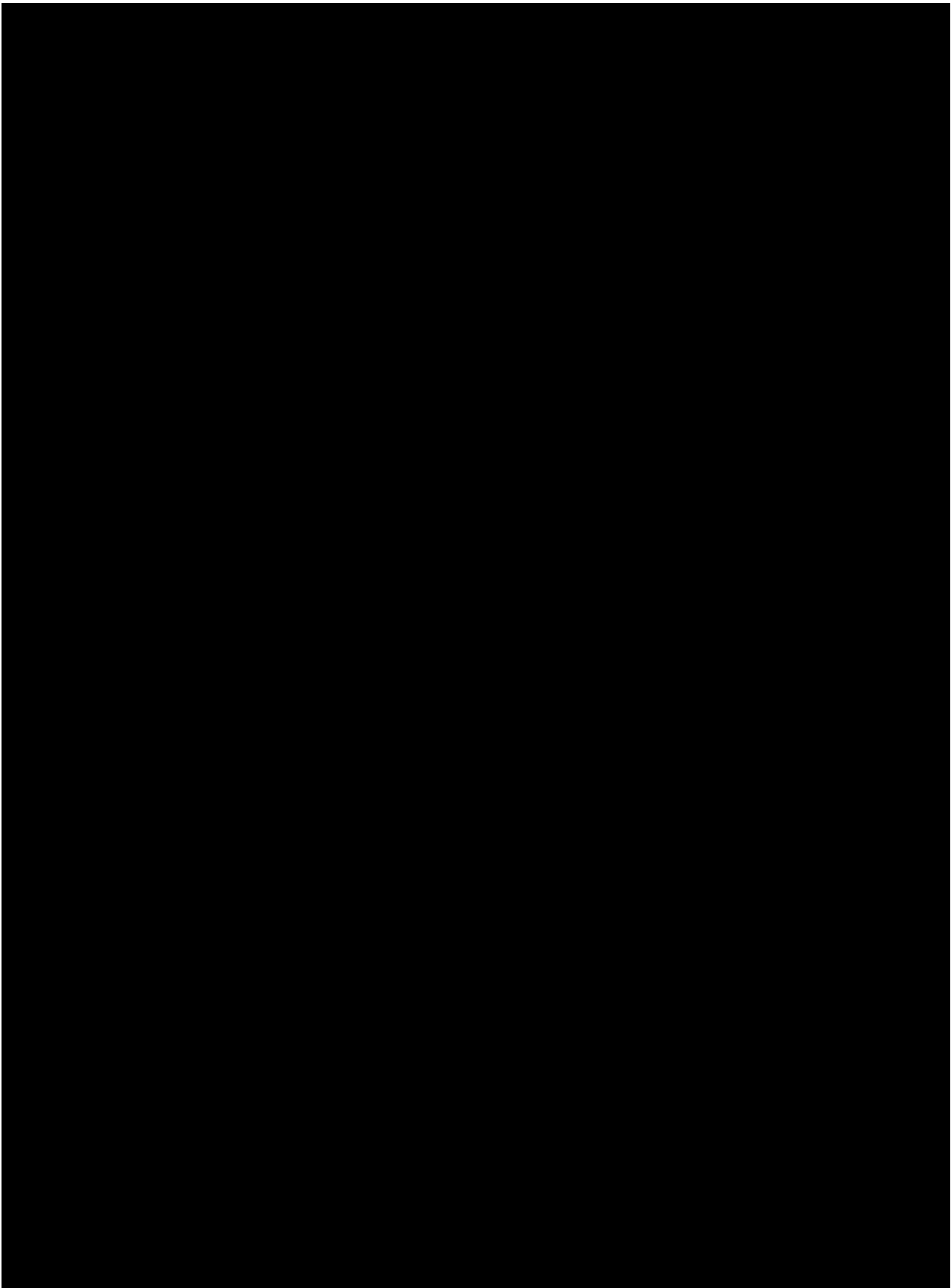


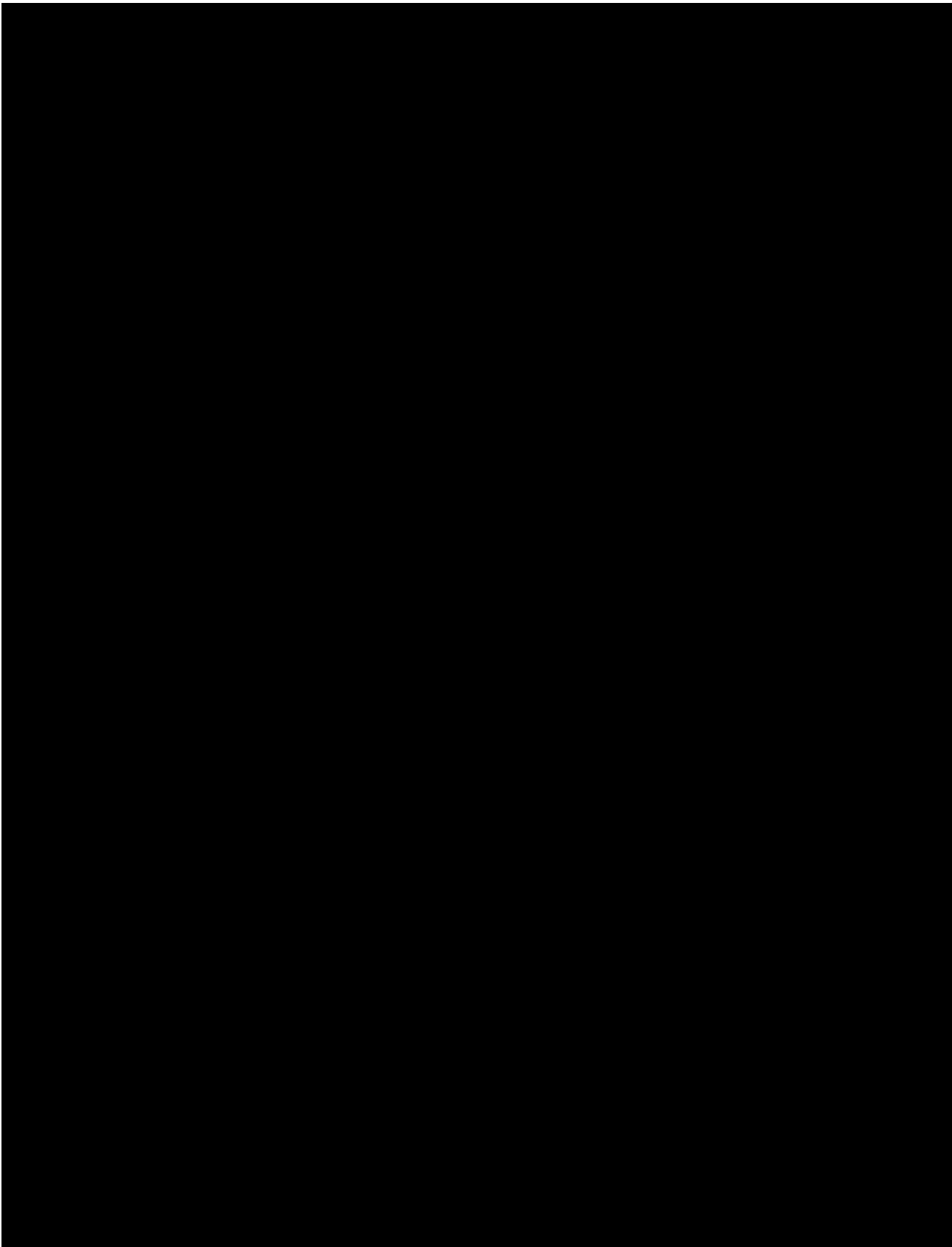


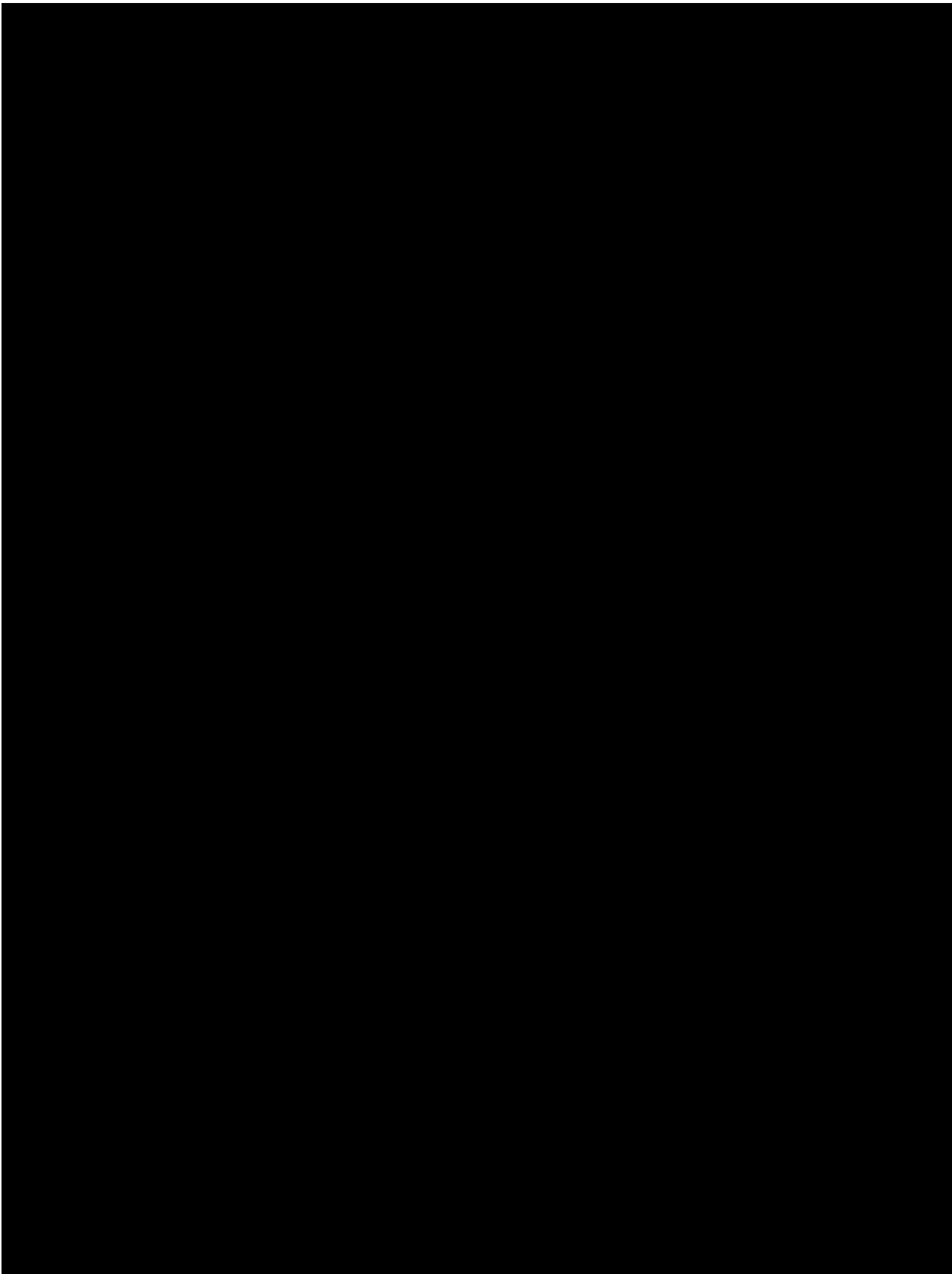


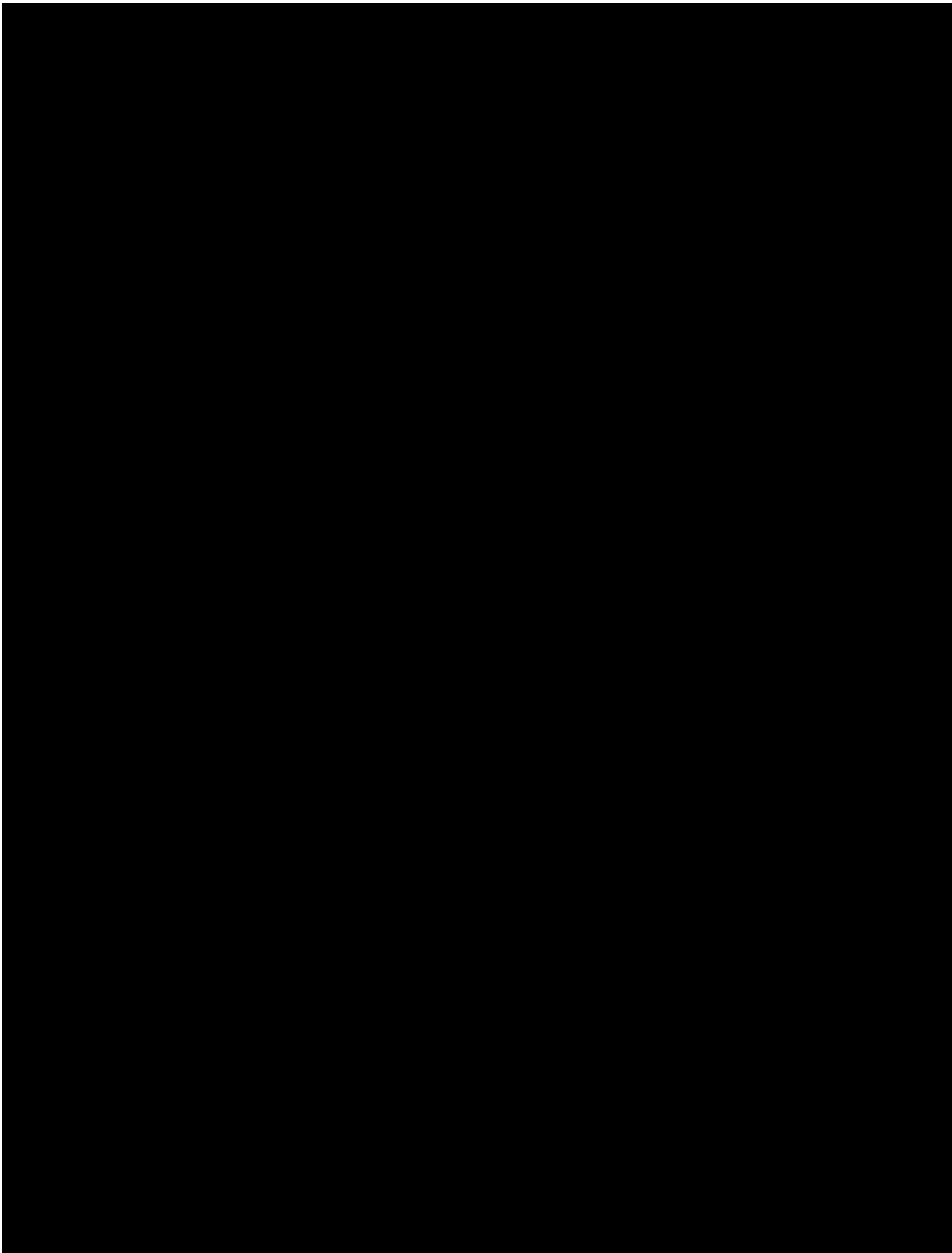


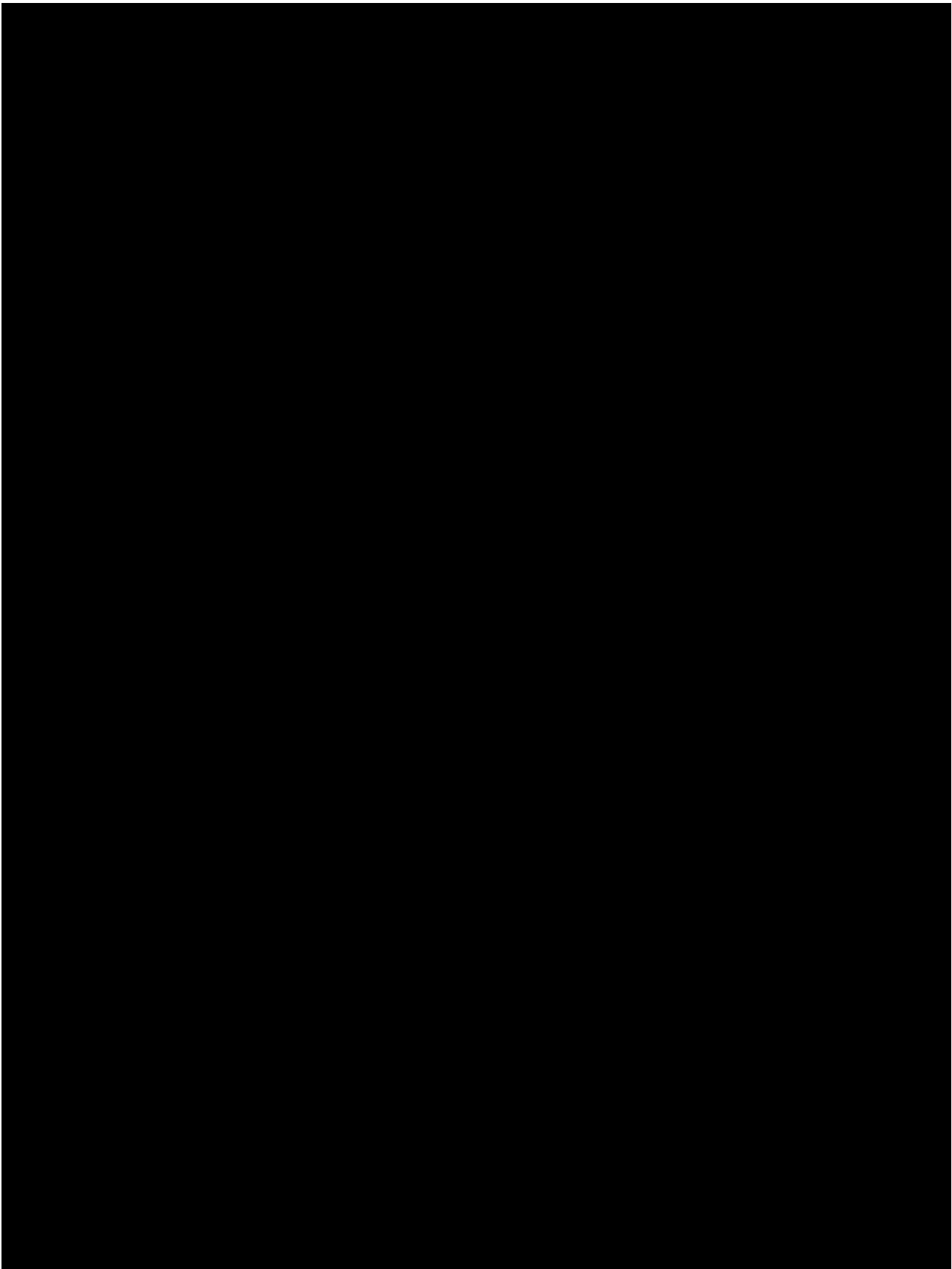


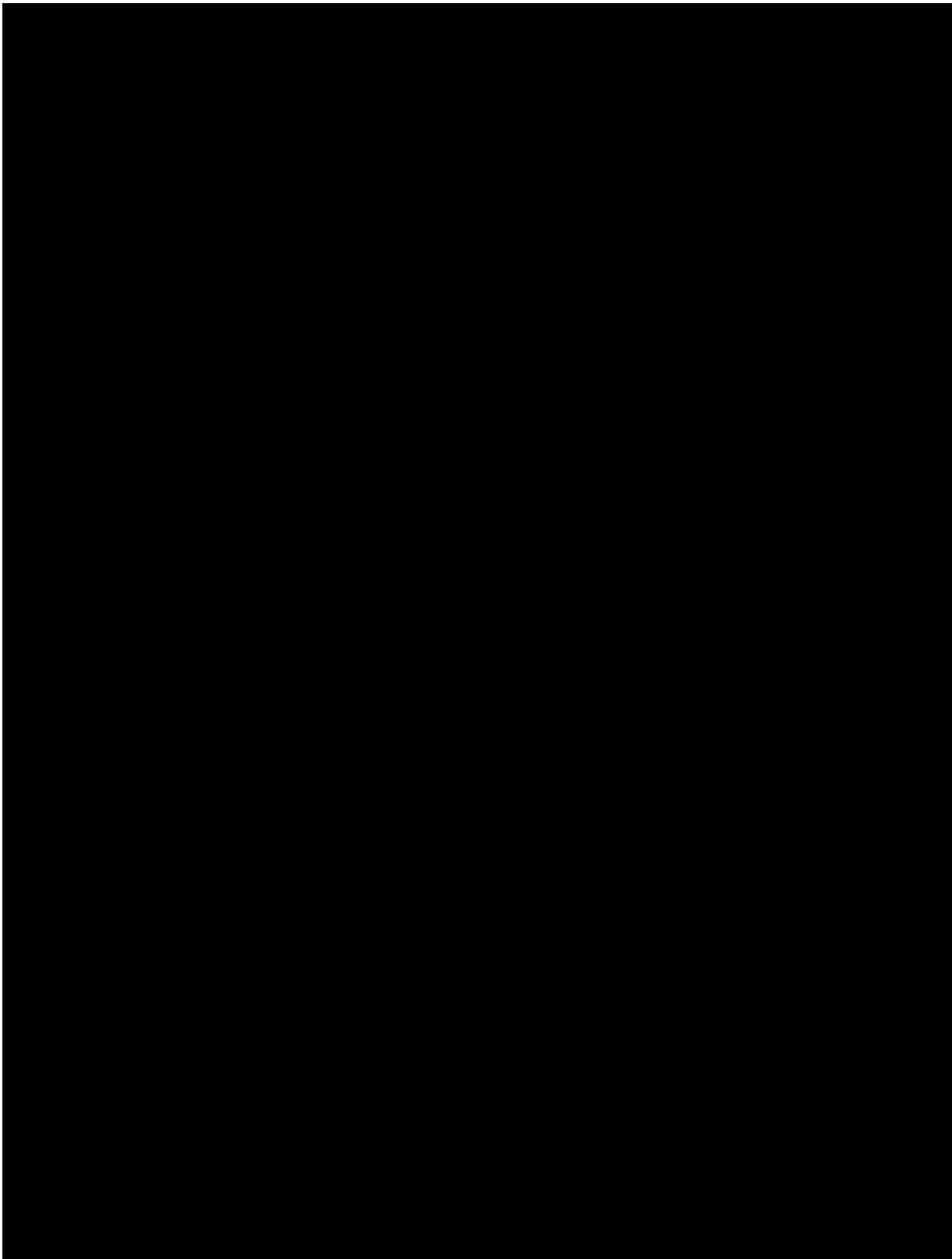




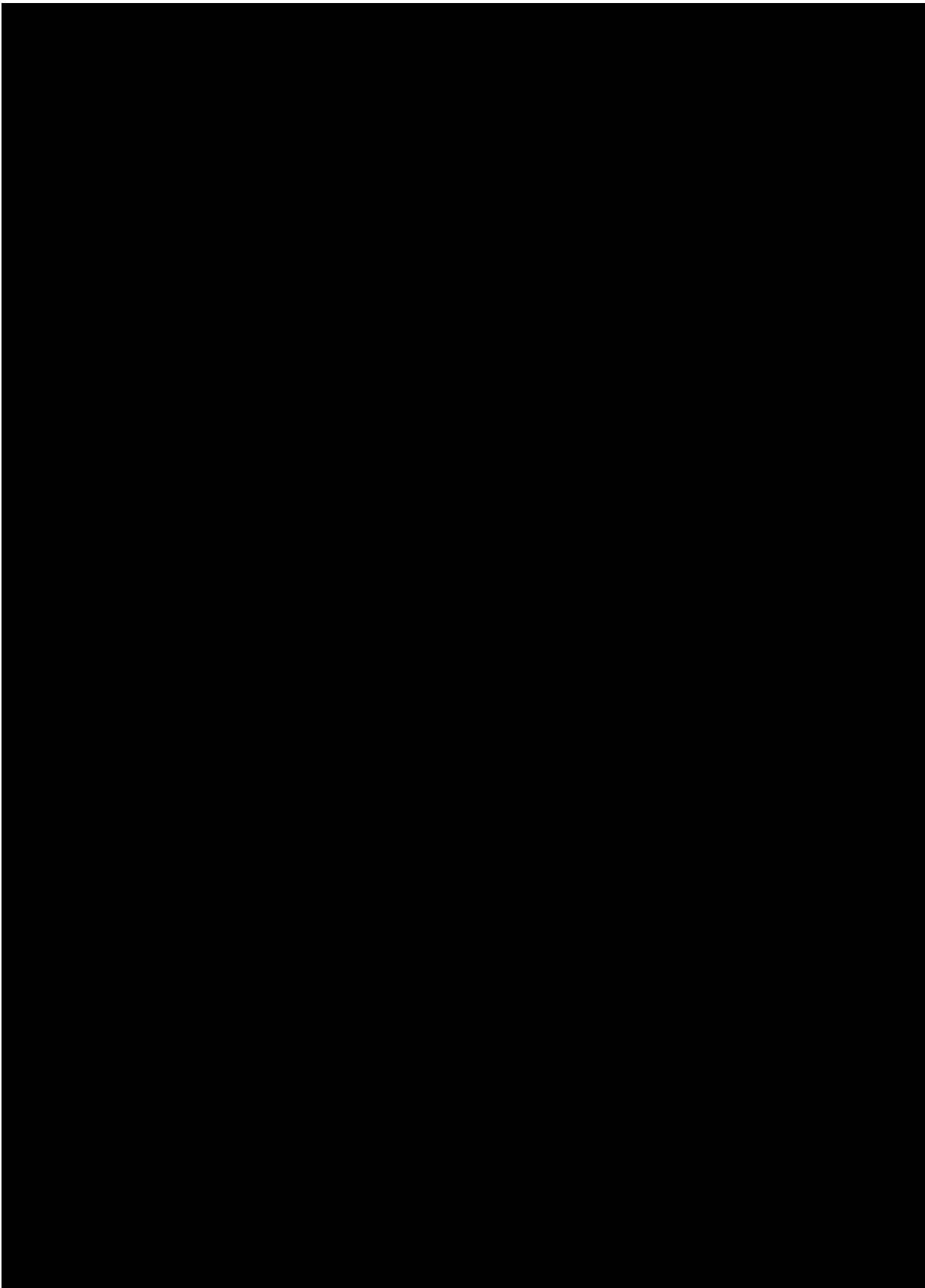


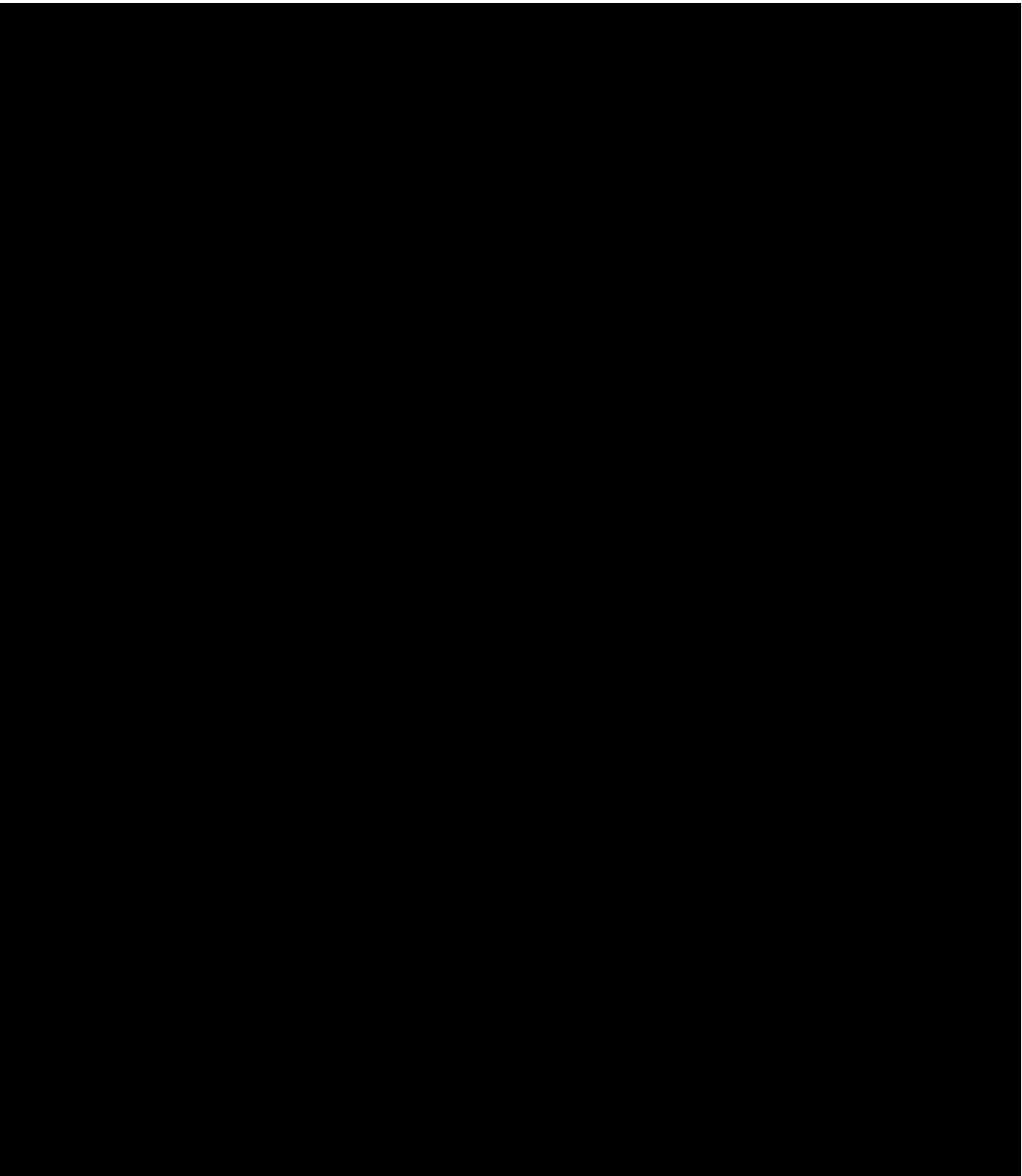


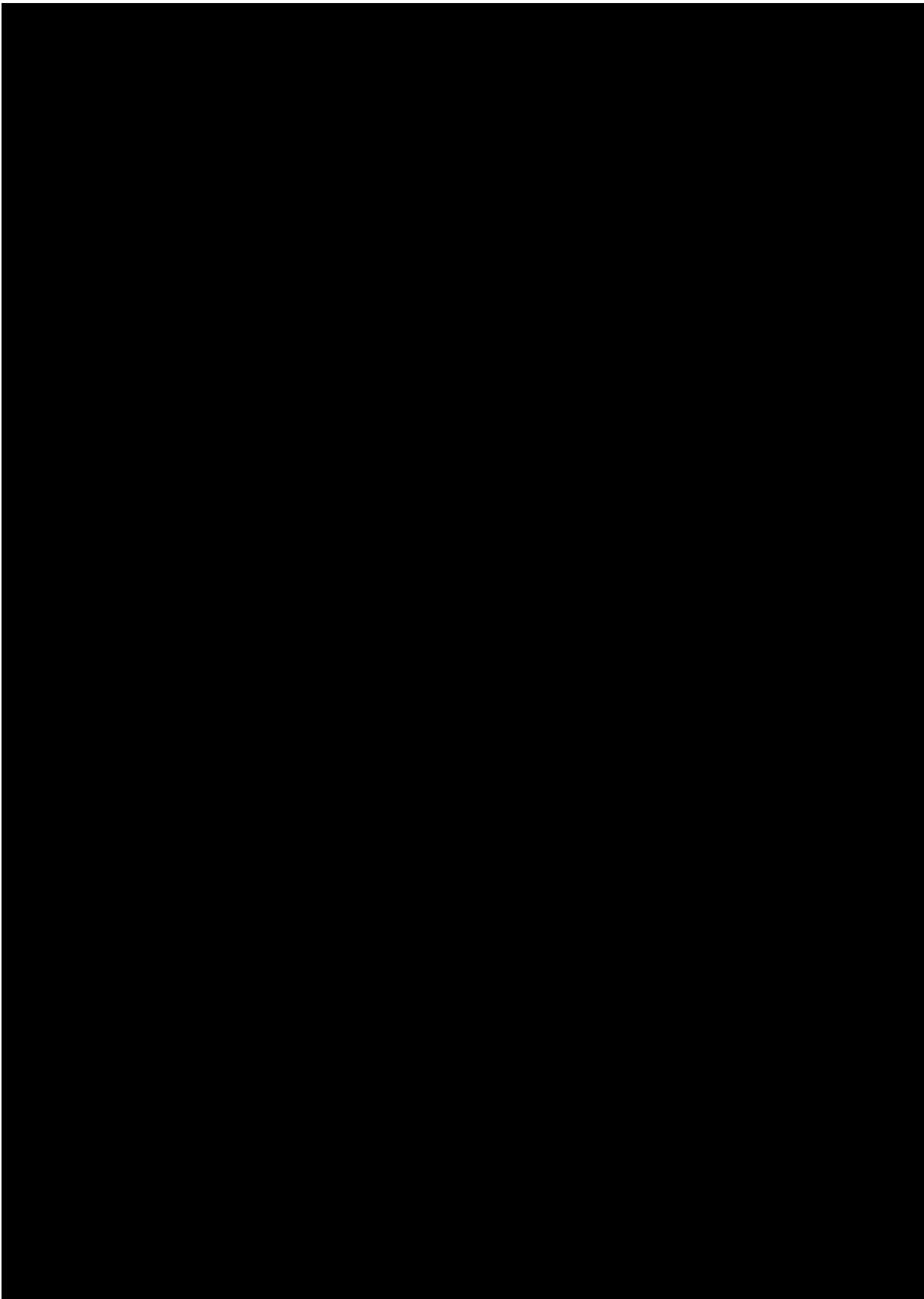


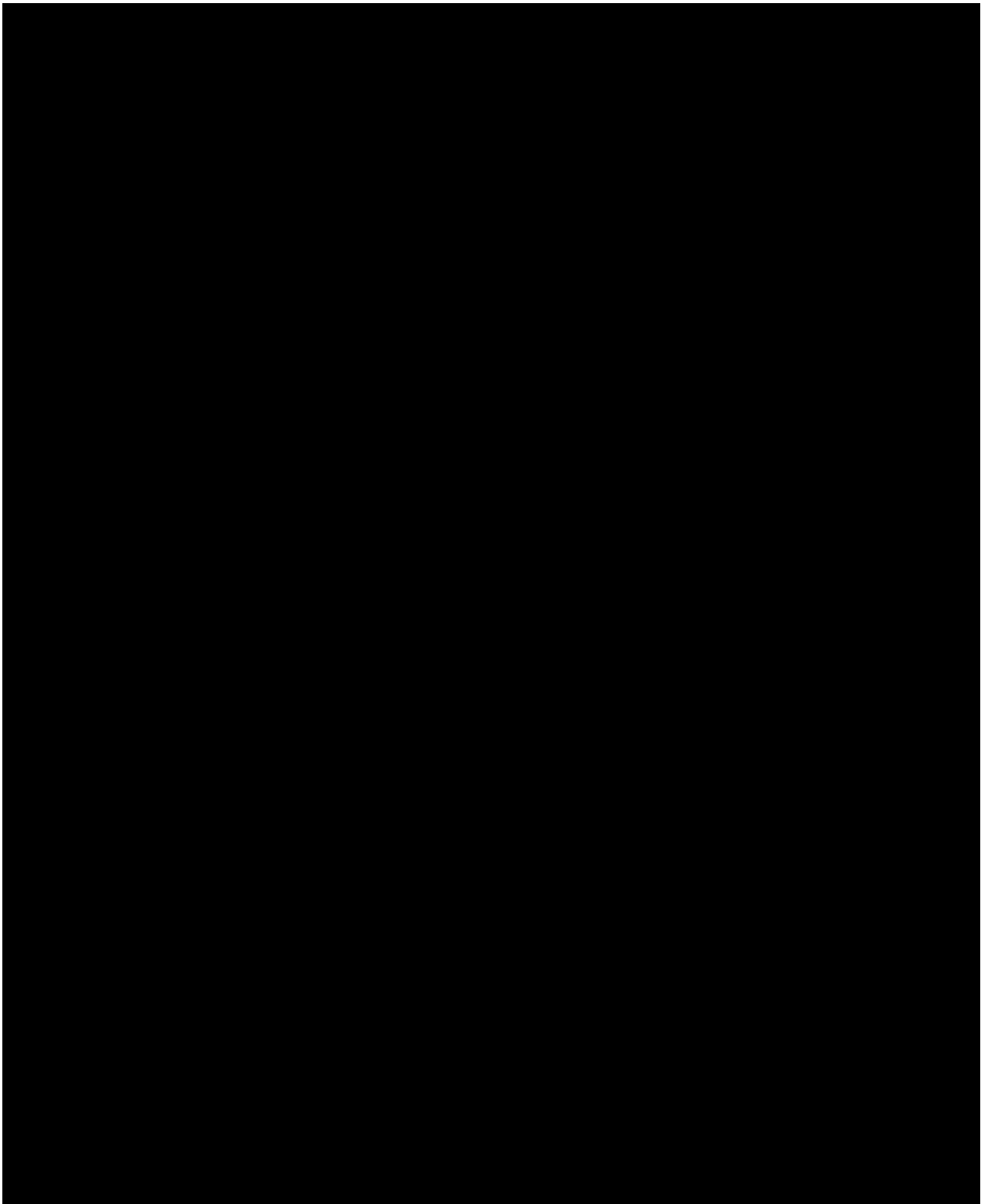


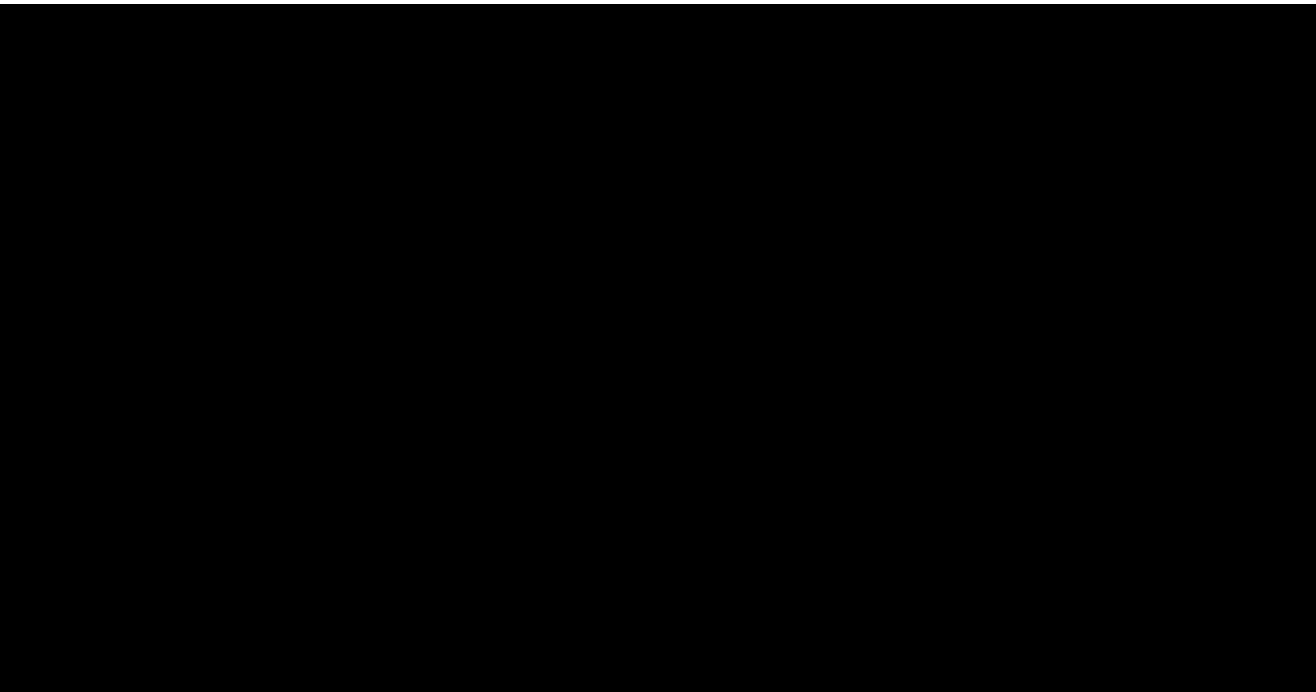












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Part 1 5.2.5 Tab v

Multi-Establishment Limitations Form (Attachment F)

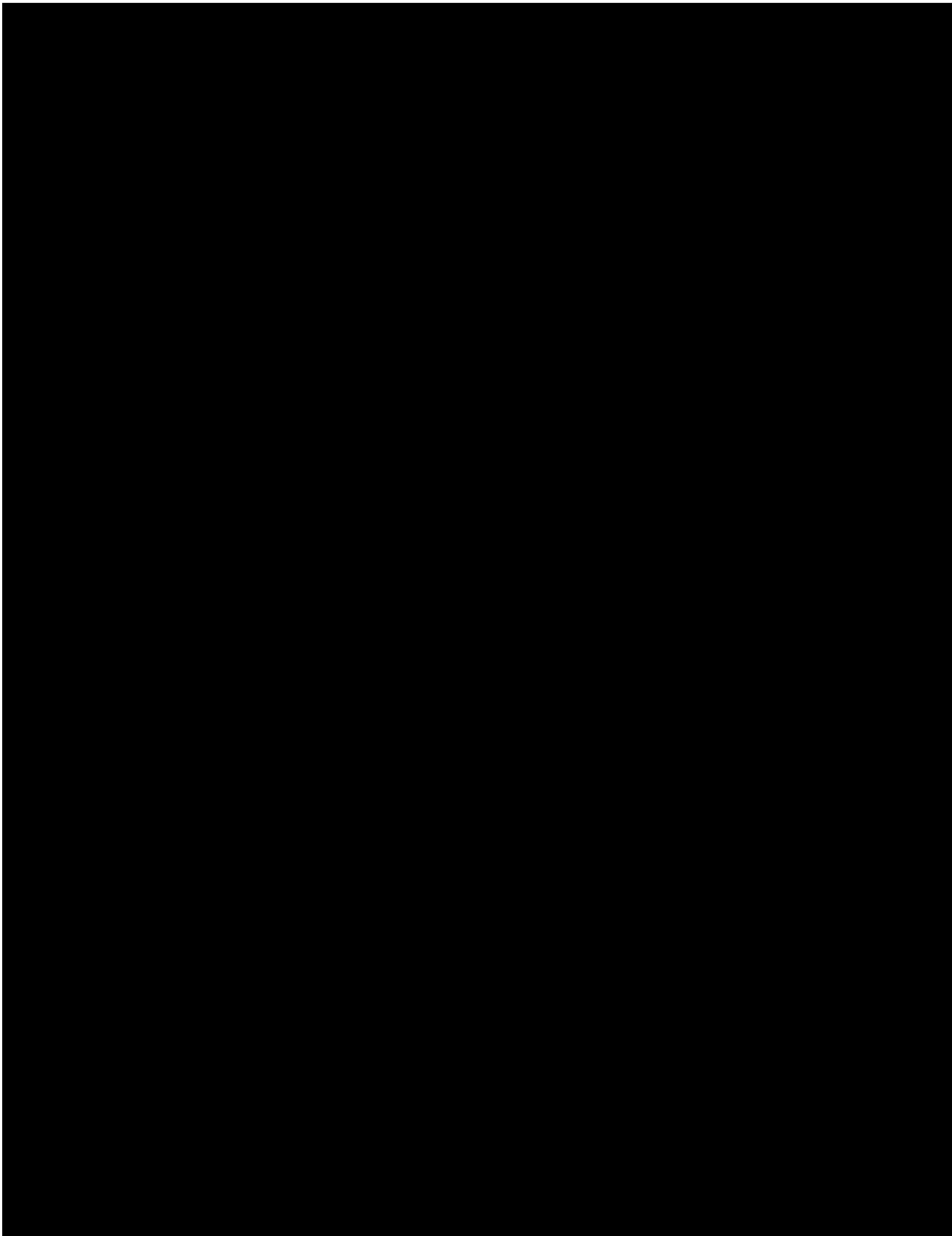
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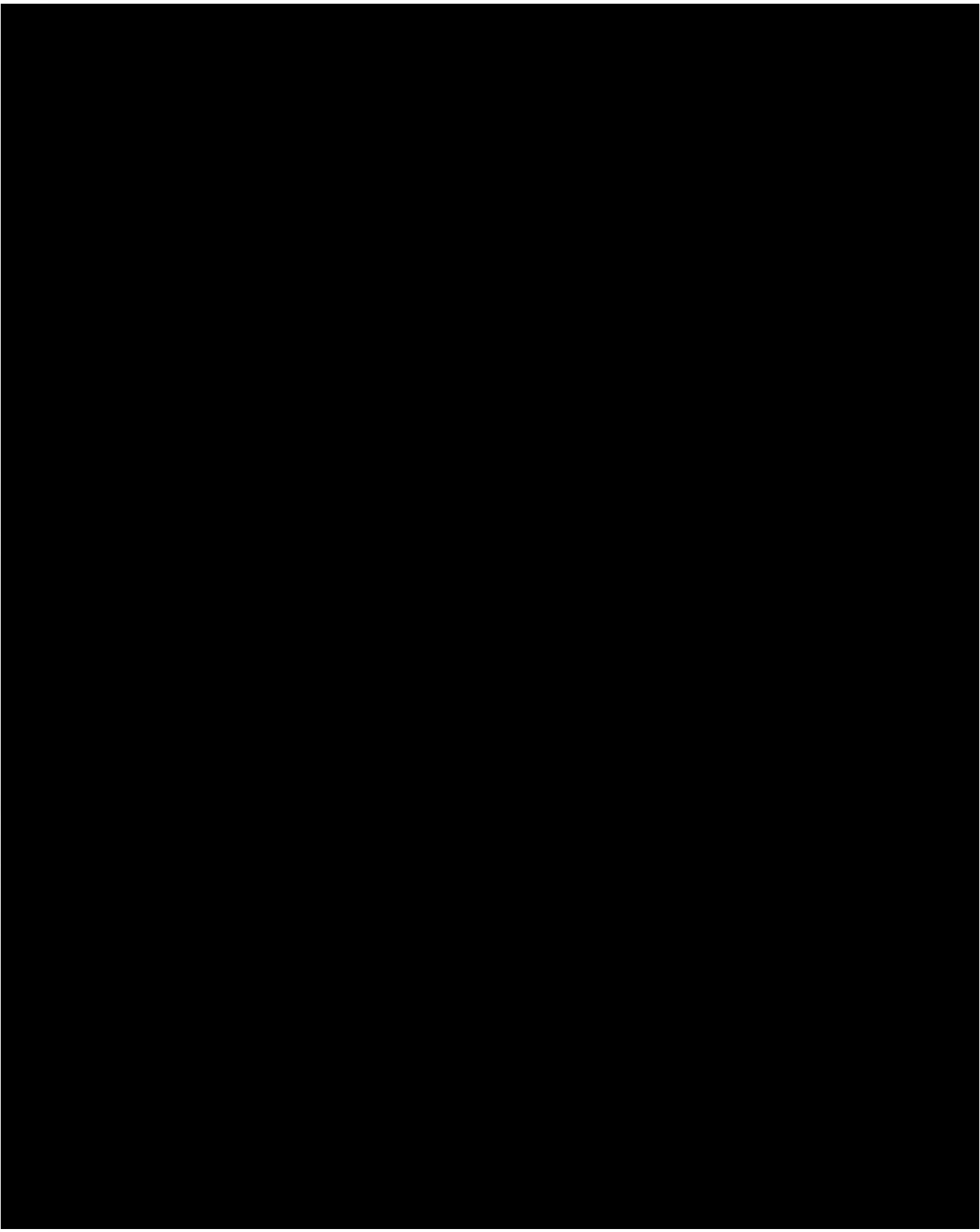
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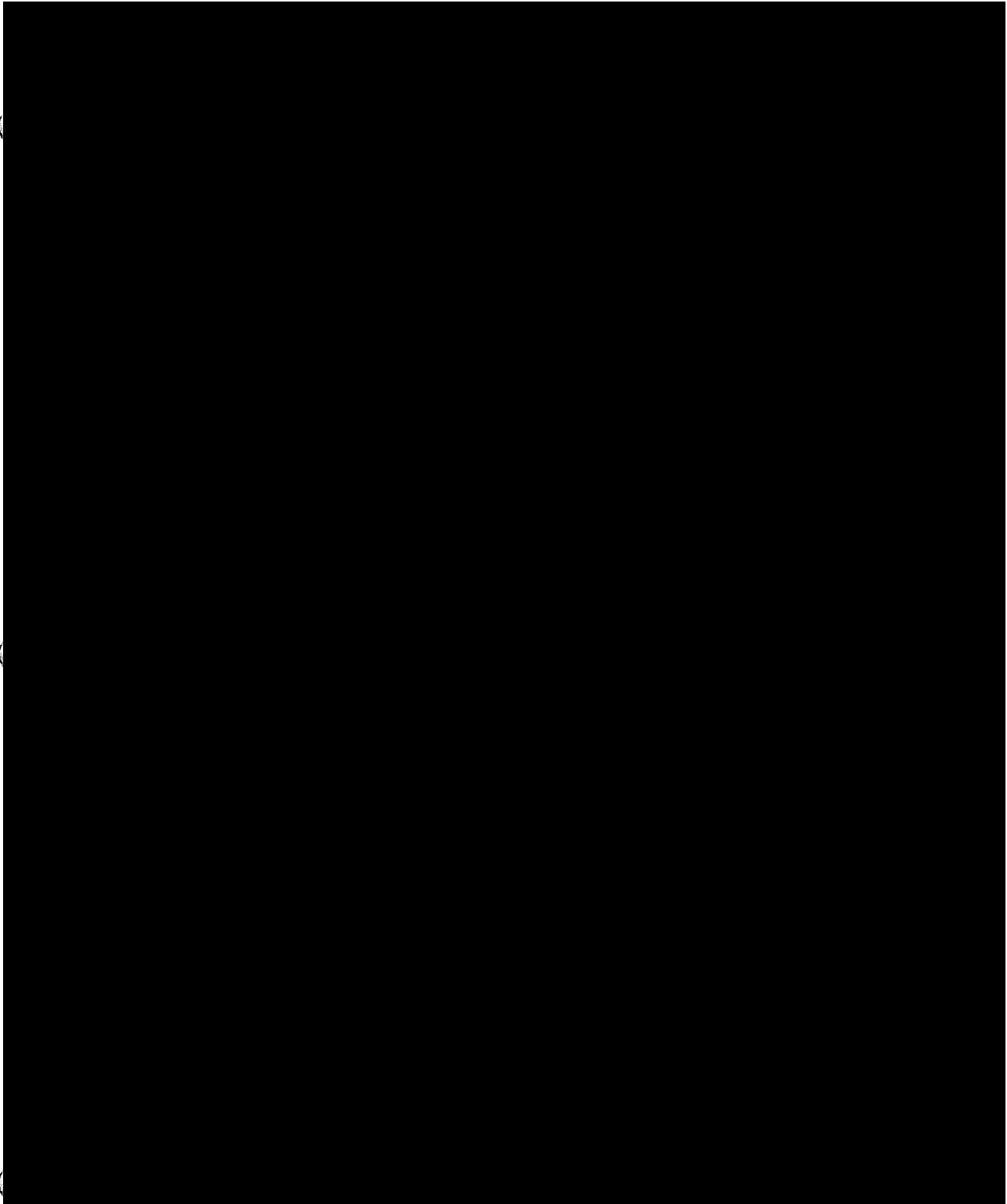
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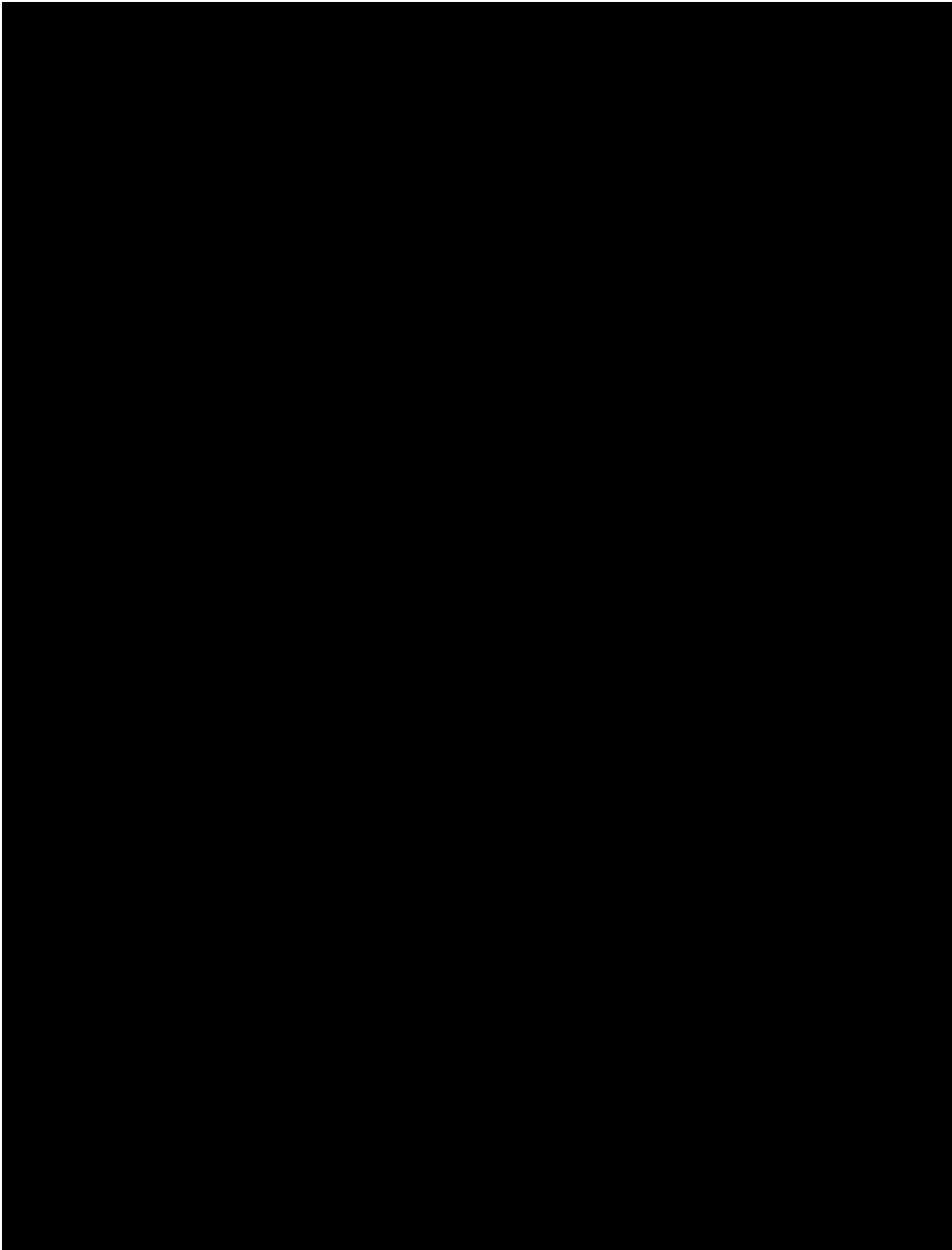
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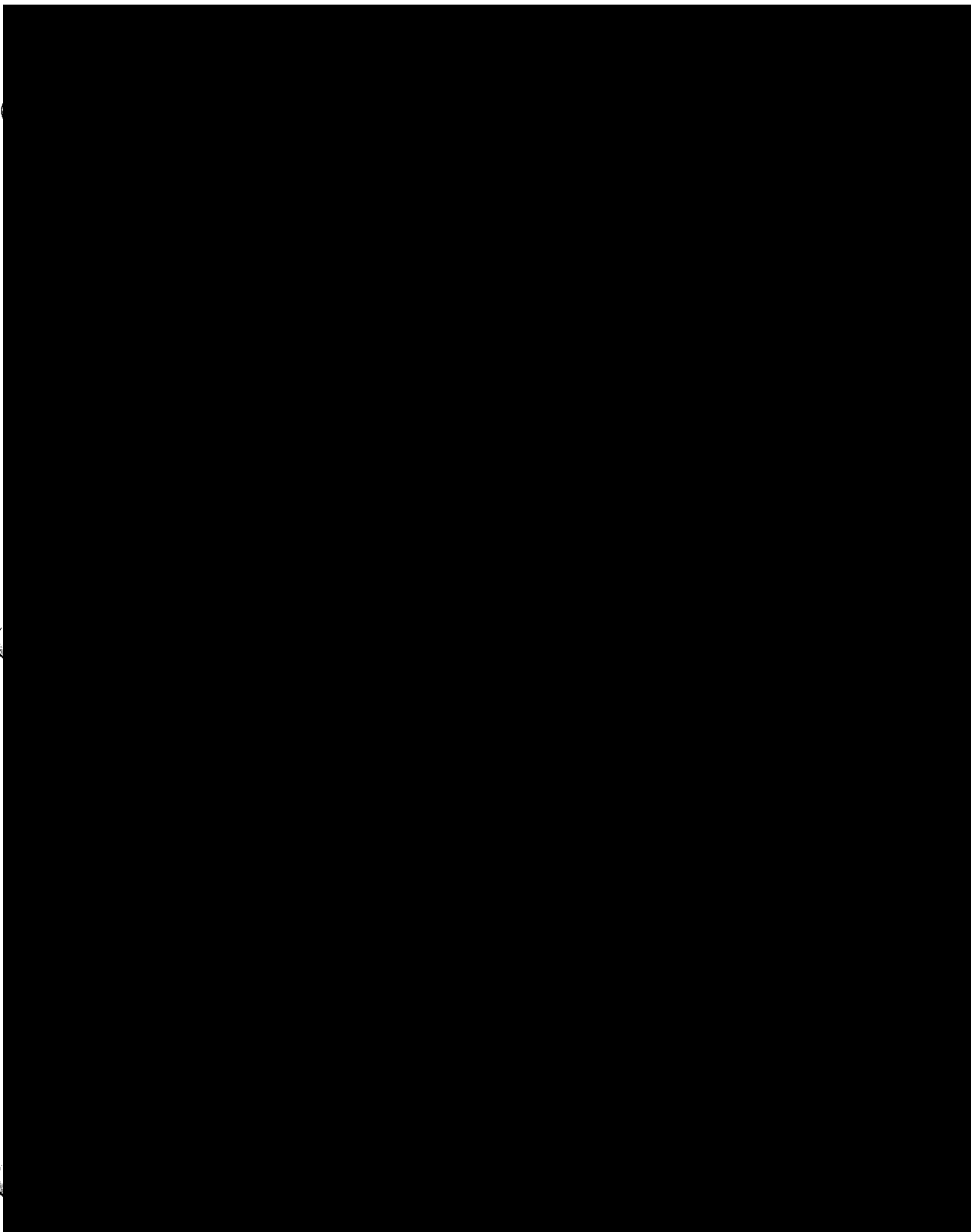


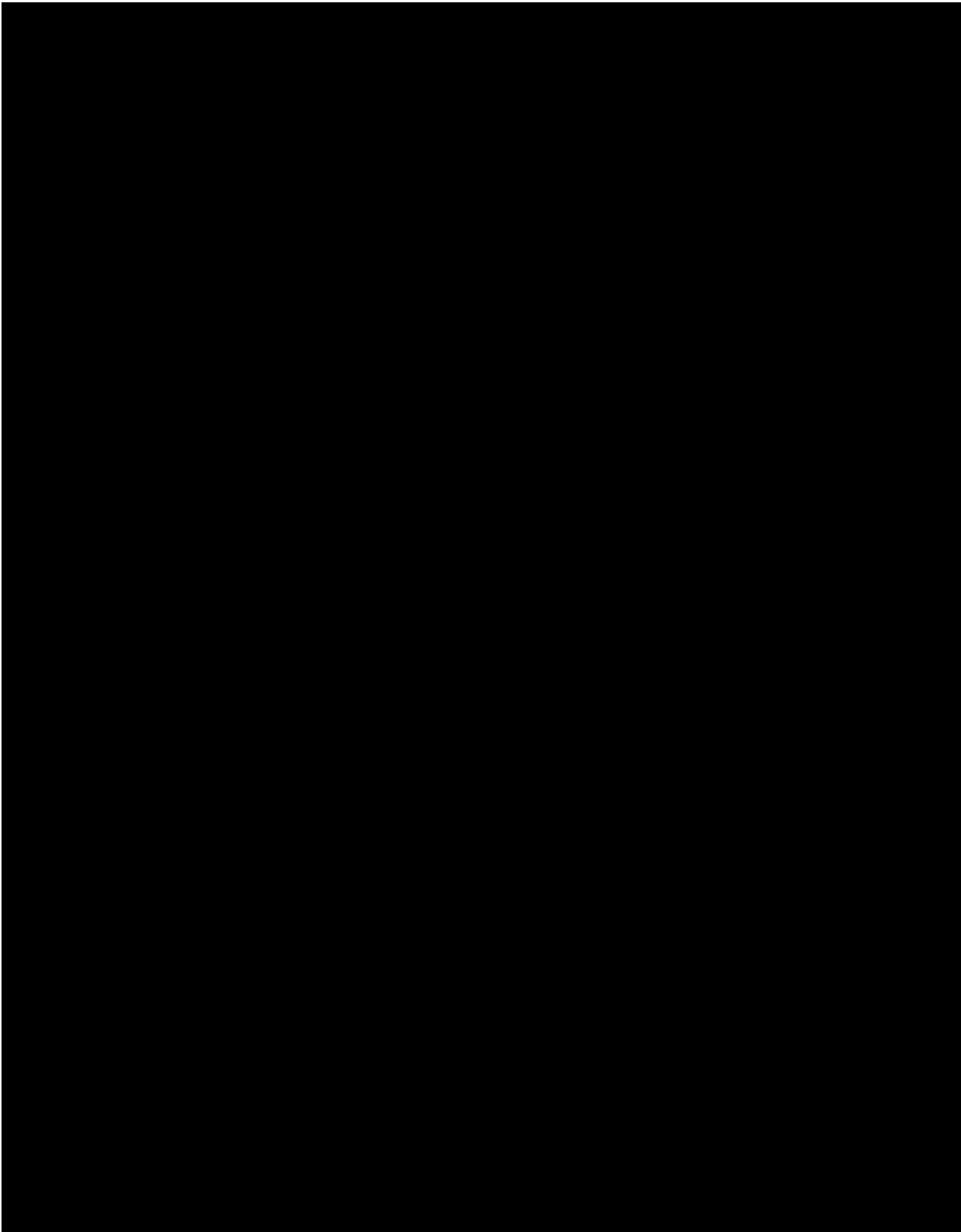
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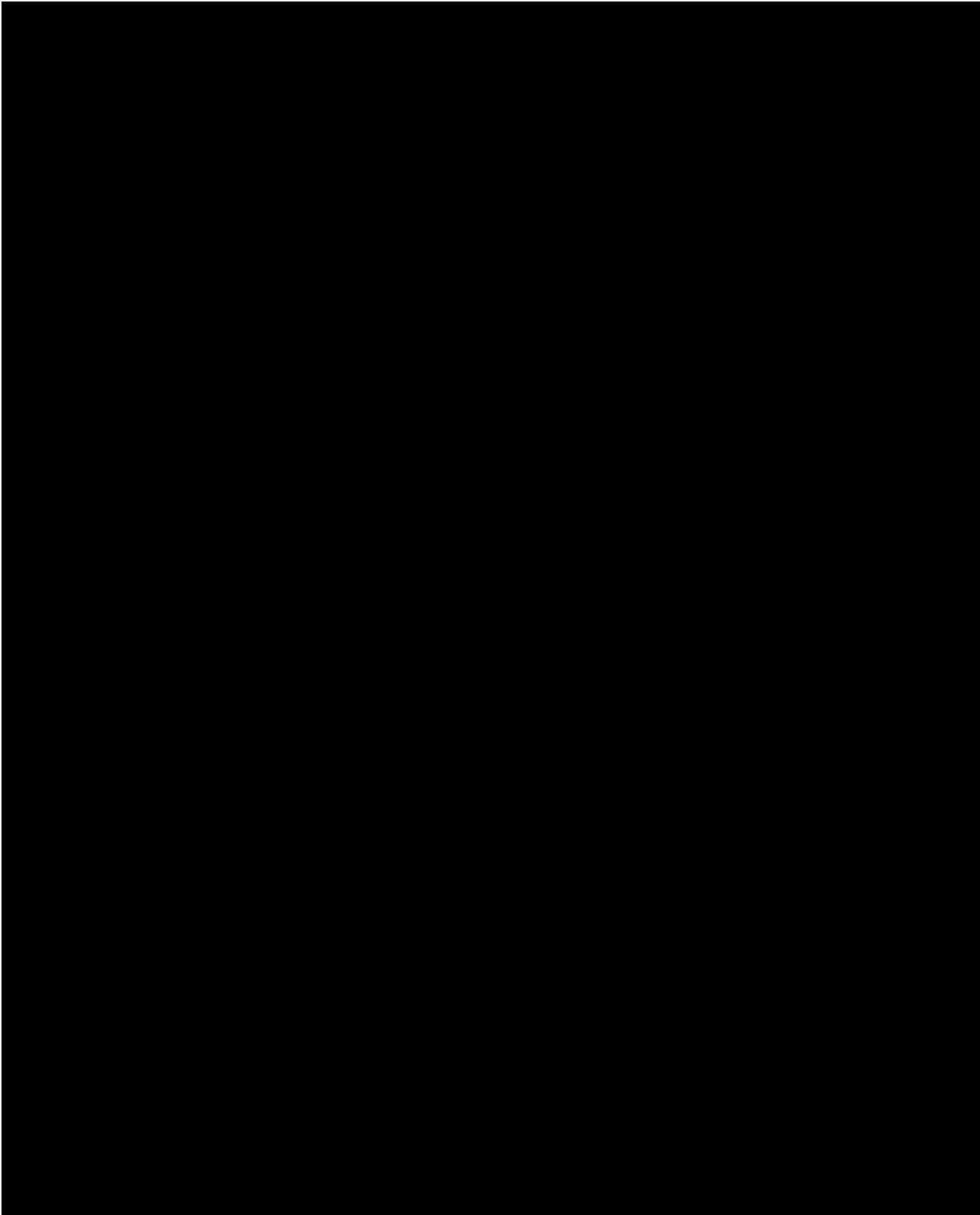






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22851621

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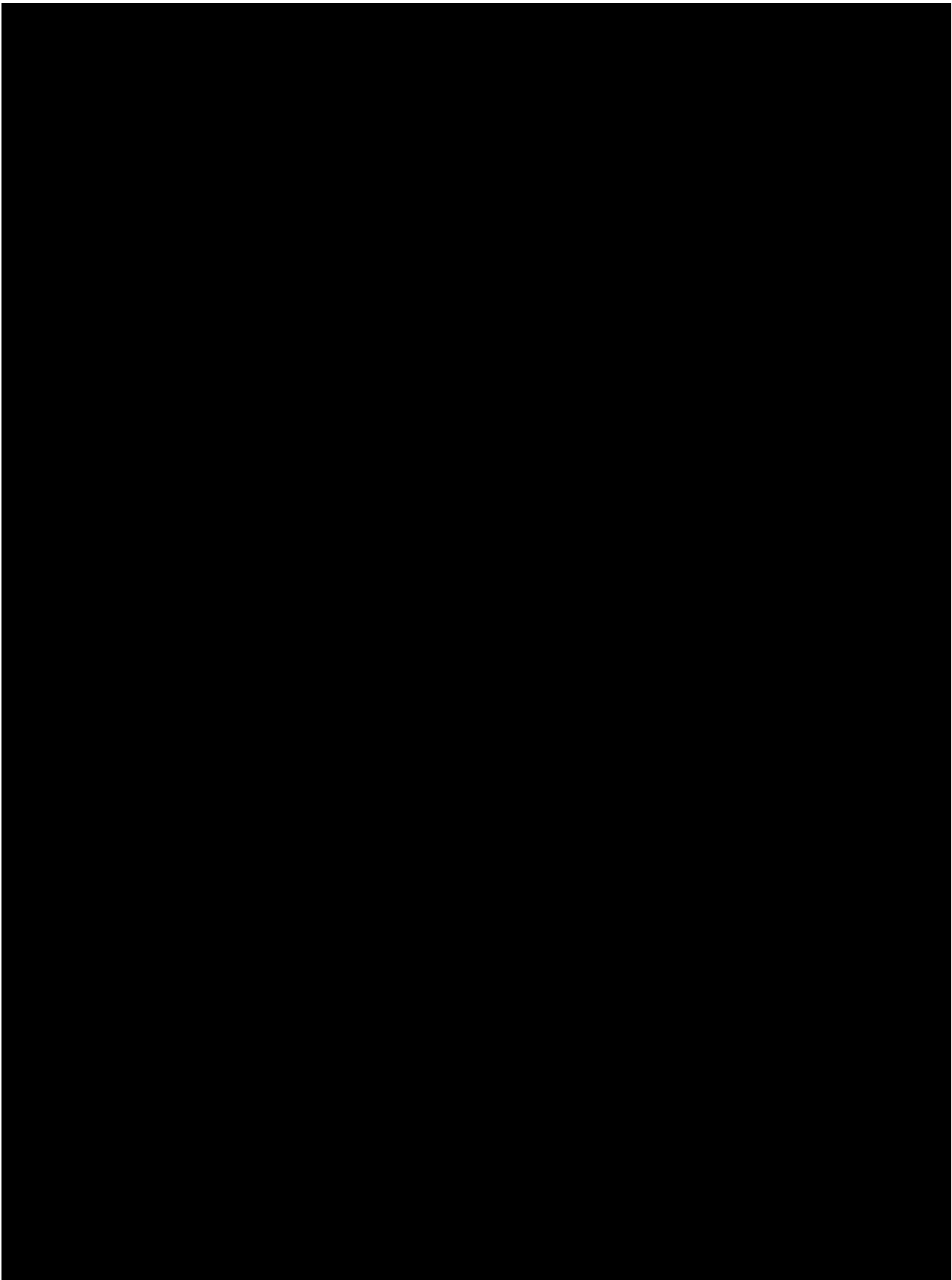
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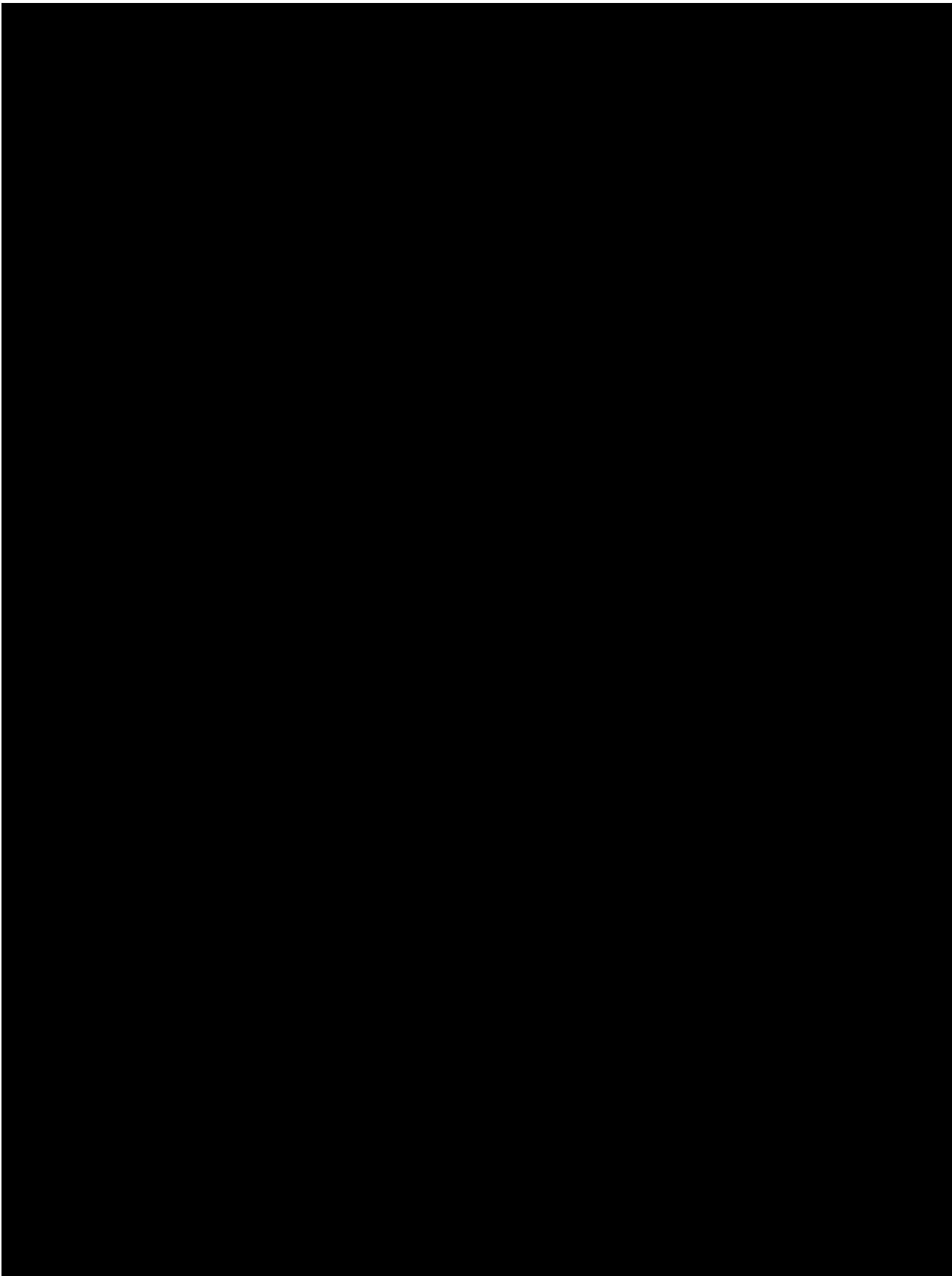
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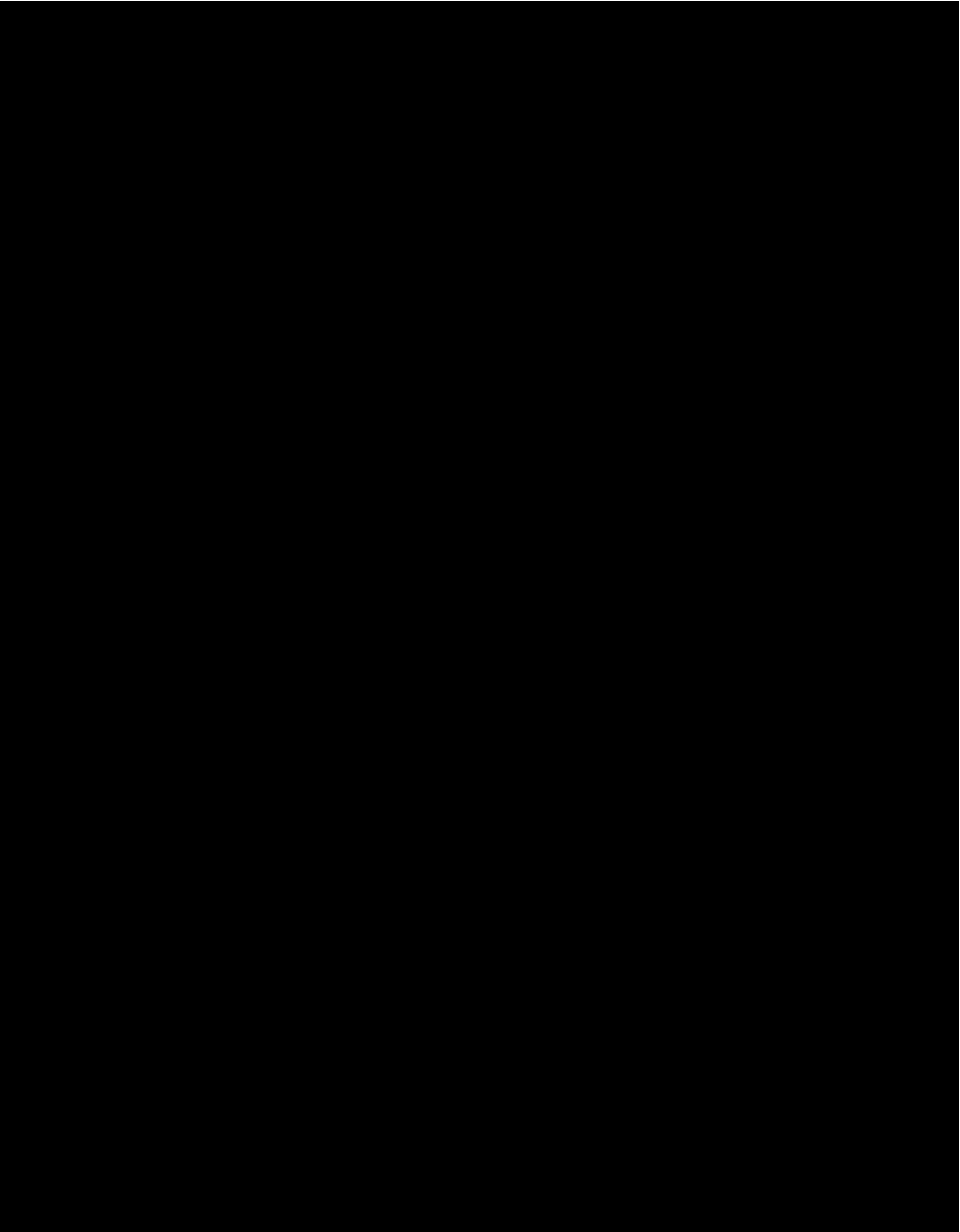
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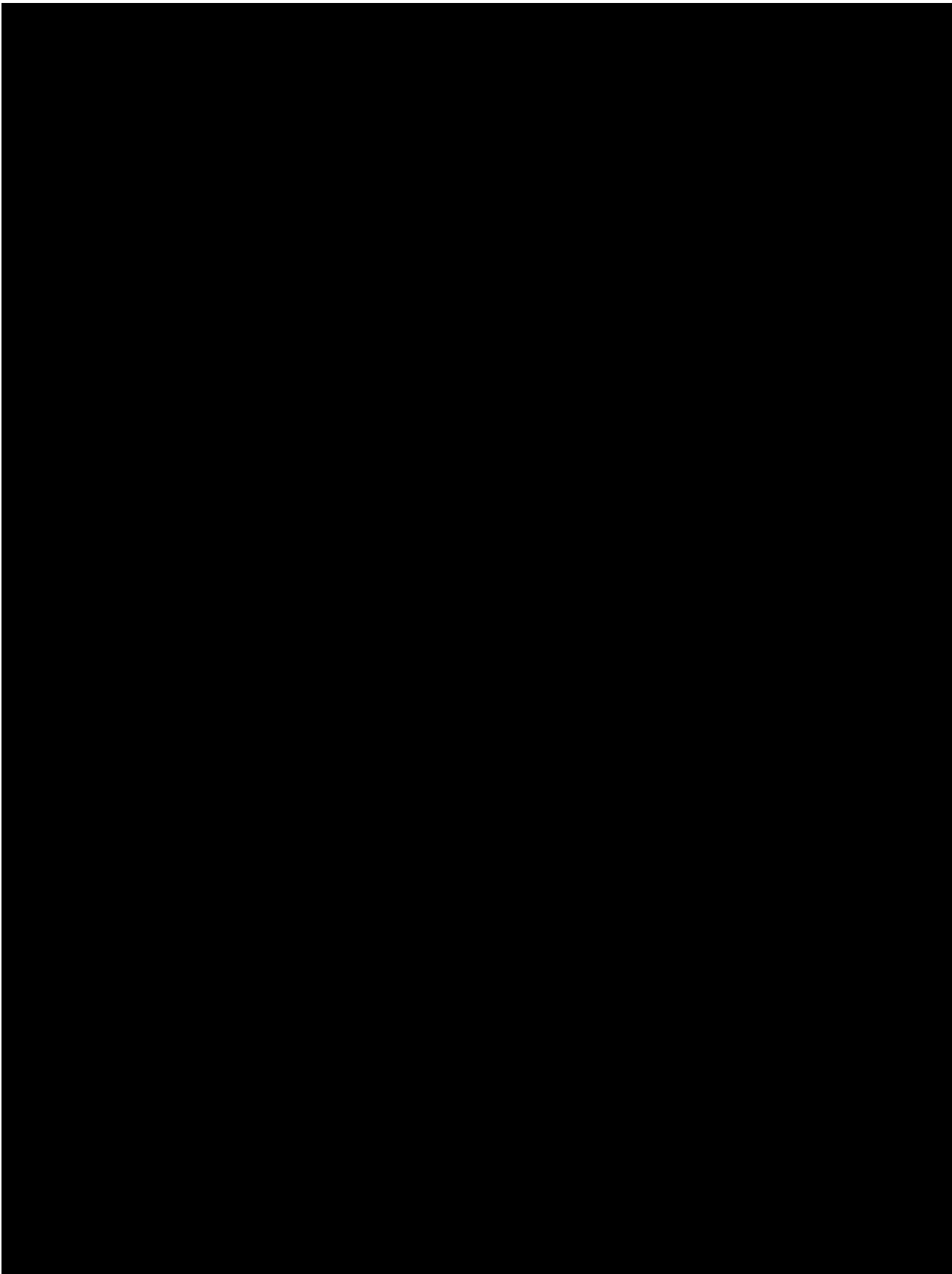
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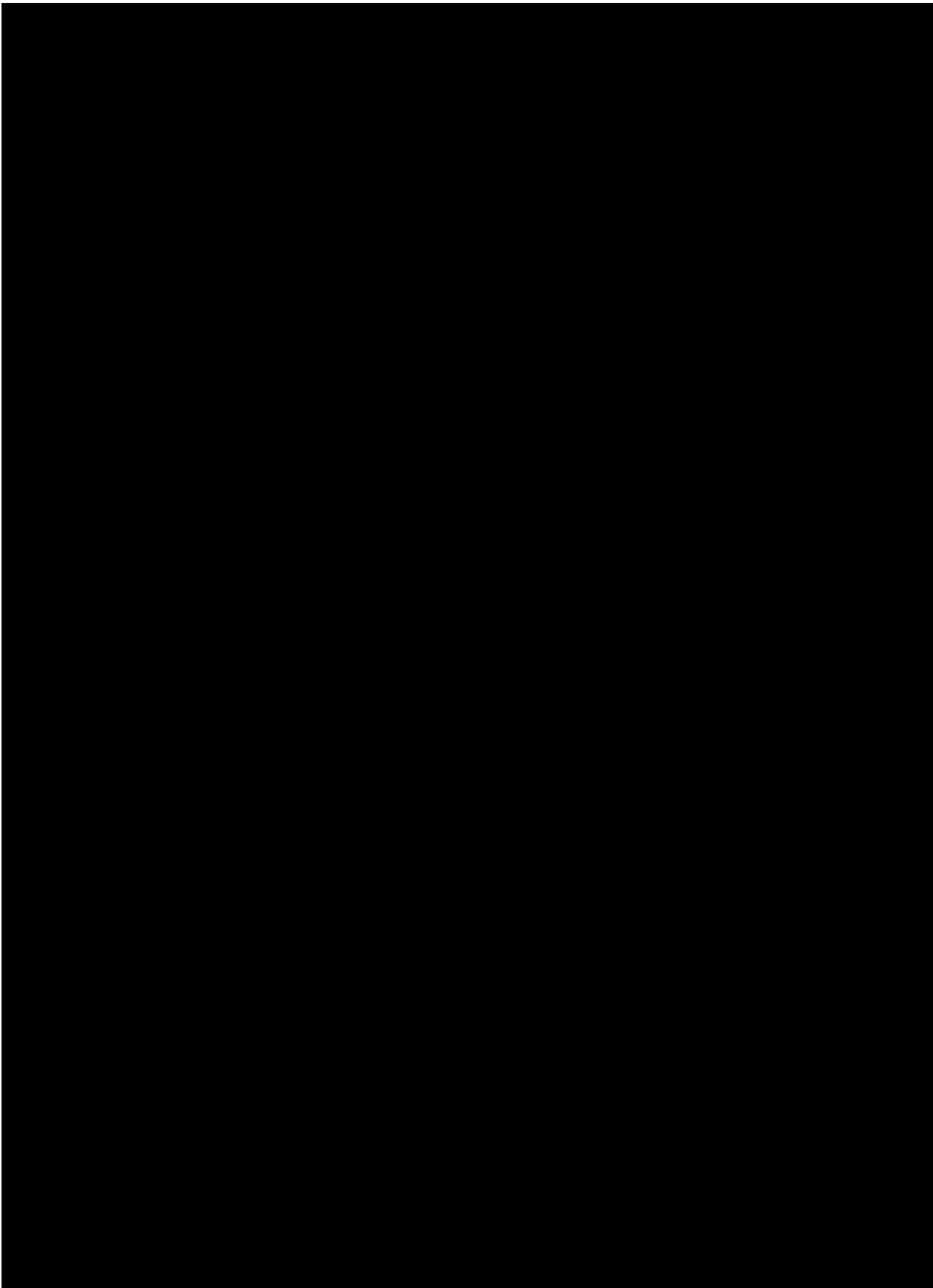
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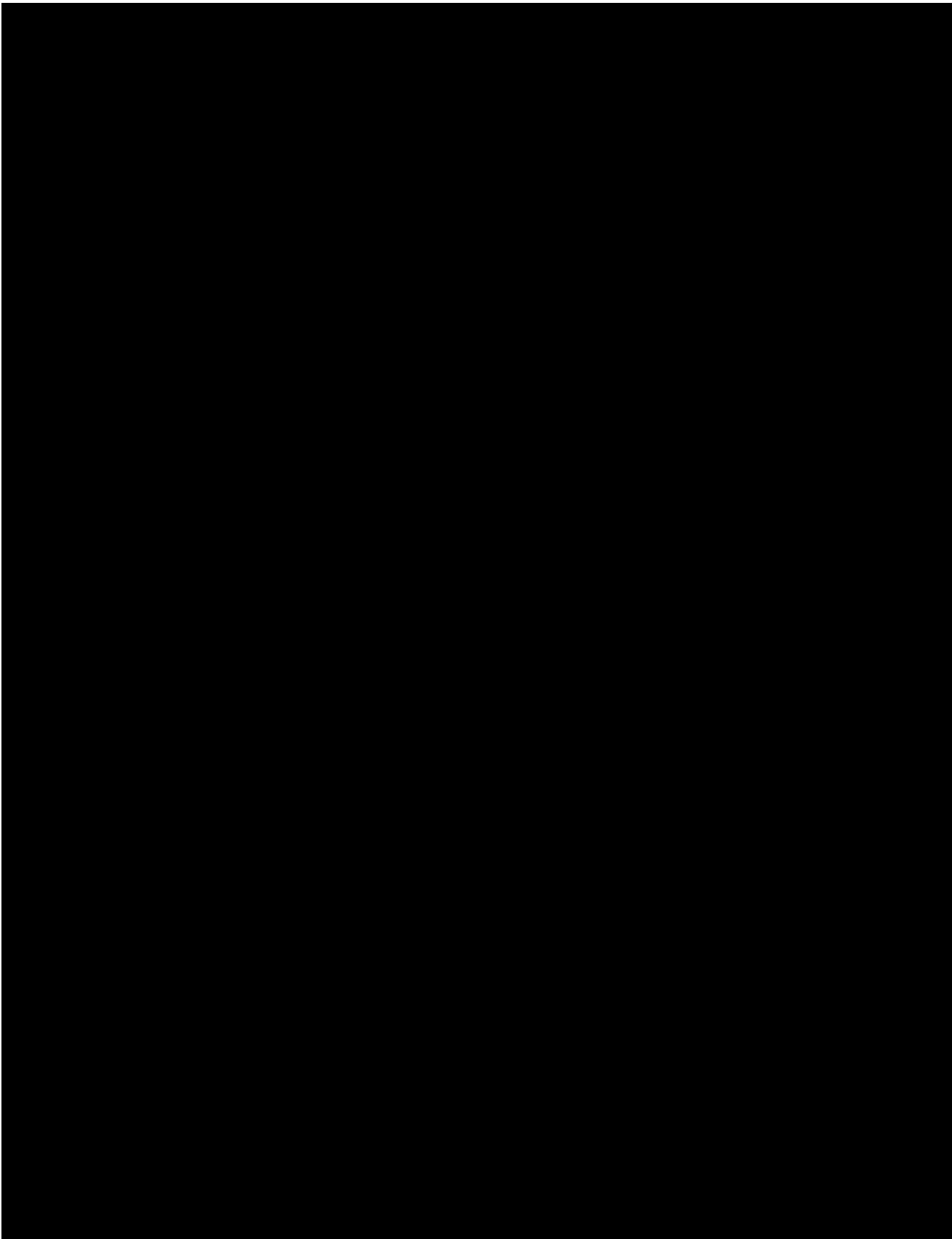
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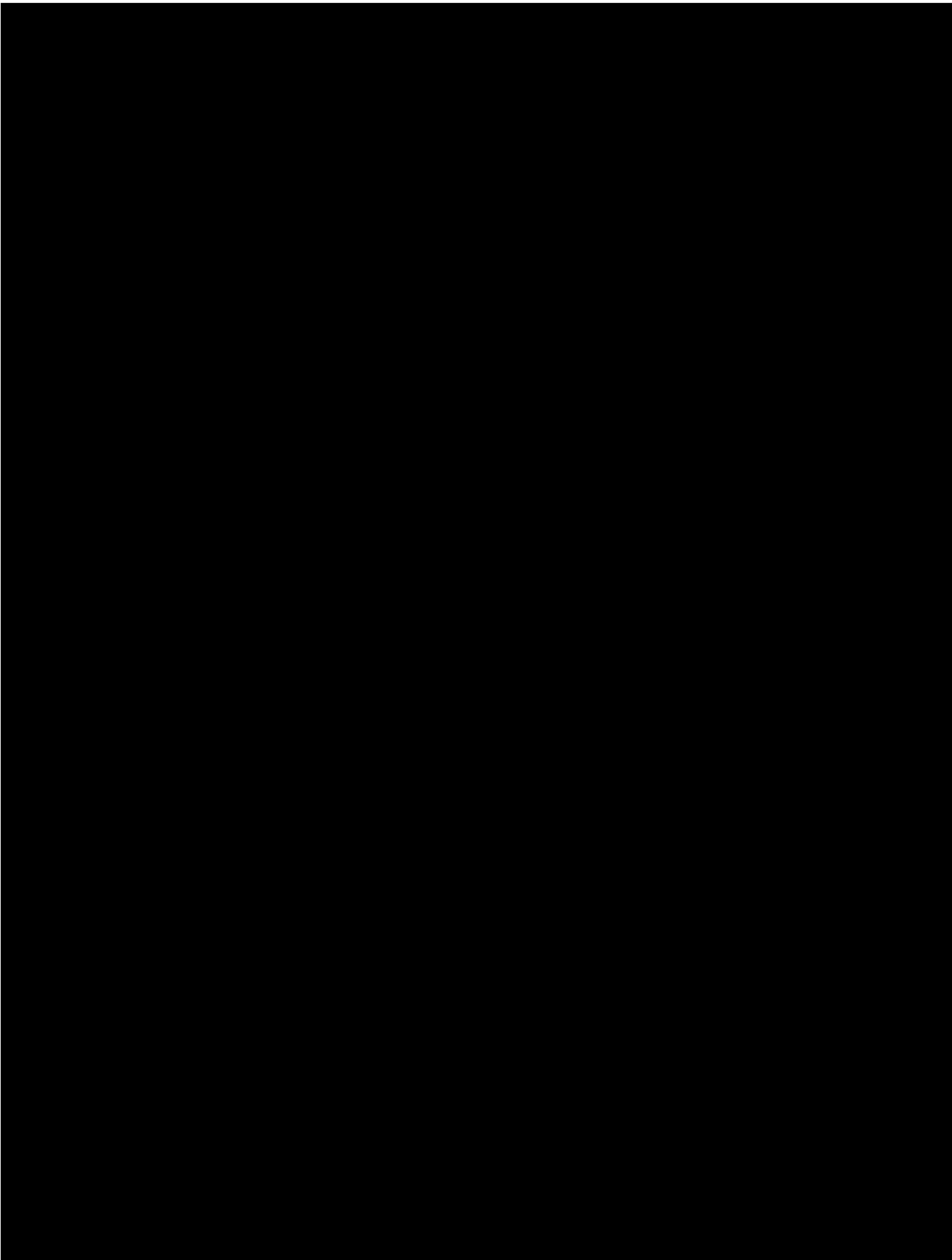
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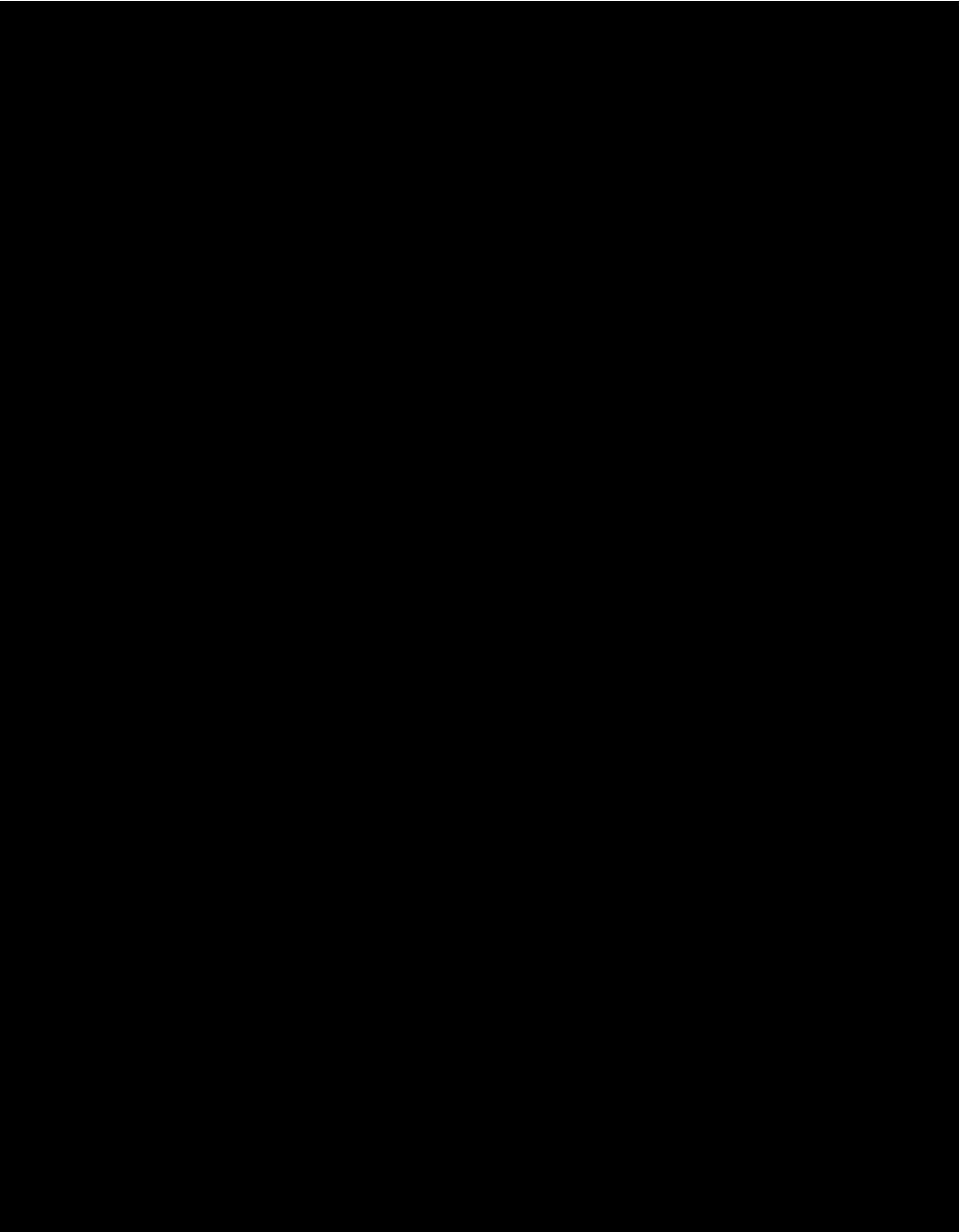
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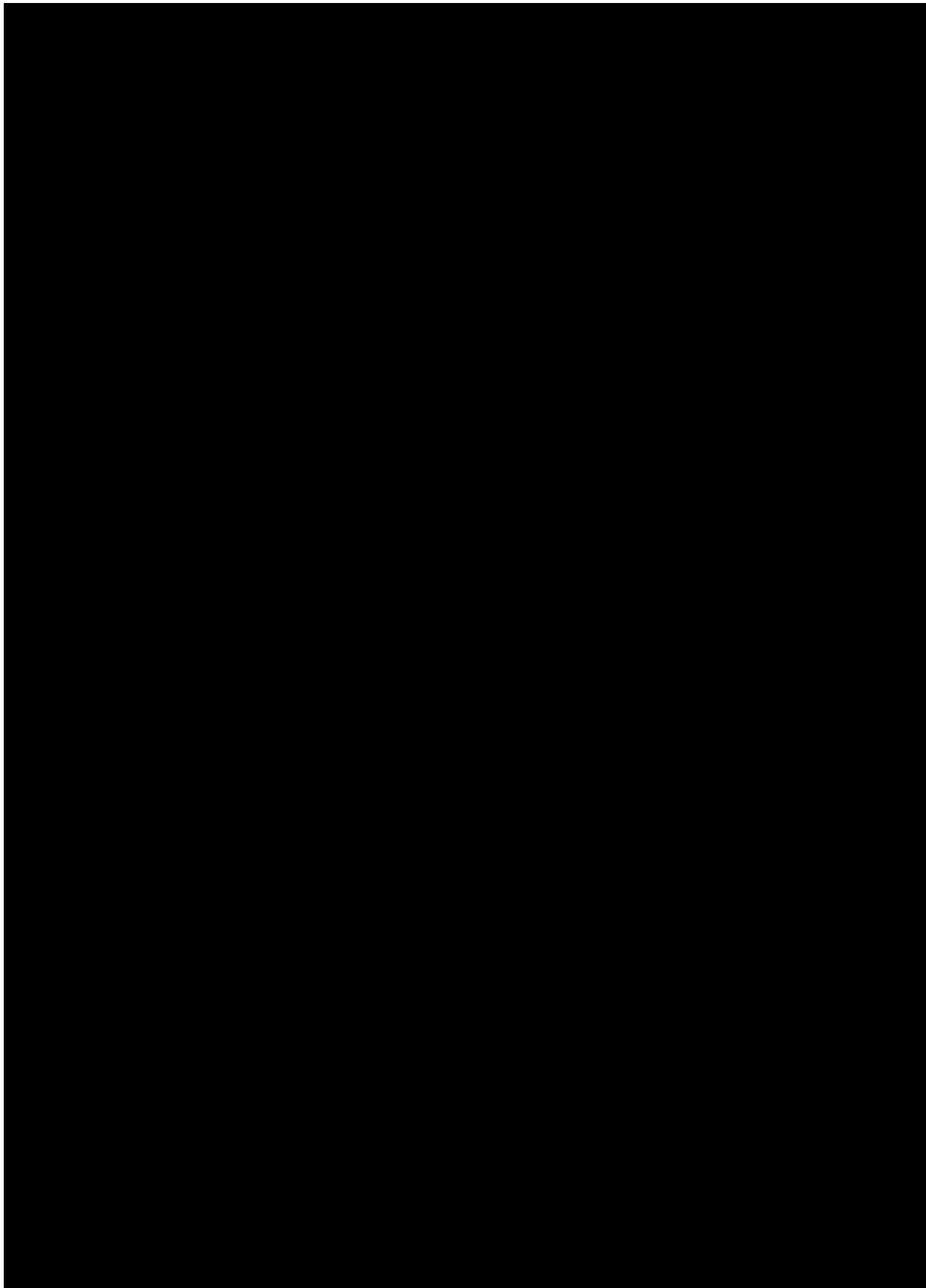
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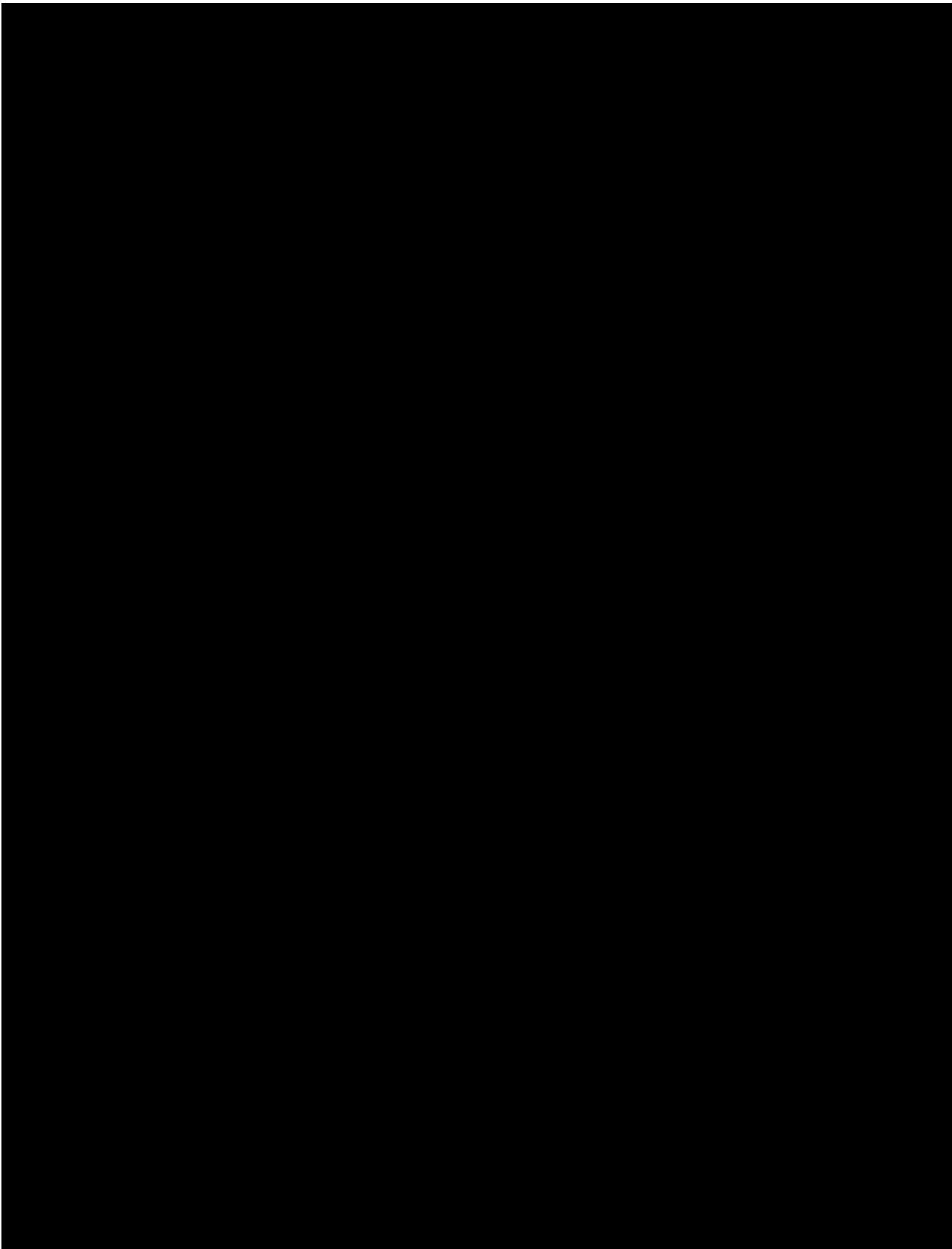
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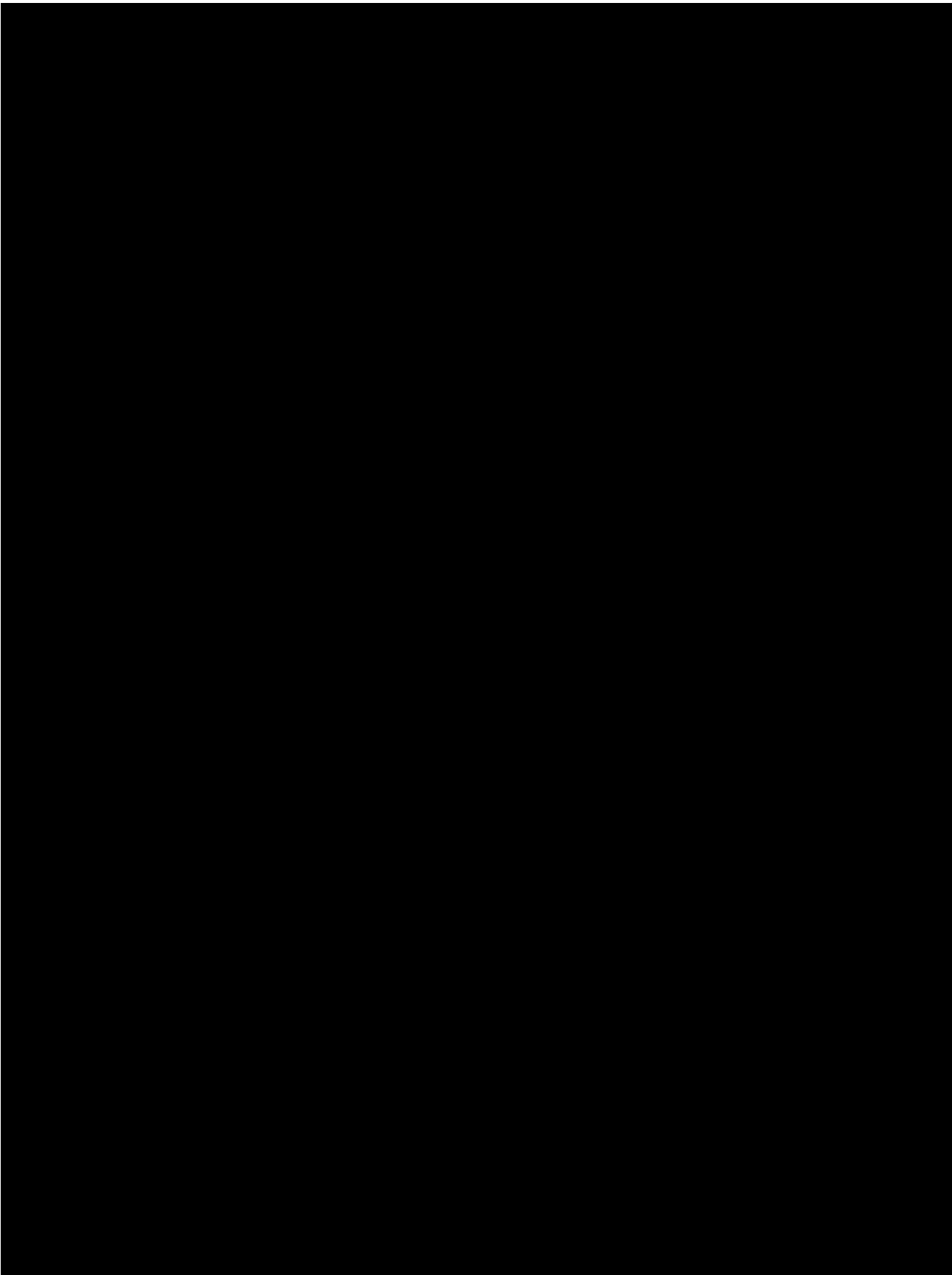
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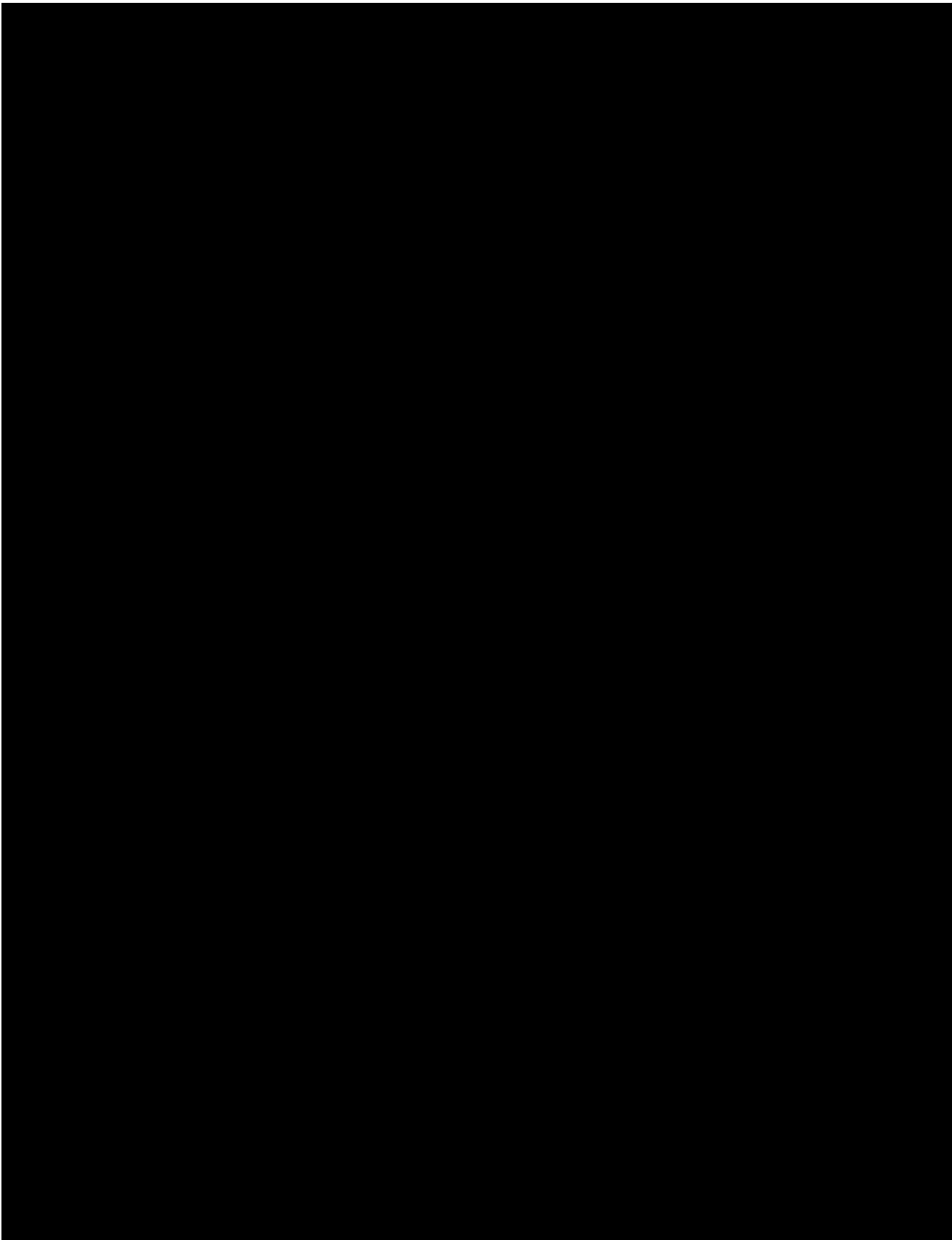
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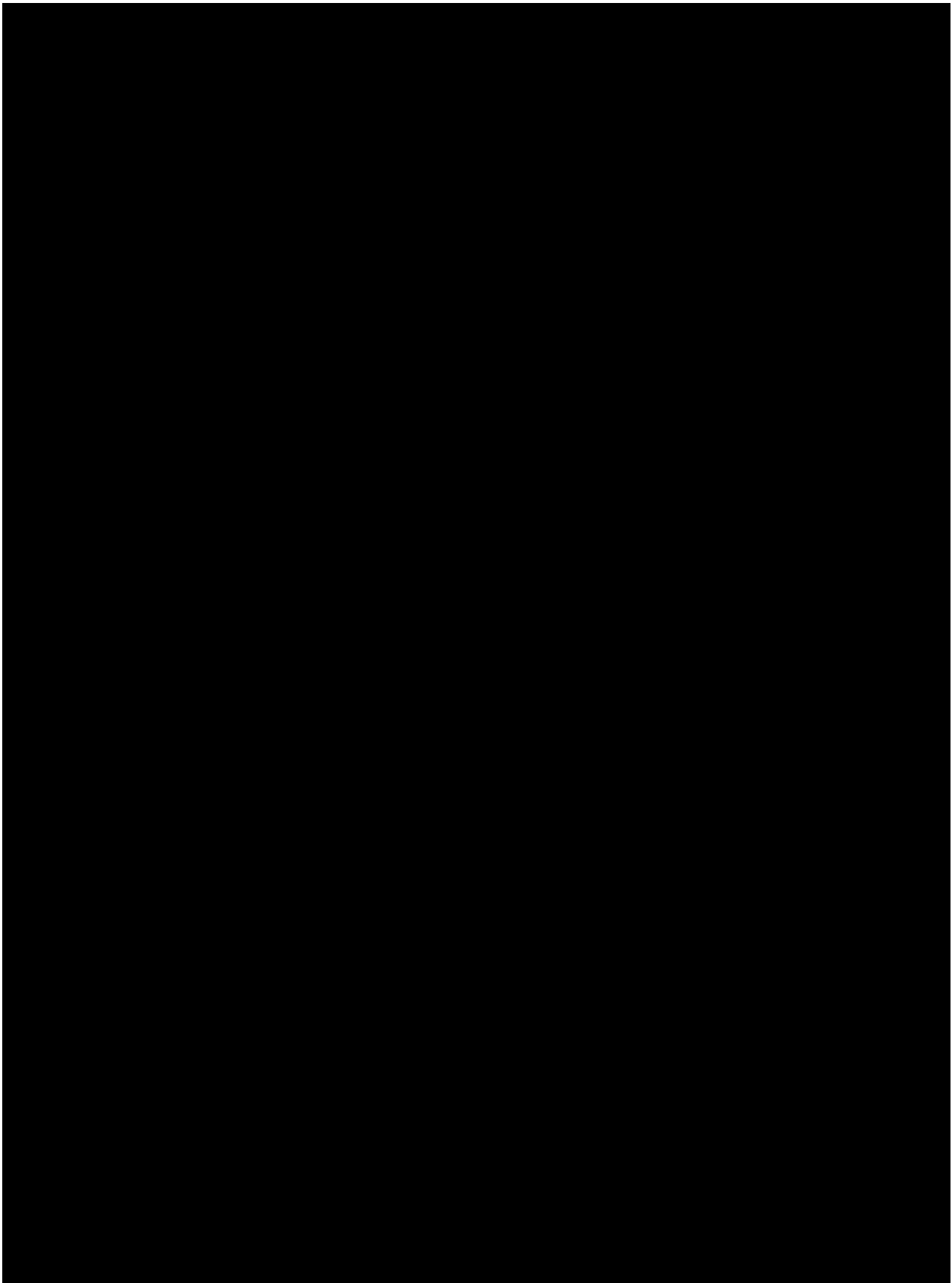
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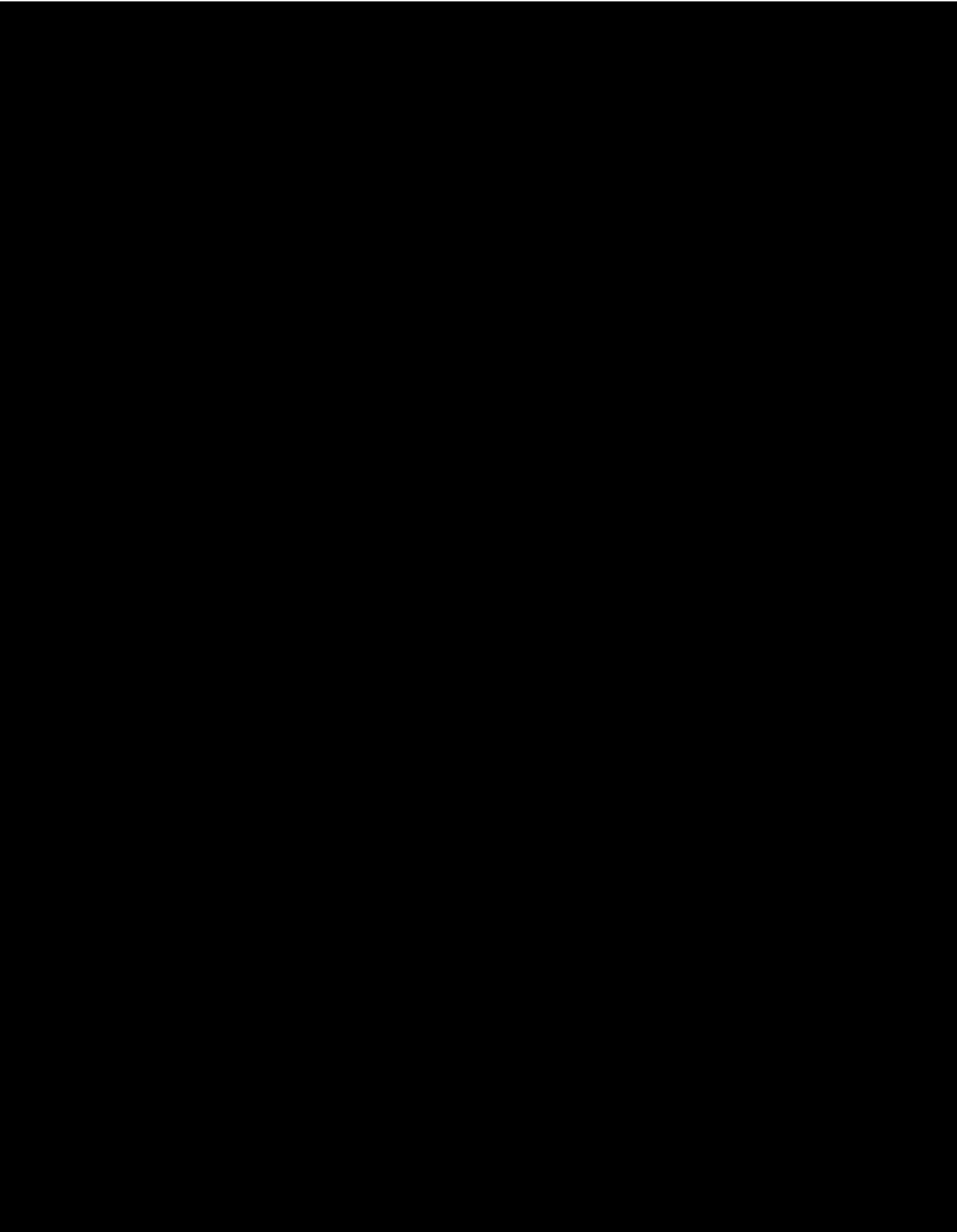
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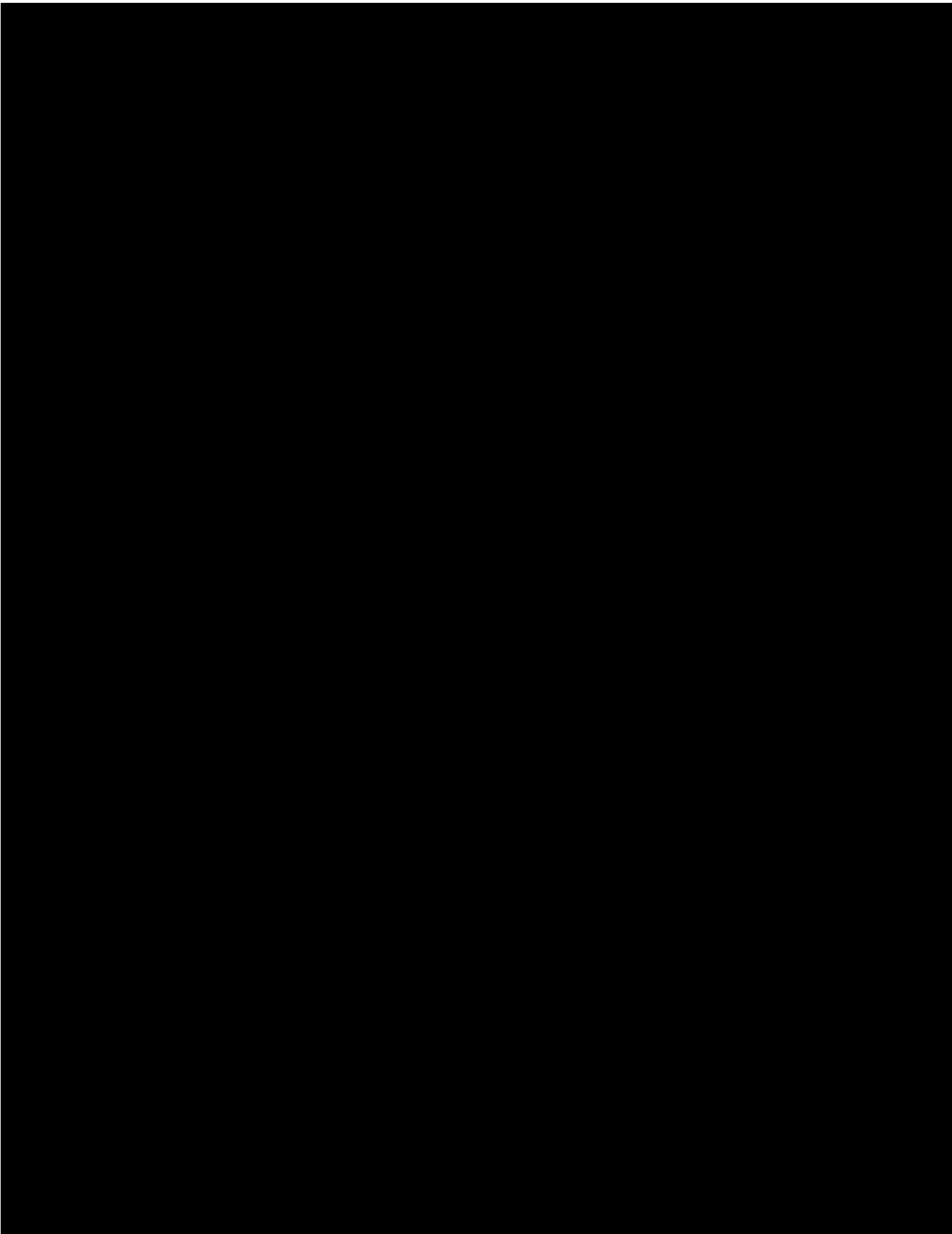
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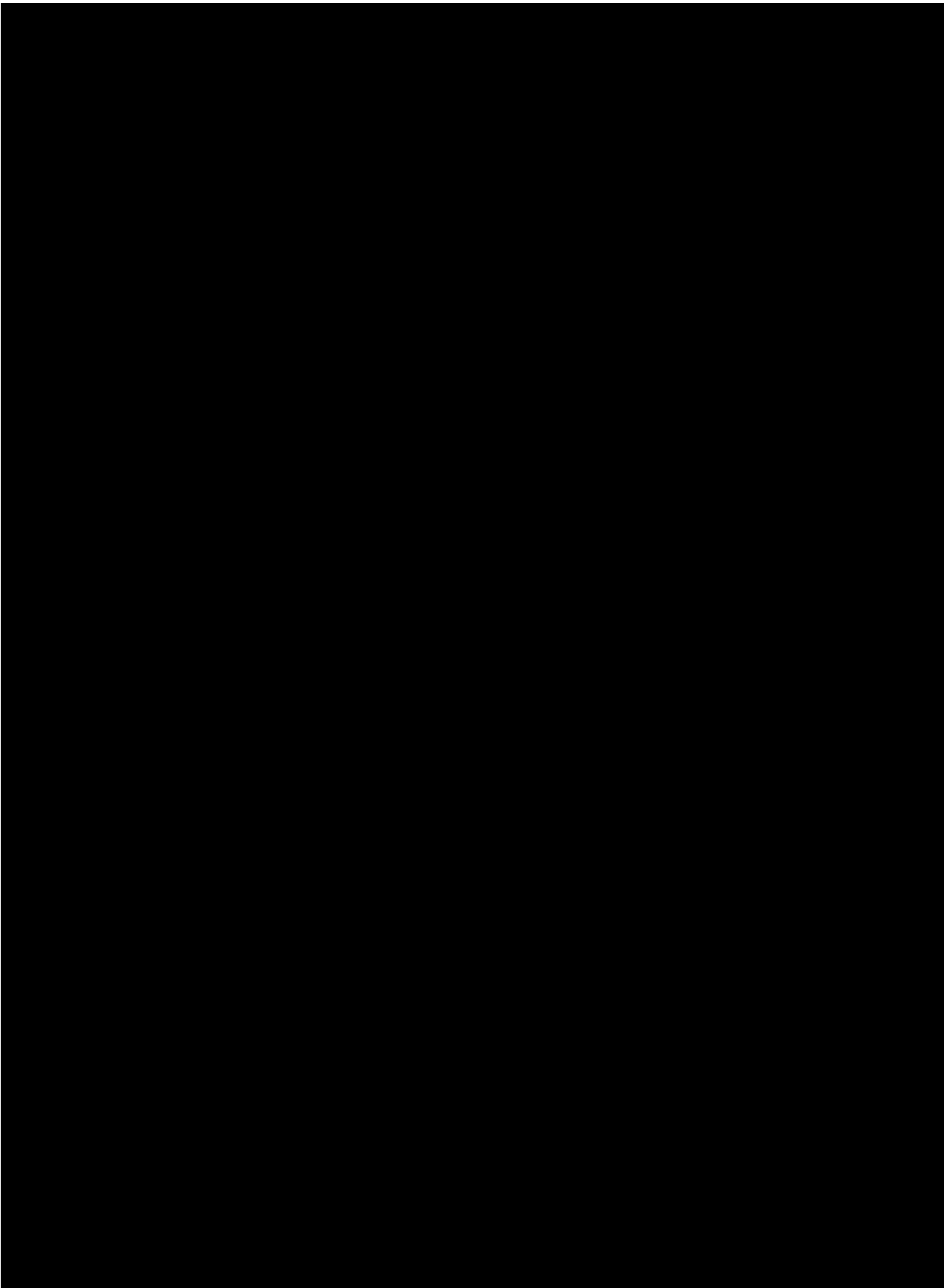
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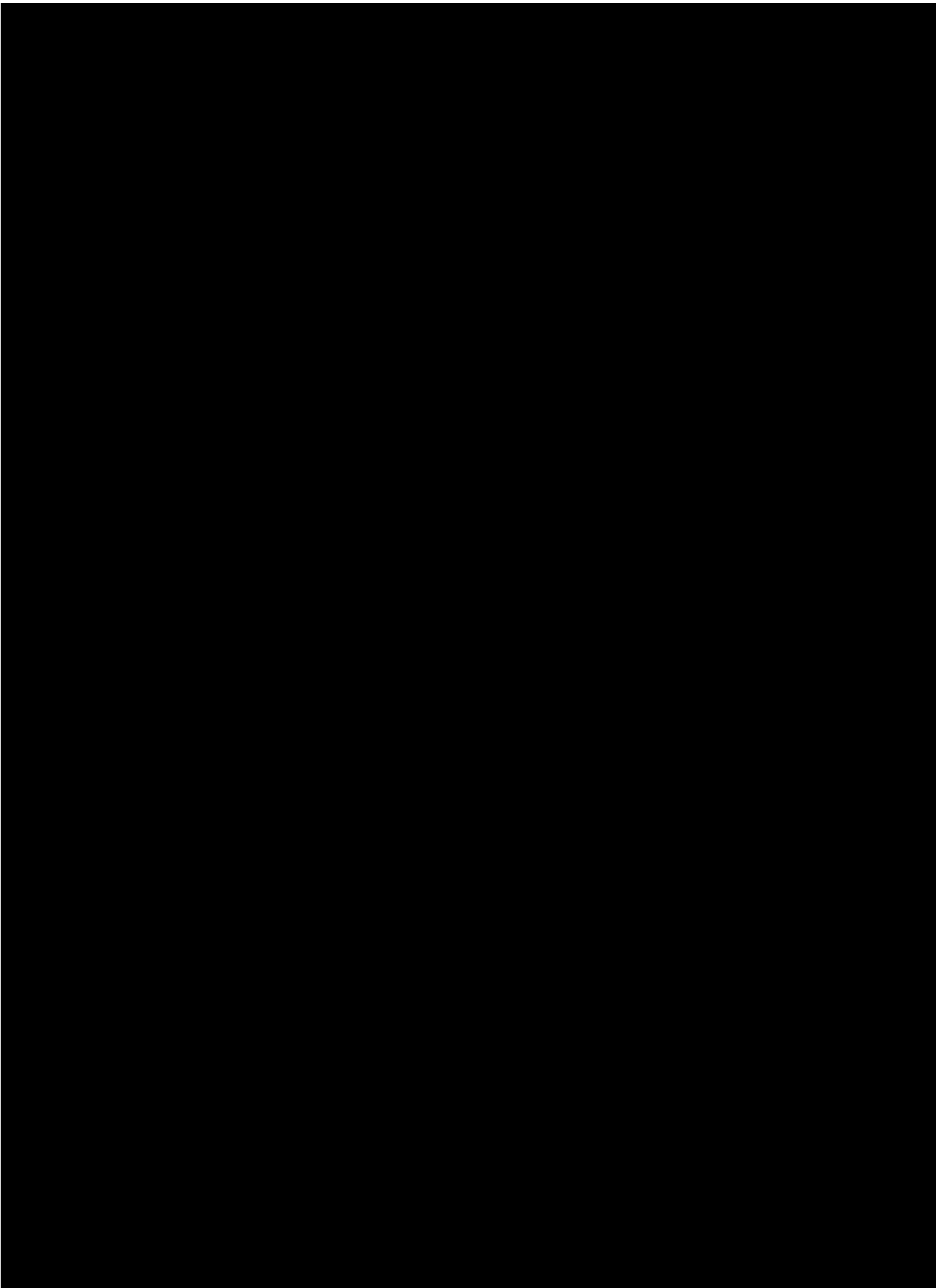
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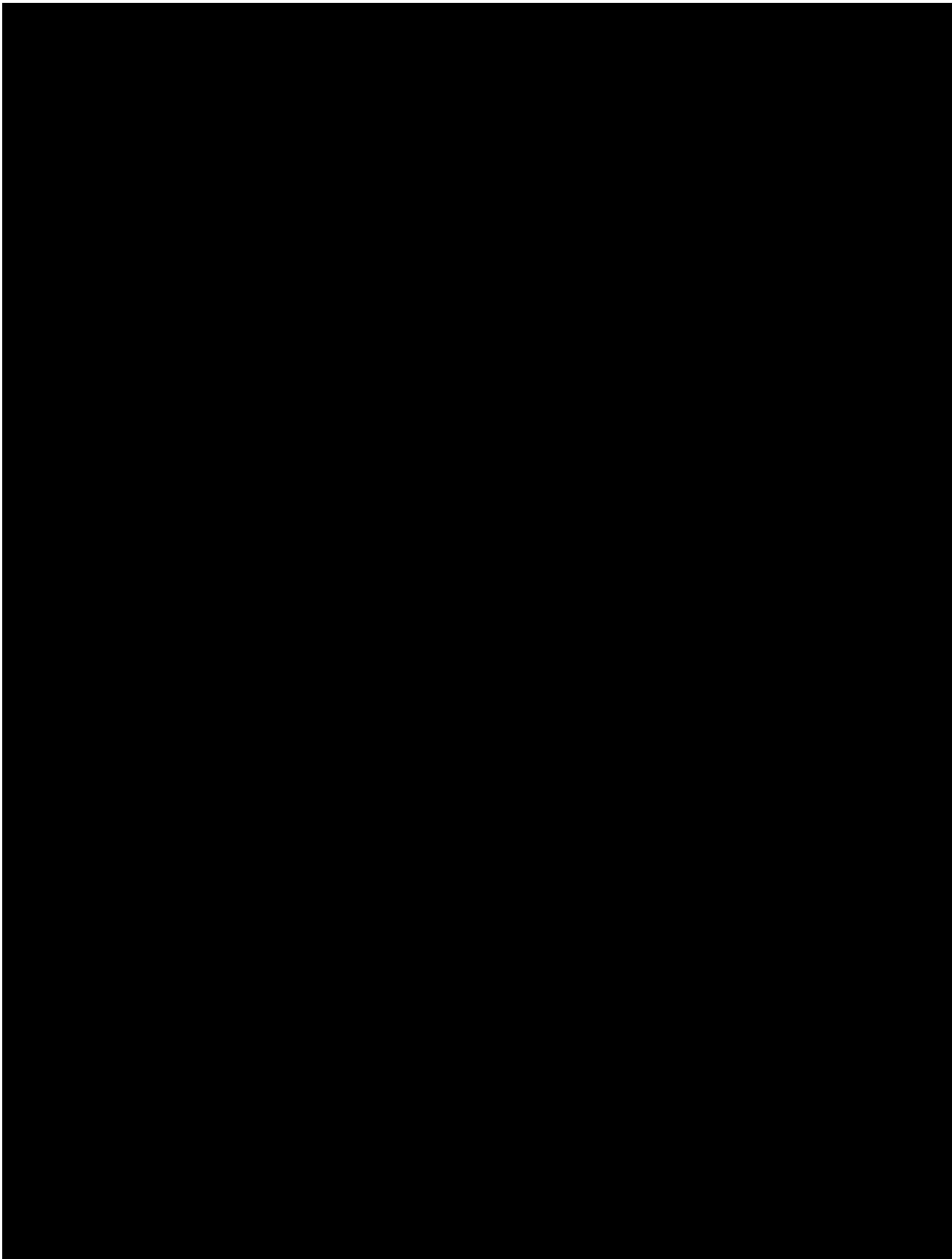
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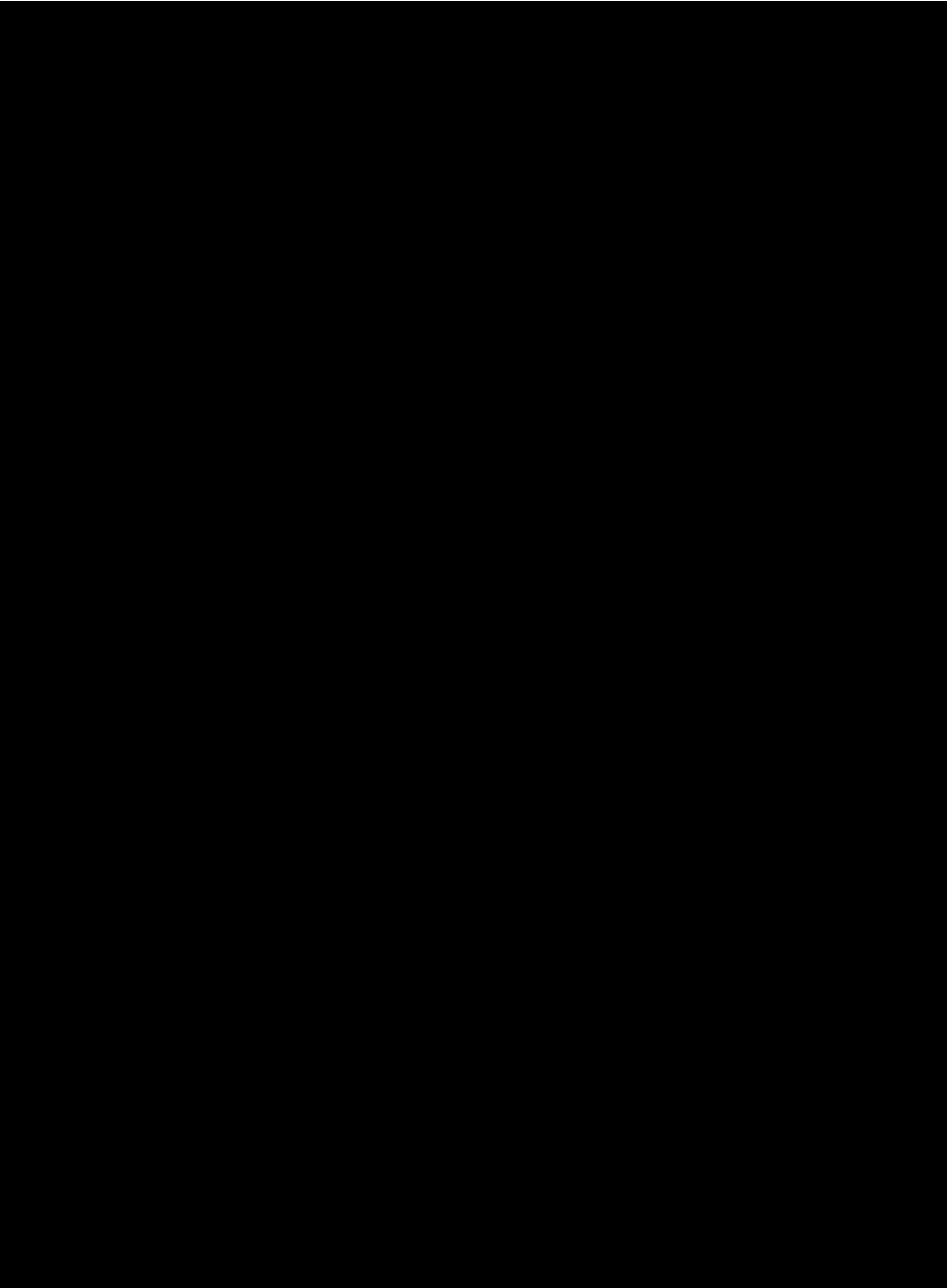
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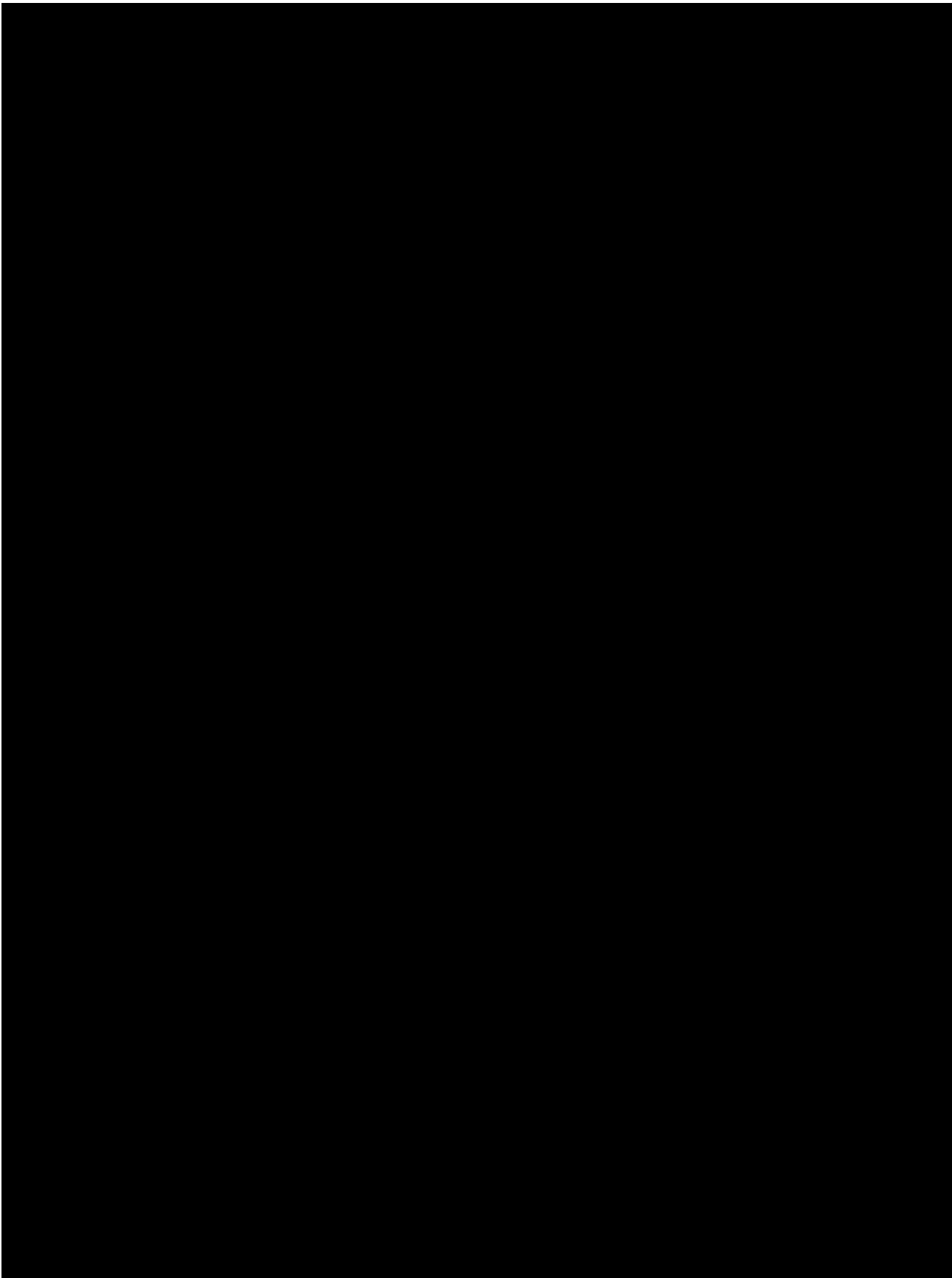


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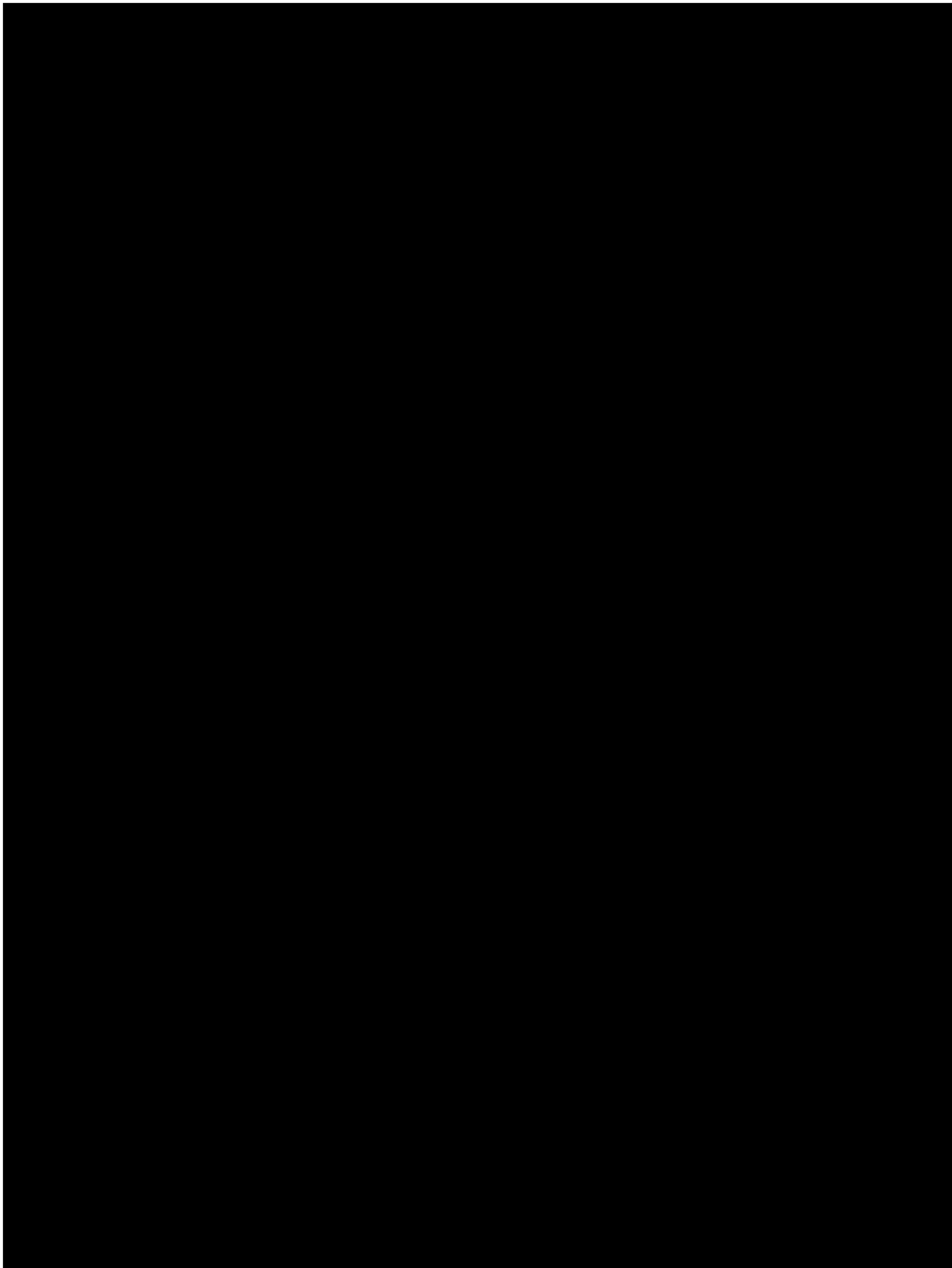
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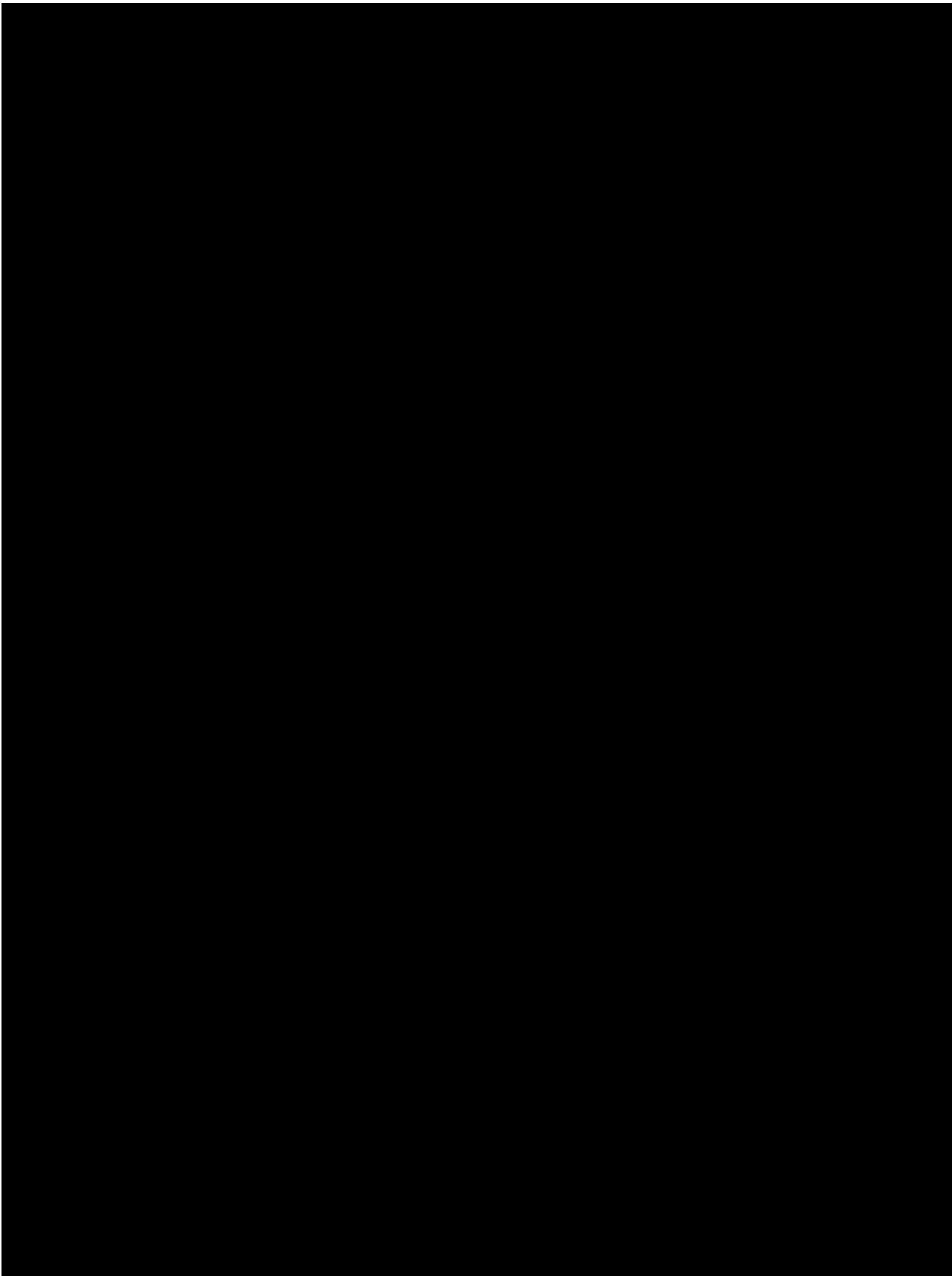
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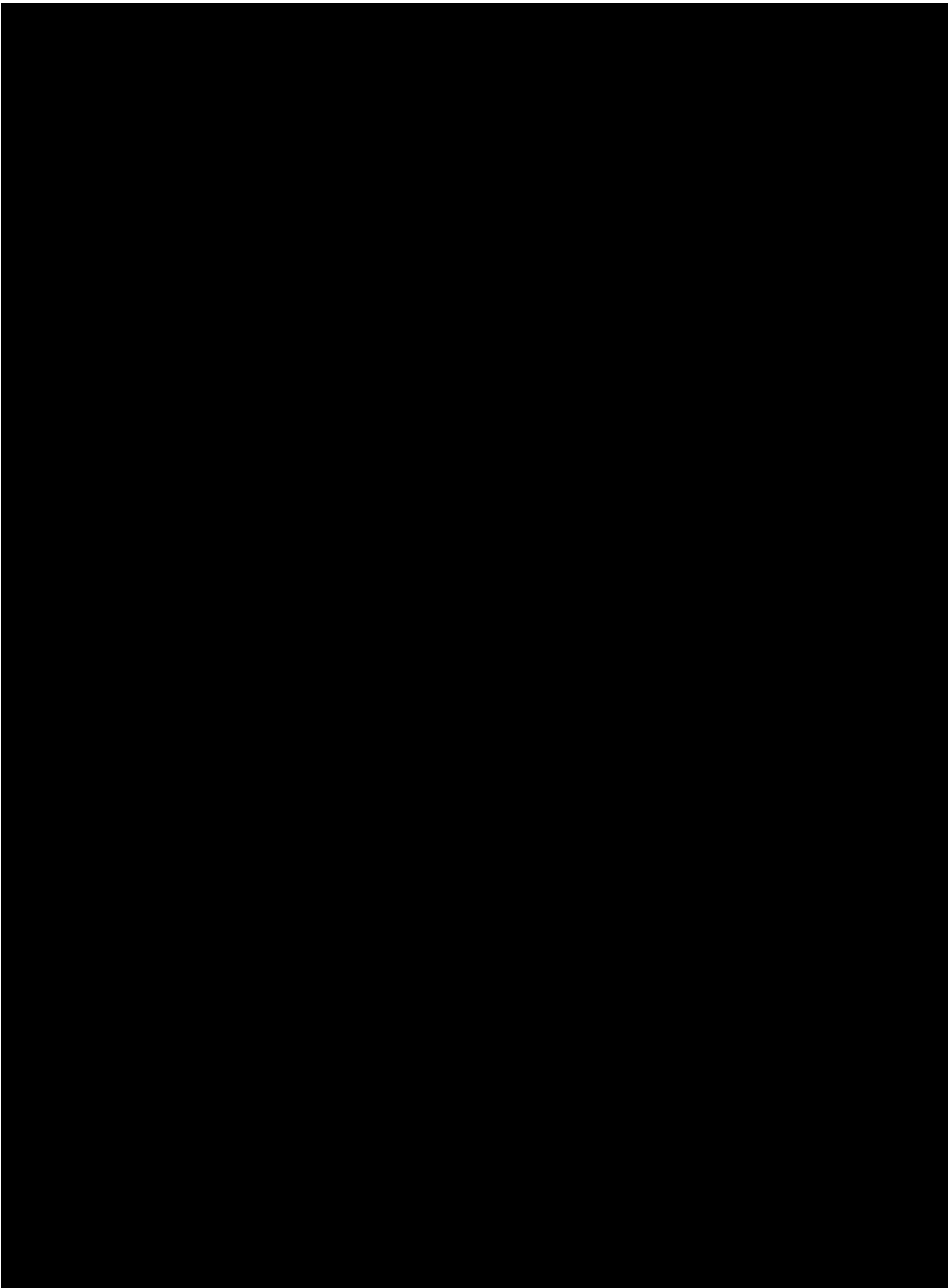
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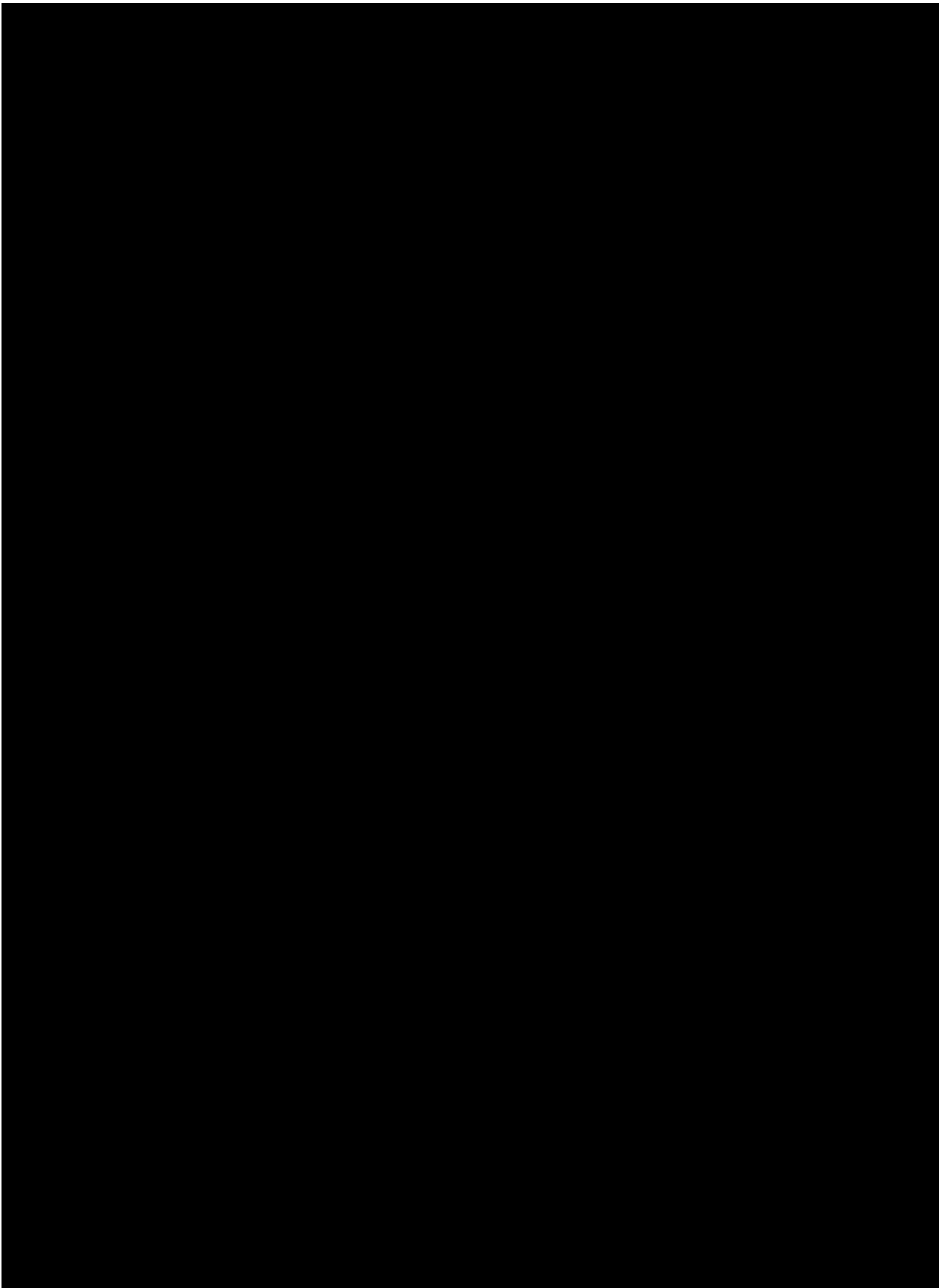
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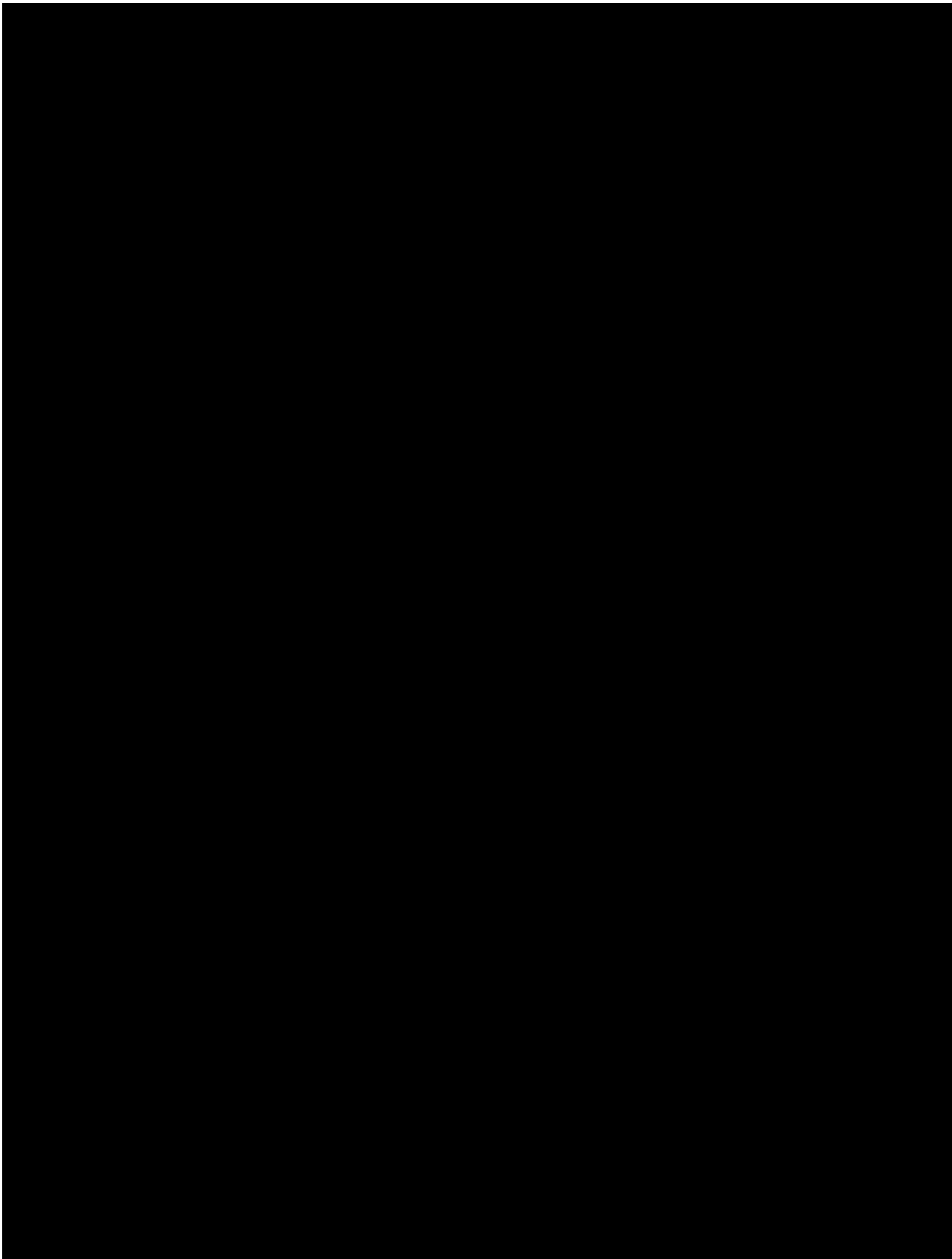
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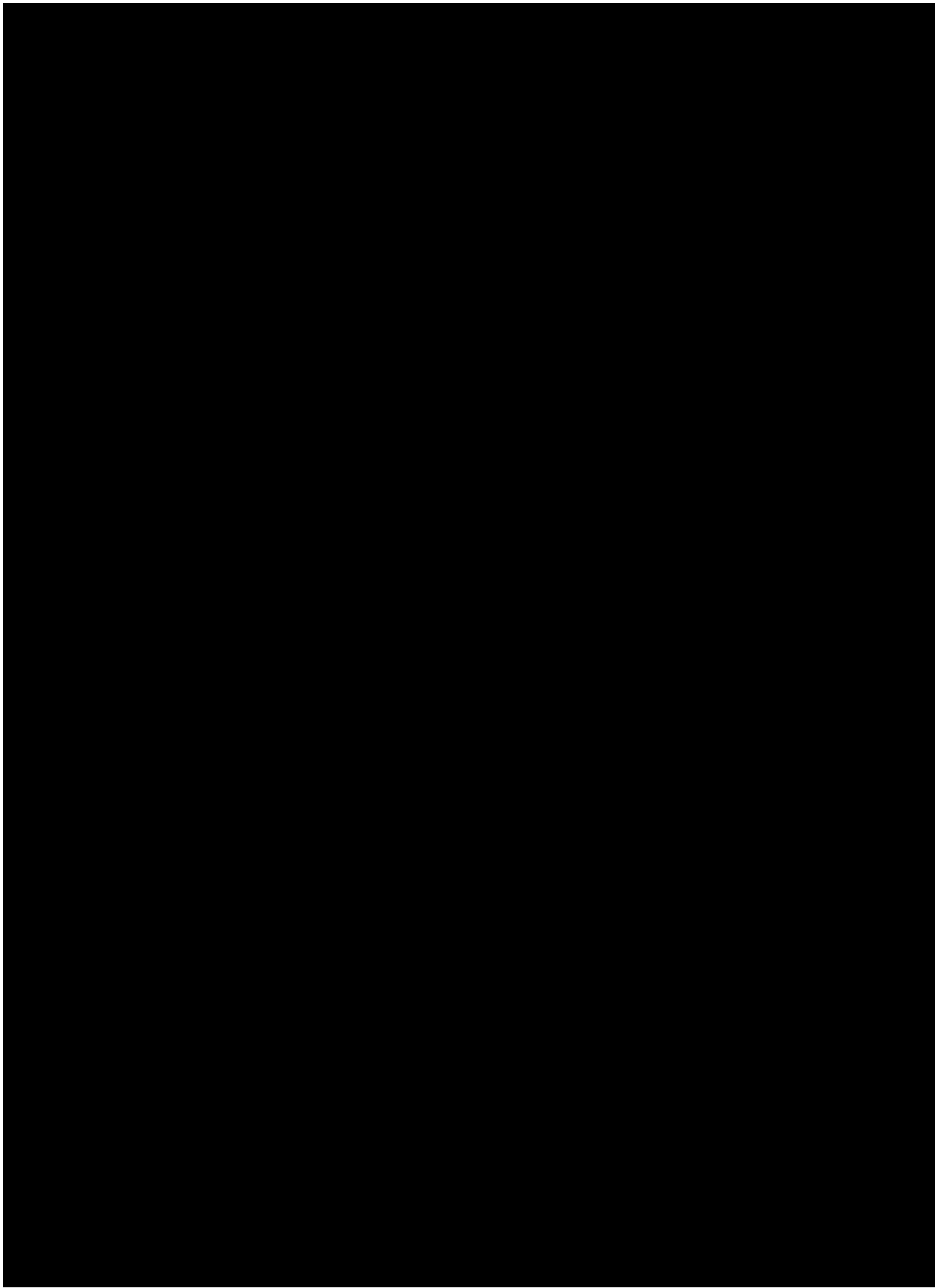
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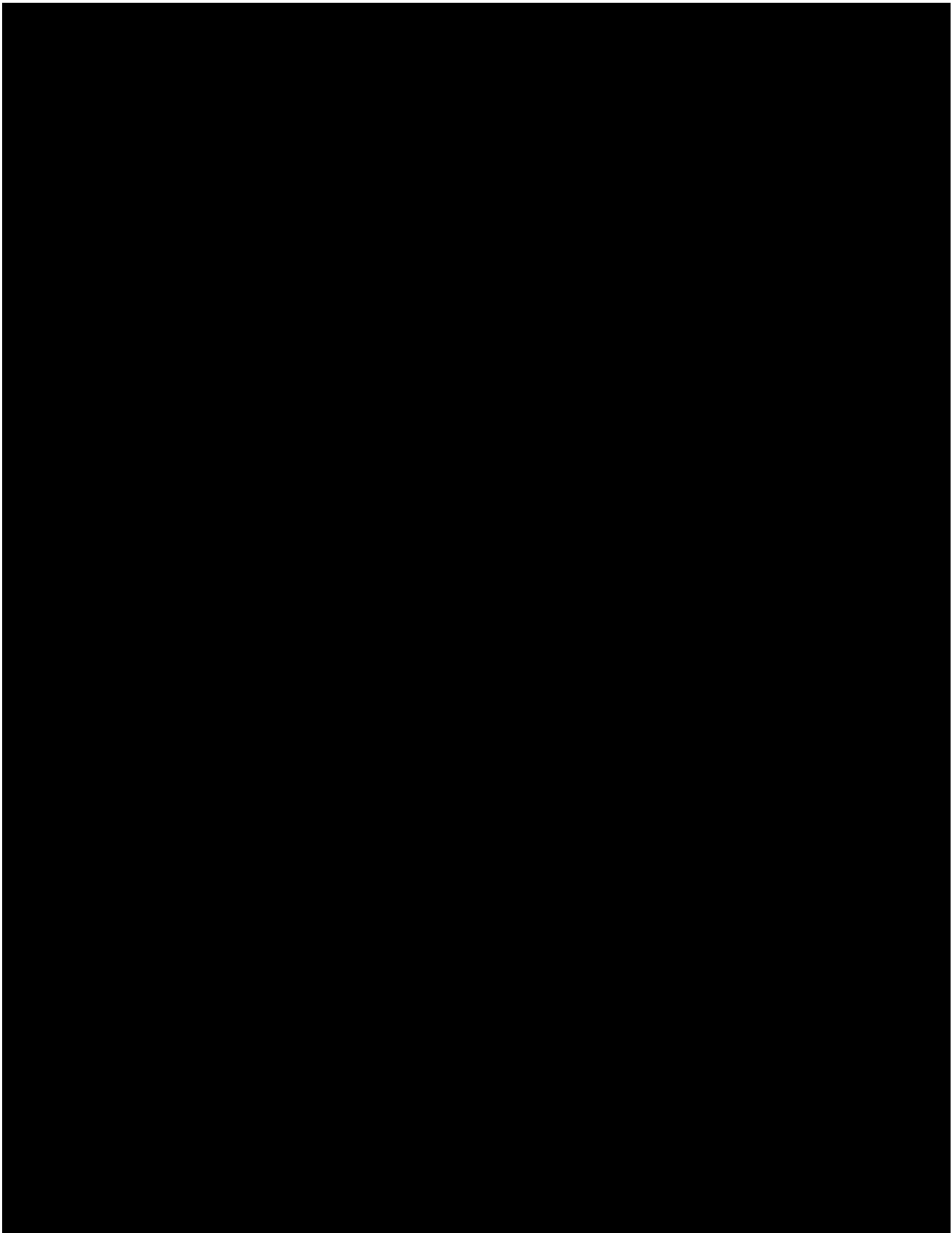
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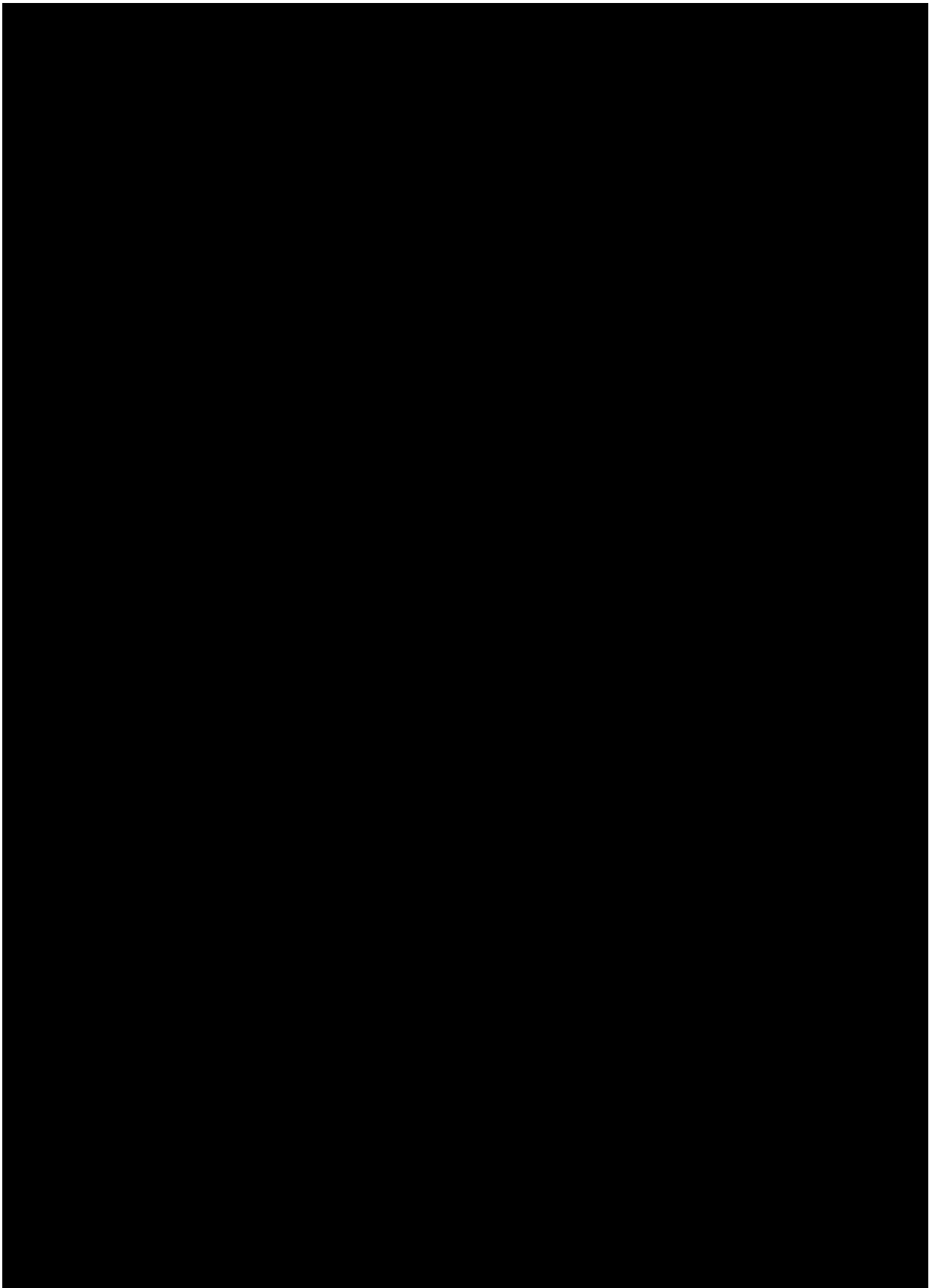
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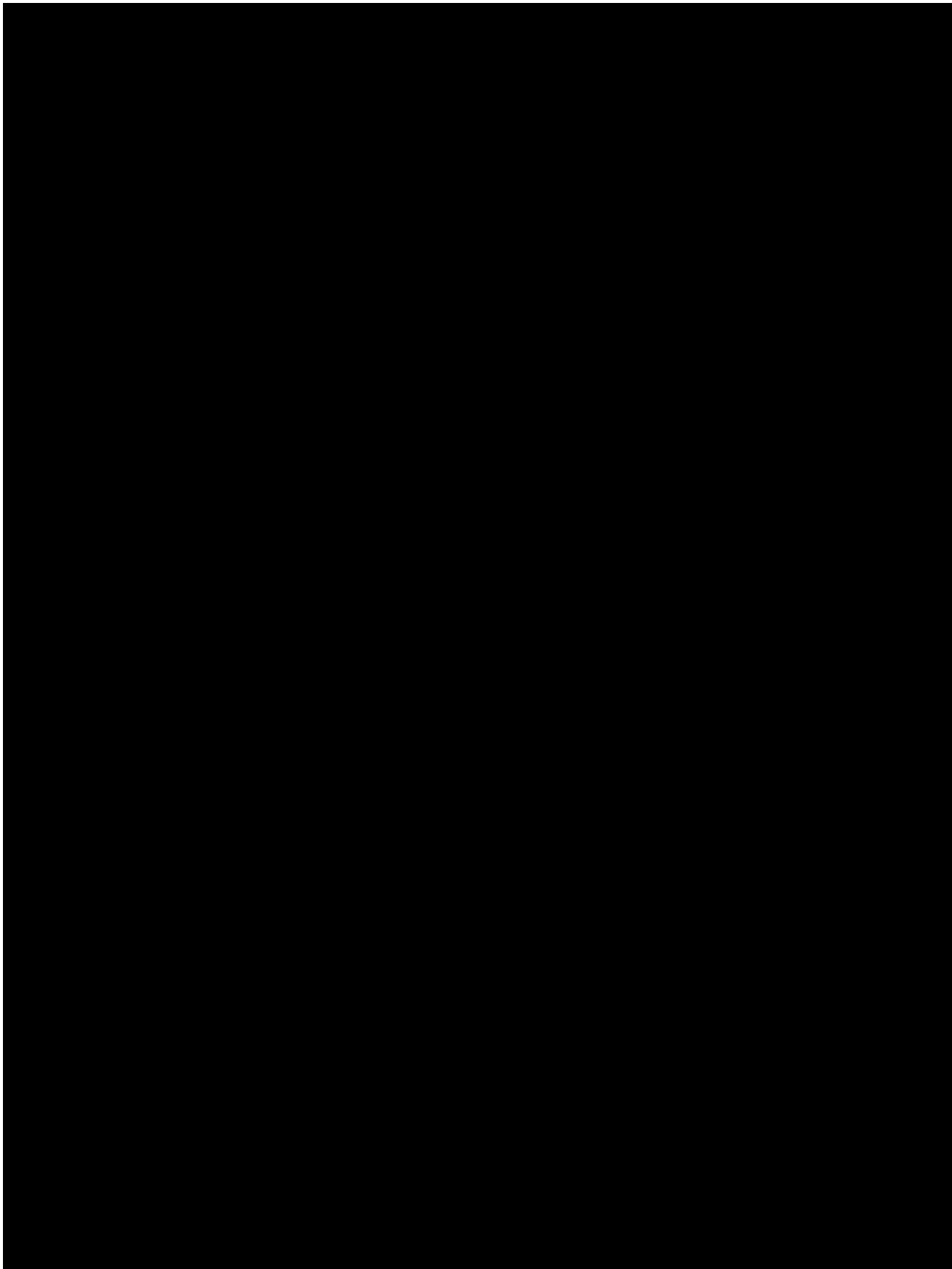
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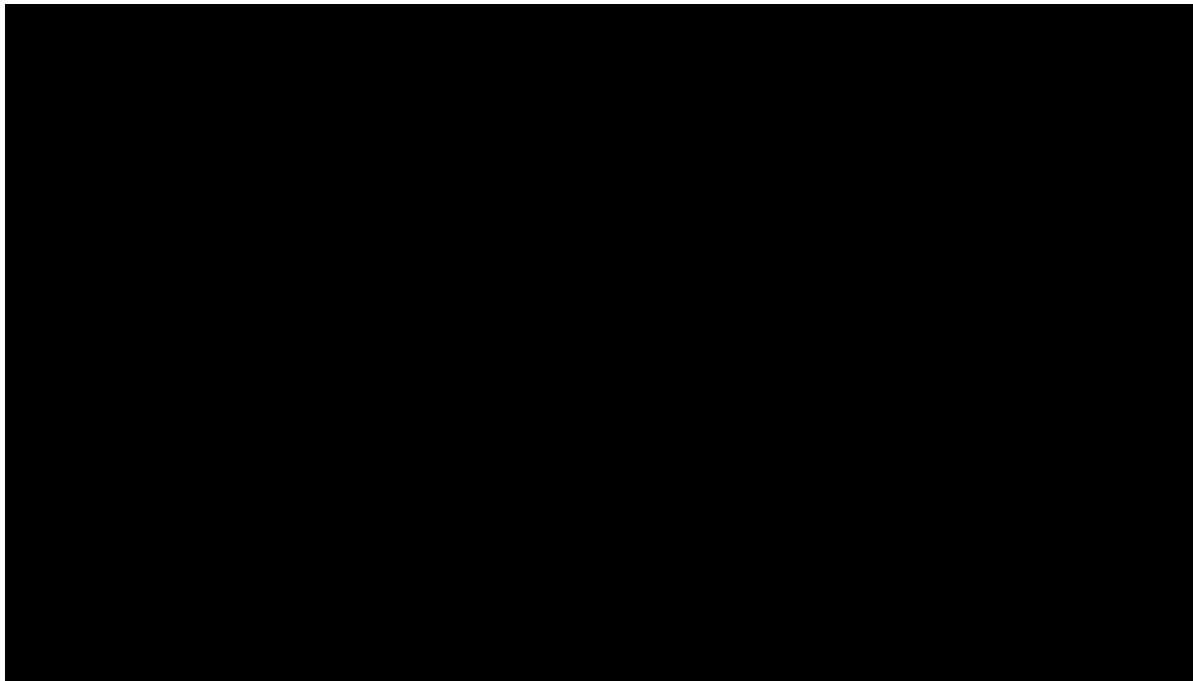
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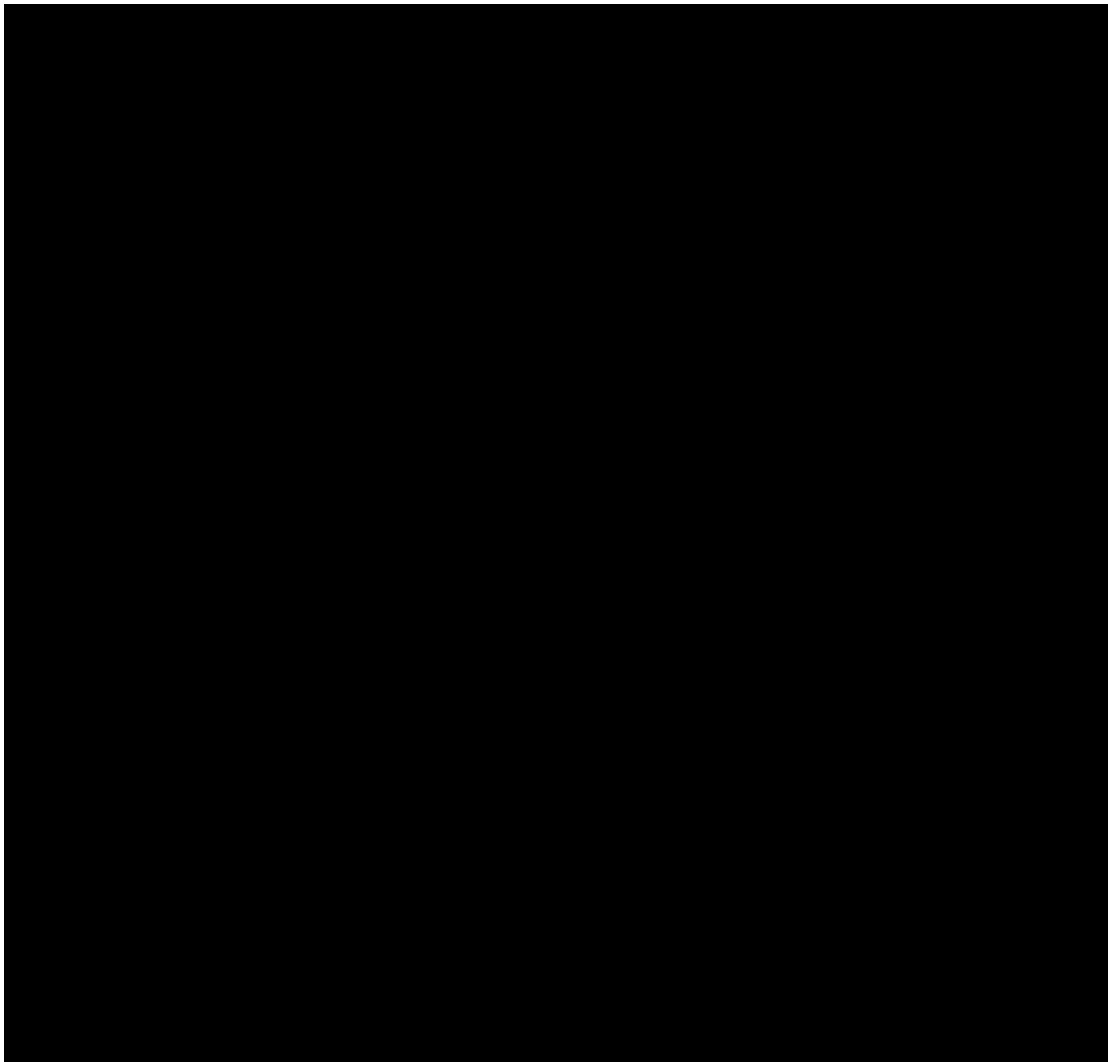
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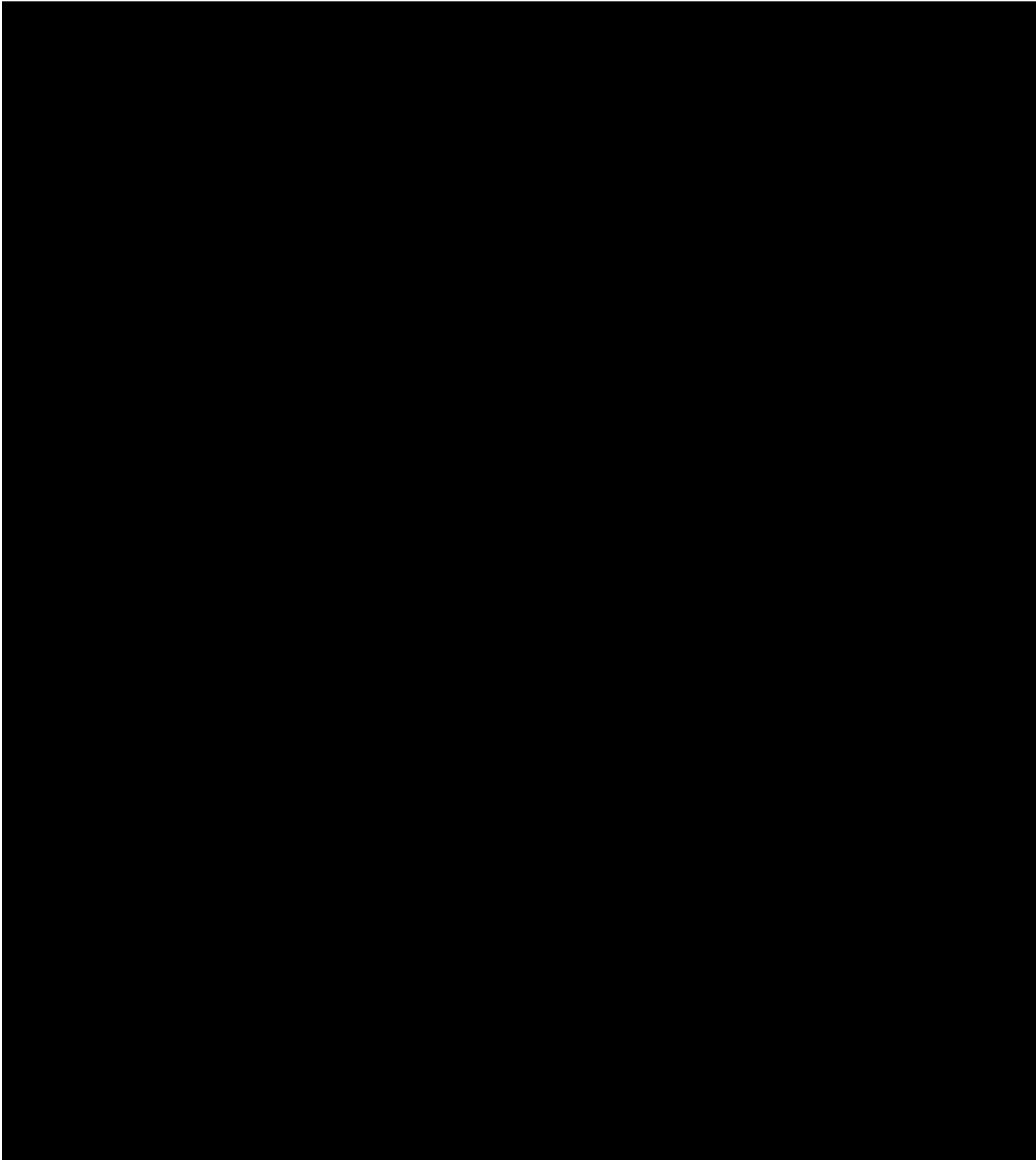


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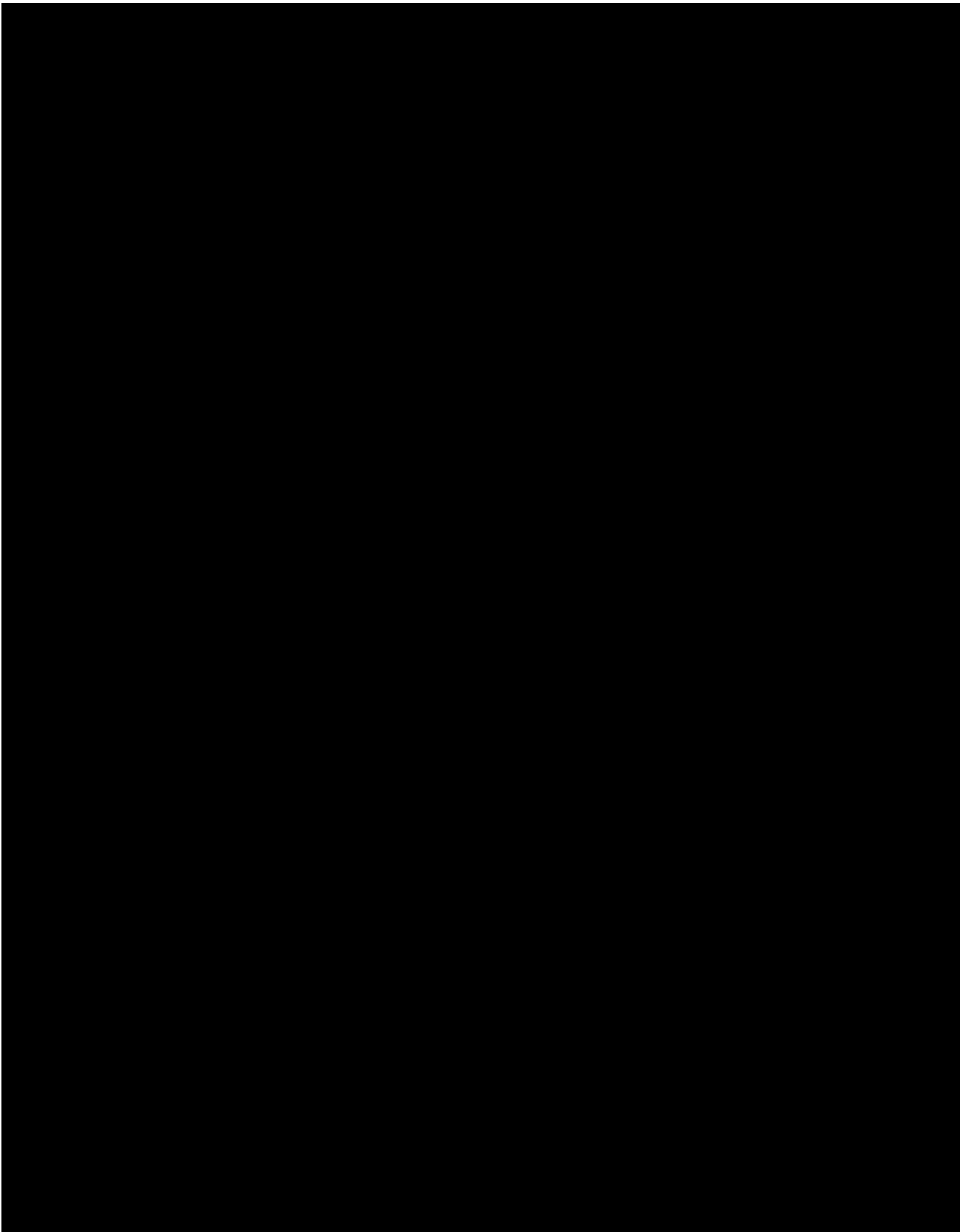
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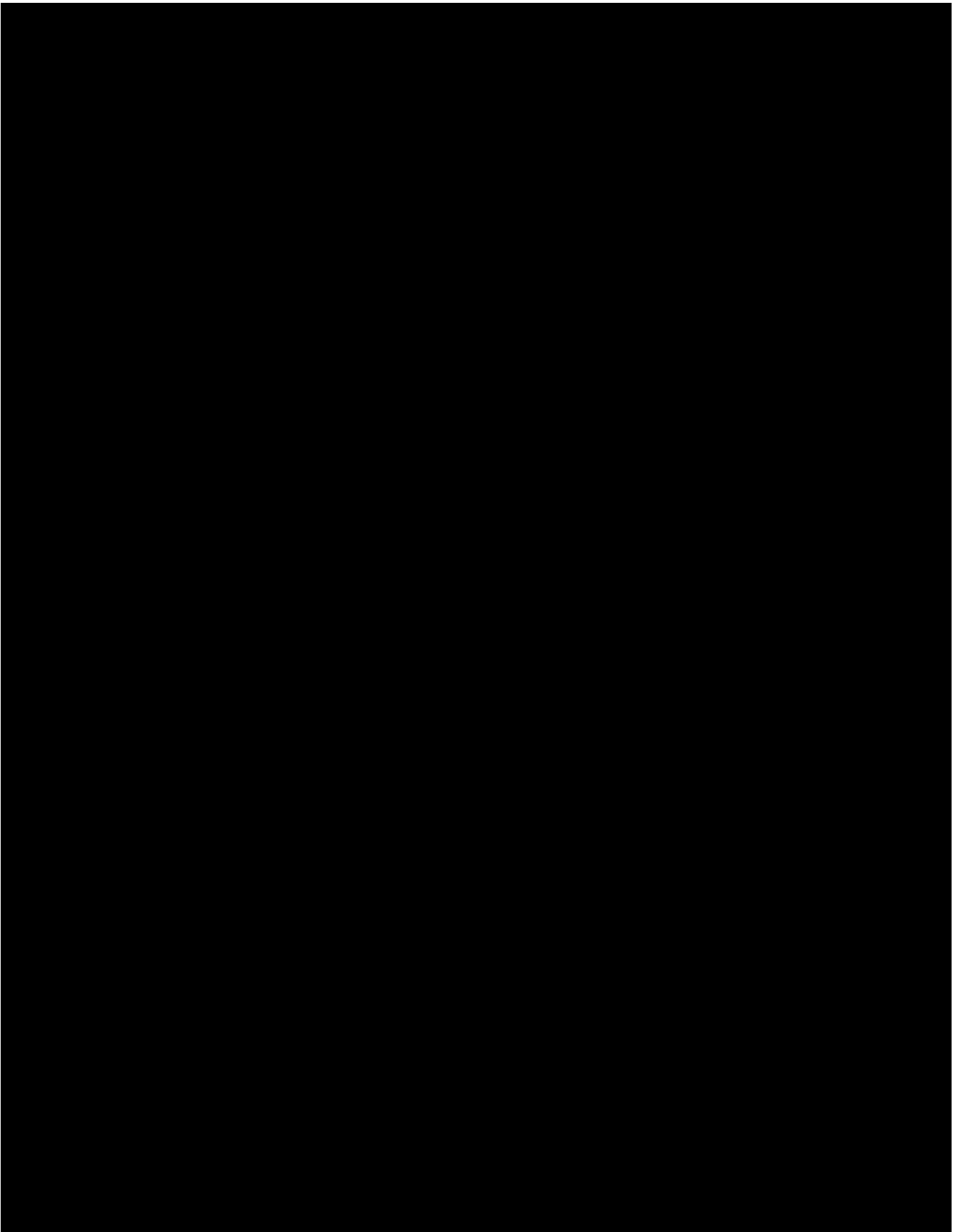
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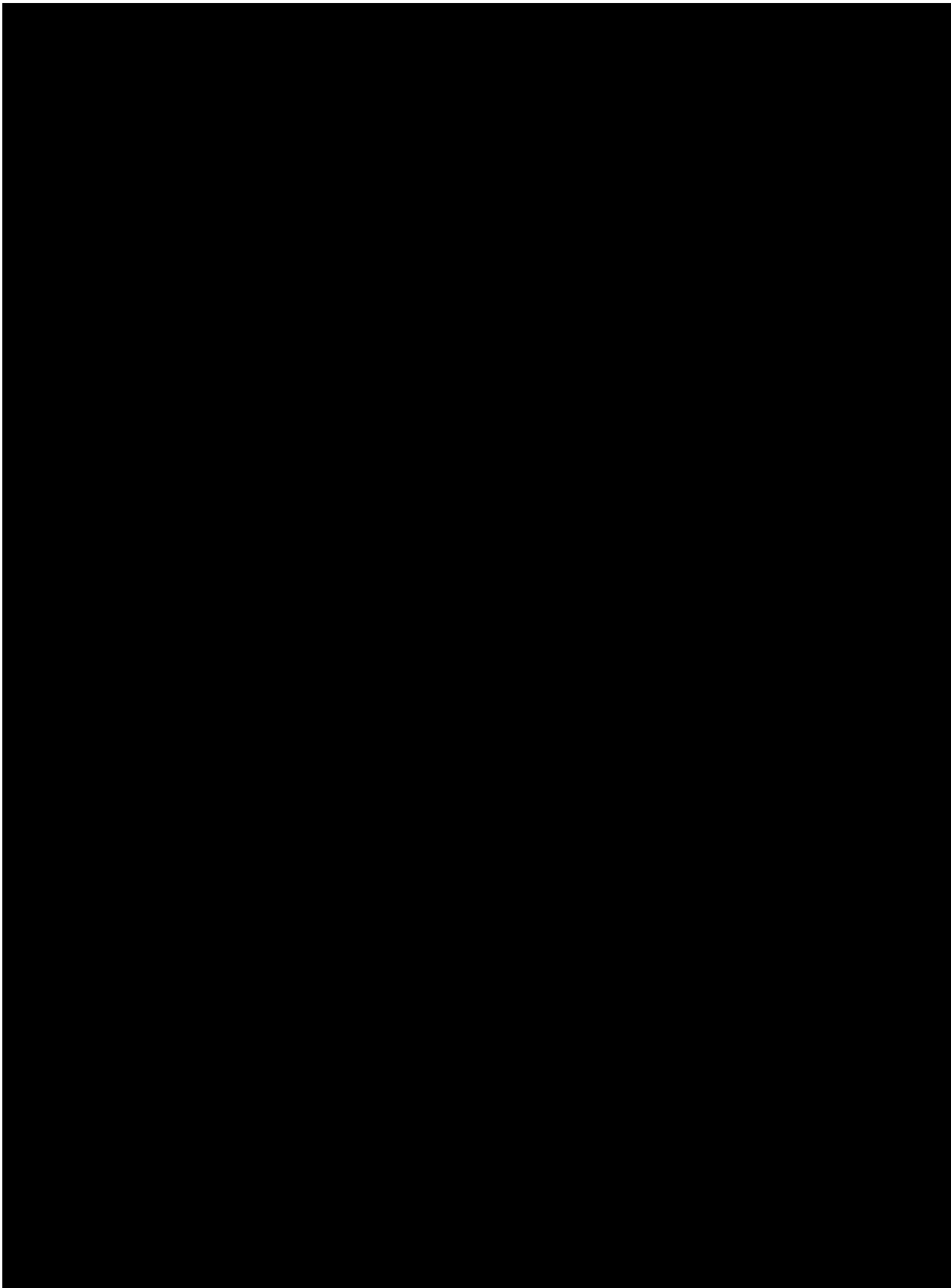
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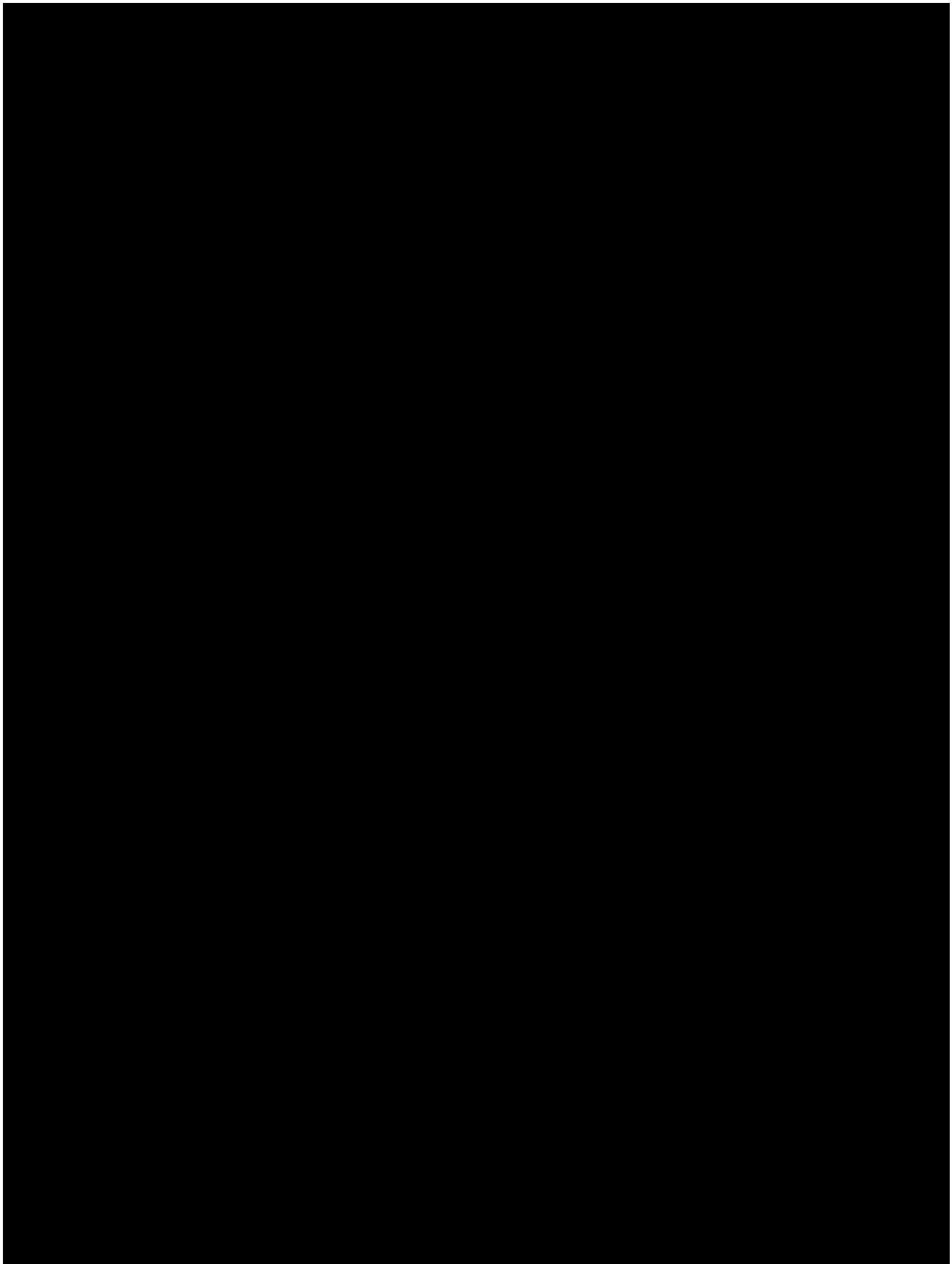
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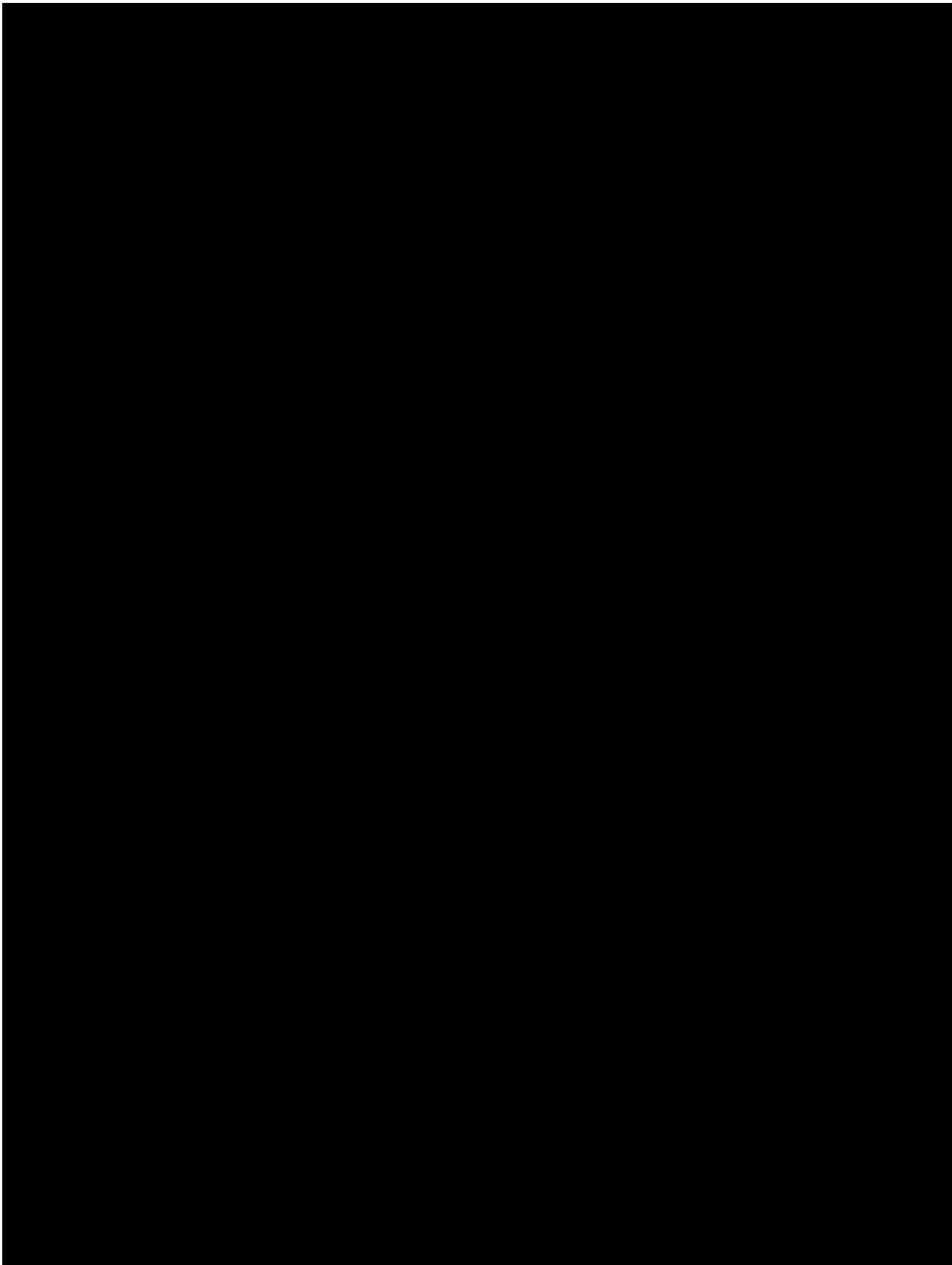
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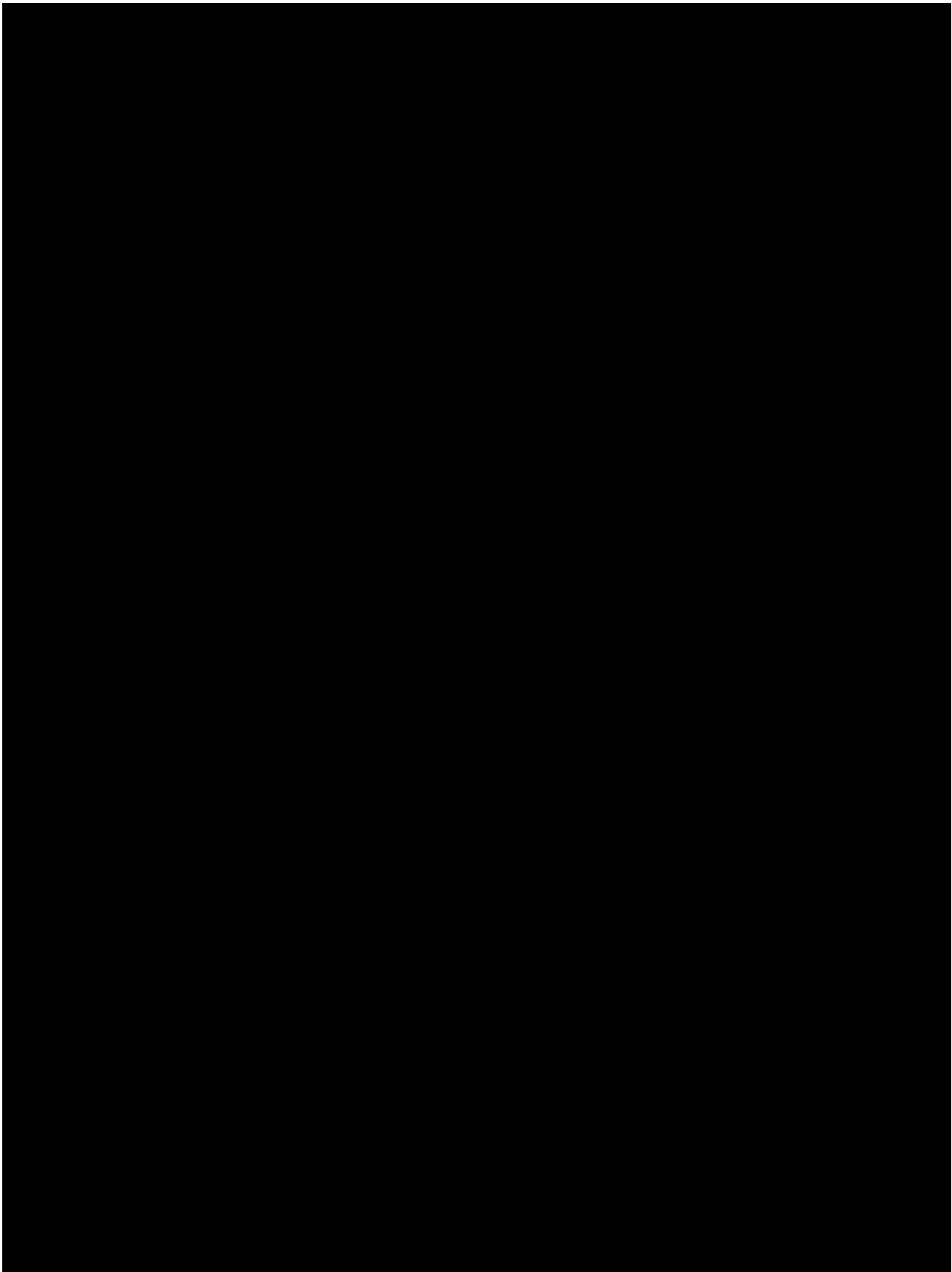
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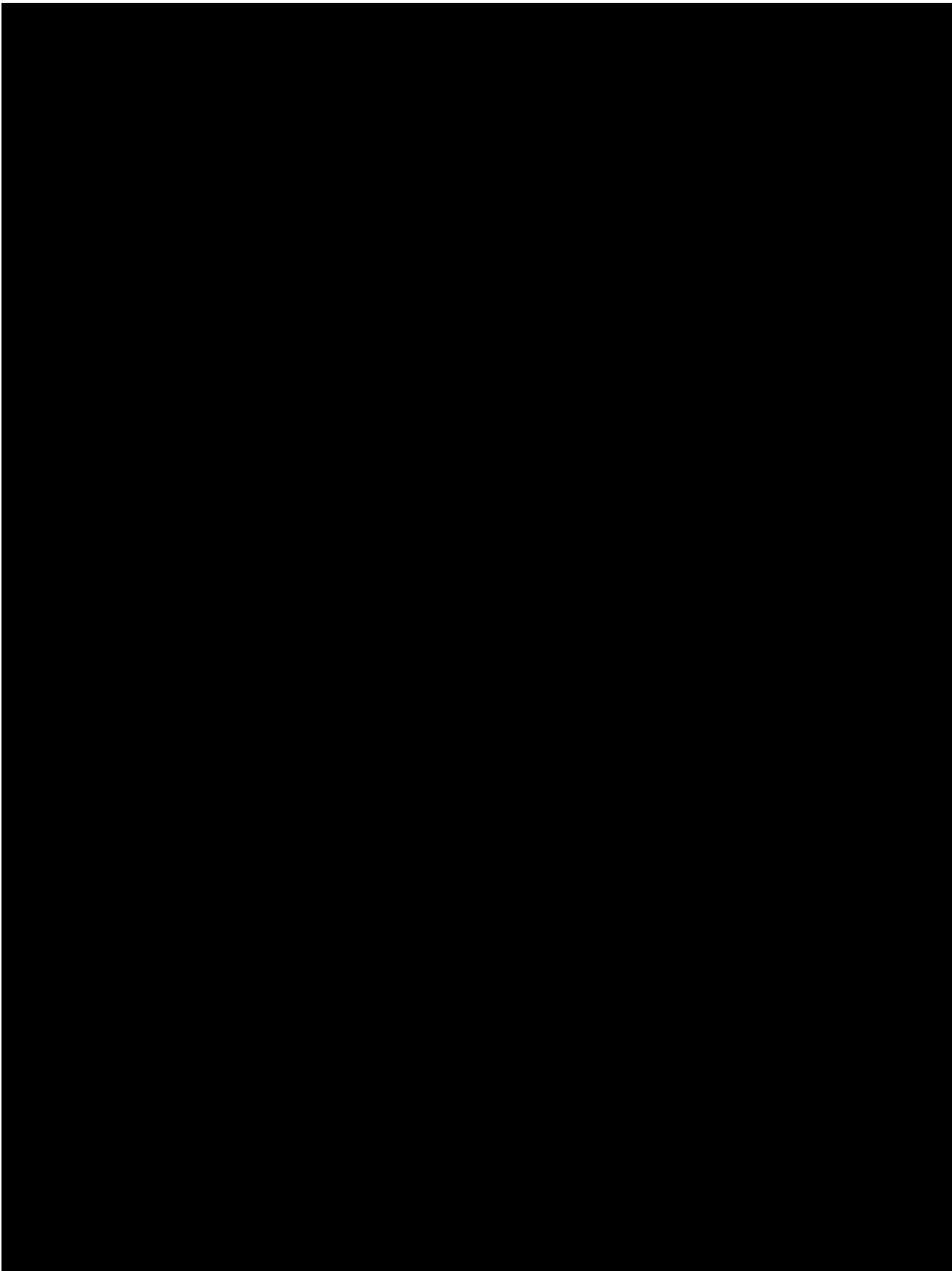
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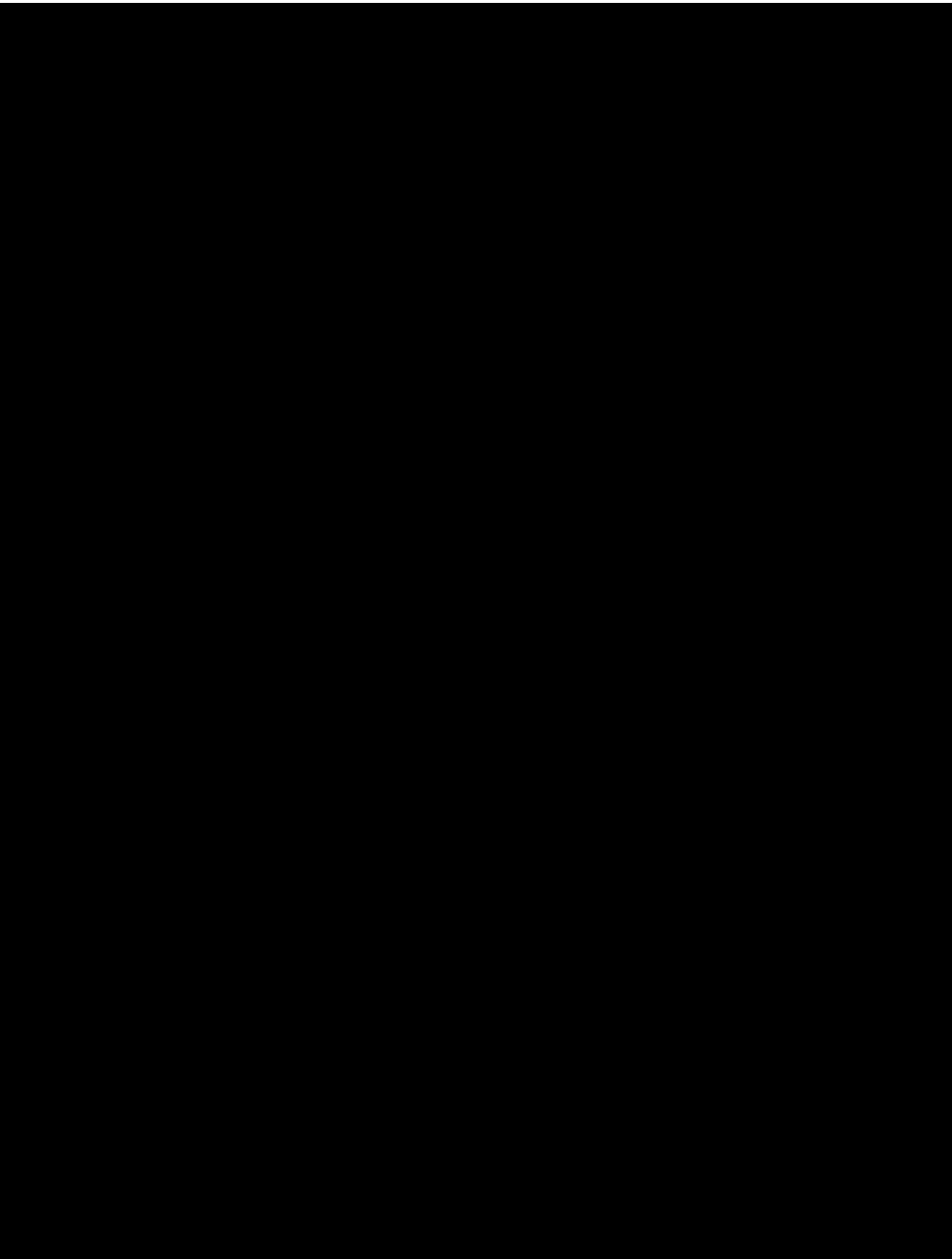
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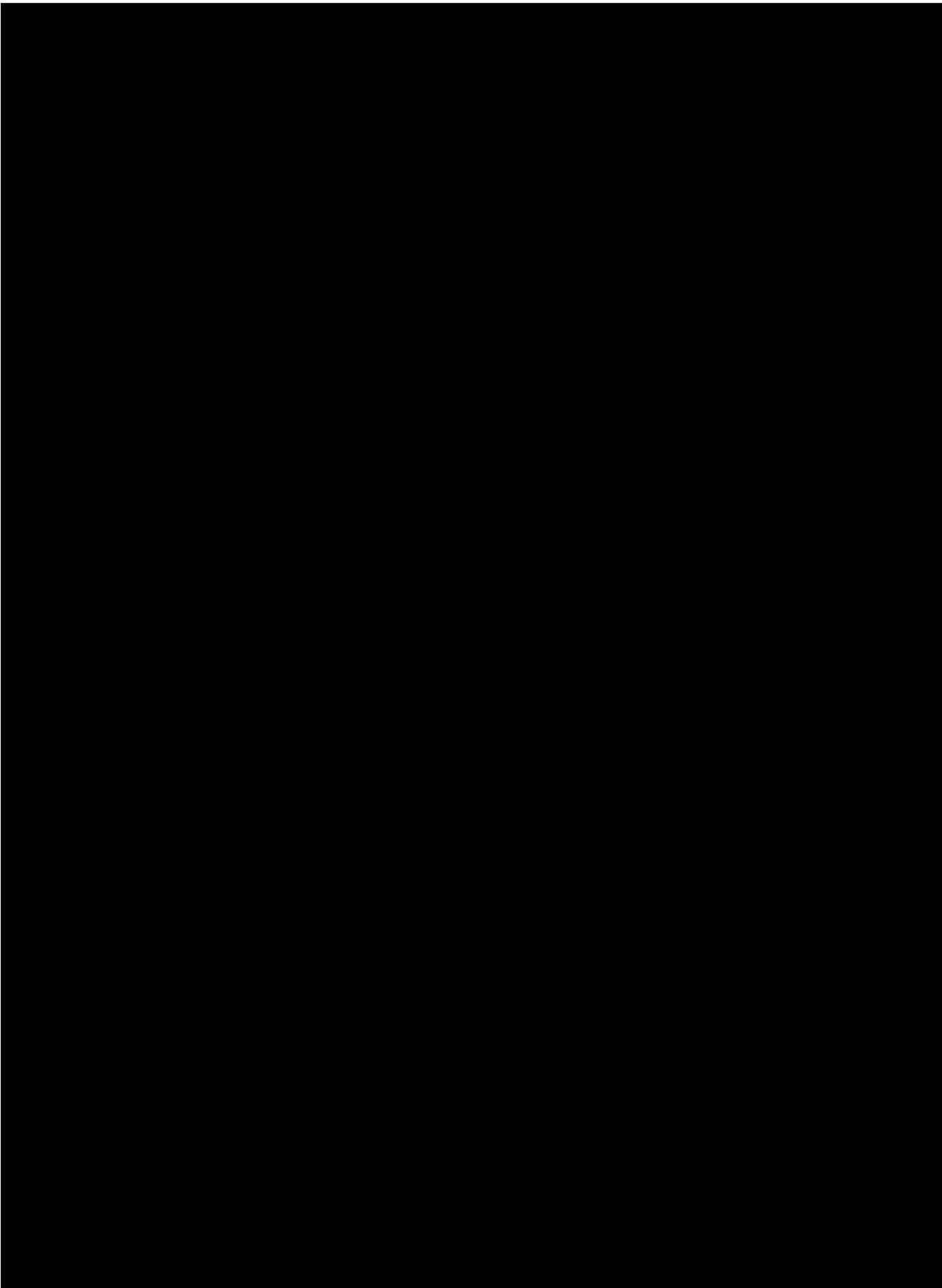
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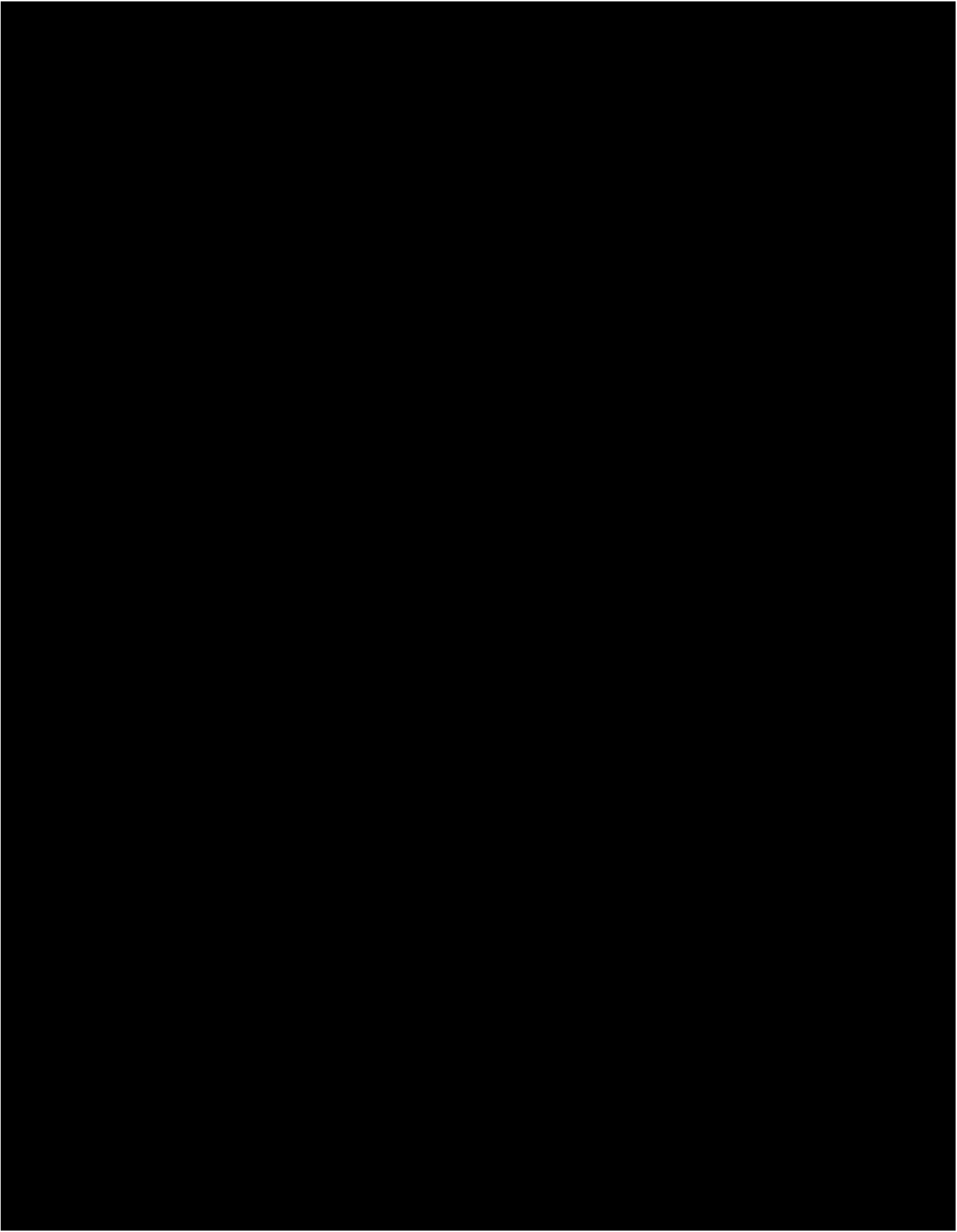
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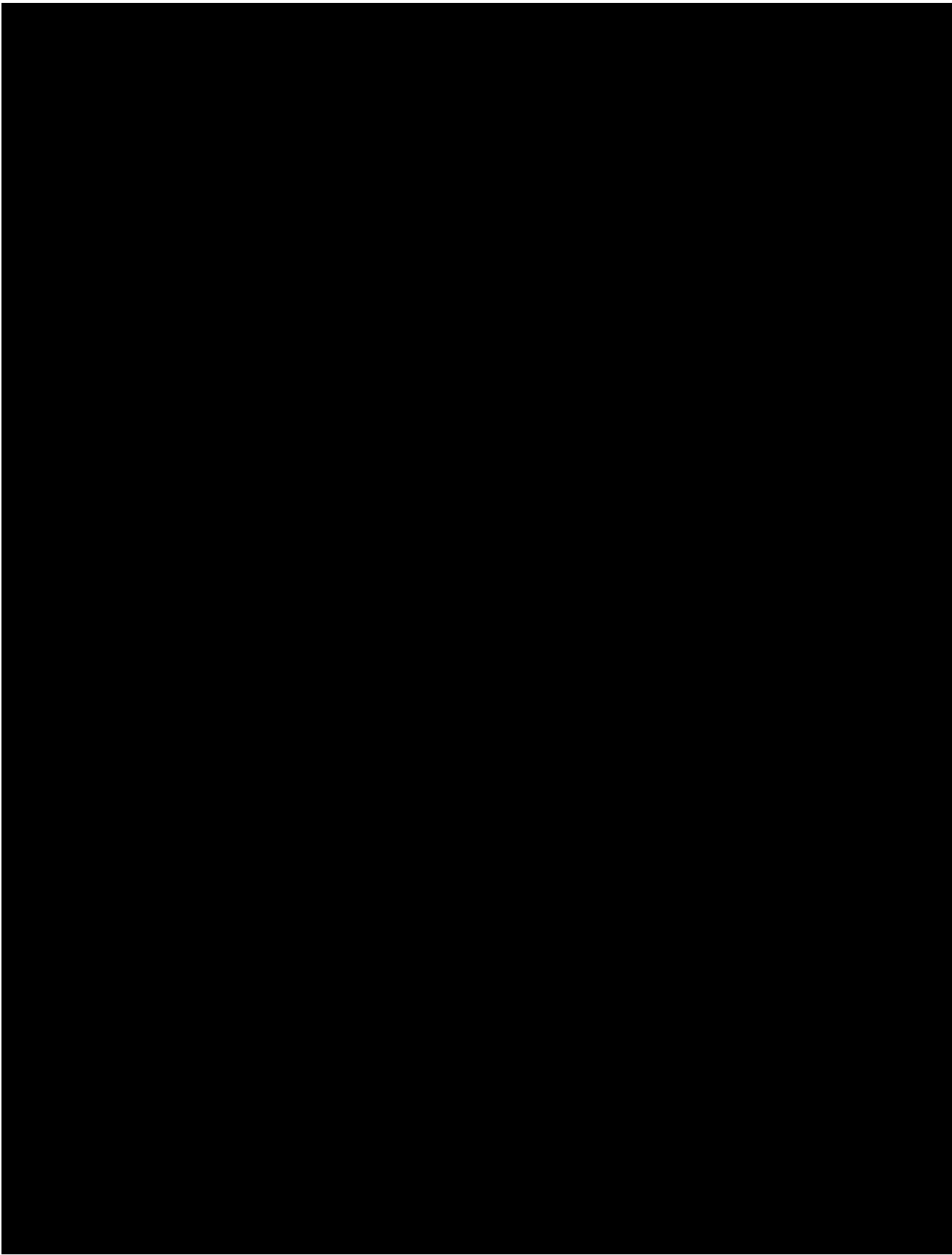
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SA000867



HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0003-00113
SA000868



HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0003-00114
SA000869

Table 5.2.8.1.A

Person	Type	Source	Account	Amount
Duke Fu	Stocks	Investment and Employee Benefits as President of Company	Odyssey Trust	\$8,461,260.00
	Stocks	Contributions from Earnings as Equity Partner of Nuclear Pharmacy Chain	Wells Fargo	\$307,569.38
	Stocks	Investments from Earnings as Equity Partner of Nuclear Pharmacy Chain	CGM	\$111,898.80
	Stocks	Contributions from Earnings as Equity Partner of Nuclear Pharmacy Chain	Capital One	\$10,271.62
	Stocks	Contributions from Earnings as Equity Partner of Nuclear Pharmacy Chain	Capital One	\$60,048.55
Amy Fu	Stocks	Investment from Earnings as Pharmacist	Fidelity	\$20,545.54
	Stocks	Company Profit Sharing as Pharmacist	Walgreens	\$176,937.78
	Stocks	Investments from gifts from parents (Monty and Wendy Fu)	JP Morgan	\$2,156,918.91
	Cash	Earnings and Investments as Pharmacist	Chase	\$109,338.95
	Stocks	Investment from gifts from parents (Monty and Wendy Fu)	Compustore	\$298,949.28
Rutt Premrsirutt	Cash	Investment from Earnings as real estate broker and gifts from parents (Ropchai & Somphool Premrsirutt)	Wells Fargo	\$296,549.91
Theron Chow	Stocks	Investment from Earnings as Oracle Director	Fidelity	\$152,089.26
	Stocks	Investment from Earnings as Oracle Director	Merrill Lynch	\$230,498.16
Anthony Grappo	Stocks	Investment from Earnings as Outback Steakhouse Owner.	Crystal View Capital	\$1,508,086.00
Nutritional High	Cash	Public Company Funds		\$6,000,000.00

Total **\$19,900,962.14**

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0003-00115
SA000870

5.2.8.2

The source of those liquid assets

See **Table 5.2.8.2.A**

Table 5.2.8.2.A

Person	Type	Source	Account	Amount
Duke Fu	Stocks	Investment and Employee Benefits as President of Company	Odyssey Trust	\$8,461,260.00
	Stocks	Contributions from Earnings as Equity Partner of Nuclear Pharmacy Chain	Wells Fargo	\$307,569.38
	Stocks	Investments from Earnings as Equity Partner of Nuclear Pharmacy Chain	CGM	\$111,898.80
	Stocks	Contributions from Earnings as Equity Partner of Nuclear Pharmacy Chain	Capital One	\$10,271.62
	Stocks	Contributions from Earnings as Equity Partner of Nuclear Pharmacy Chain	Capital One	\$60,048.55
Amy Fu	Stocks	Investment from Earnings as Pharmacist	Fidelity	\$20,545.54
	Stocks	Company Profit Sharing as Pharmacist	Walgreens	\$176,937.78
	Stocks	Investments from Parents (Monty and Wendy Fu) Gift	JP Morgan	\$2,156,918.91
	Cash	Earnings and Investments as Pharmacist	Chase	\$109,338.95
	Stocks	Investment from Parents (Monty and Wendy Fu) Gifts	Compushare	\$298,949.28
Rutt Premsrirutt	Cash	Investment from Earnings as Real Estate Broker and Gifts from Parents (Ropchai & Somphool Premsrirutt)	Wells Fargo	\$296,549.91
Theron Chow	Stocks	Investment form Earnings as Oracle Director	Fidelity	\$152,089.26
	Stocks	Investment form Earnings as Oracle Director	Merrill Lynch	\$230,498.16
Anthony Grappo	Stocks	Investment form Earnings as Outback Steakhouse Owner.	Crystal View Capital	\$1,508,086.00
Nutritional High	Cash	Public Company Funds		\$6,000,000.00

Total **\$19,900,962.14**

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0003-00117
SA000872



MEDMEN ENTERPRISES INC. CLASS B SUBORDINATE VOTING SHARES

ODYSSEY TRUST COMPANY

E: info@odysseytrust.com

P: 587.885.0960

www.odysseytrust.com

835 - 409 Granville St 350 - 300 5th Ave SW
Vancouver, BC V6C 1T2 Calgary, AB T2P 3C4

ISIN: [REDACTED]

TRADING SYMBOL: MMEN:CC

DUKE FU

Holder Account Number:



Registration:

DUKE FU

Direct Registration (DRS) - Transaction Statement

ACCOUNT BALANCE as of: 09/11/2018

UNRESTRICTED DRS SECURITIES

0

RESTRICTED DRS SECURITIES

1,692,252

TOTAL DRS BALANCE

1,692,252

Please see important PRIVACY NOTICE over the page.

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0003-00118
SA000873

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0003-00119
SA000874

Your Retirement Savings Statement
Cardinal Health 401(k) Savings Plan



04/01/2018 to 06/30/2018
Page 1 of 14

DUKE FU

ACCOUNT SUMMARY

Your vested balance is based on your account balance, years of credited service with your employer and the Plan's vesting schedule. Detailed information about your account can be found in the activity section.

For information about your account or for interactive planning tools go to www.wellsfargo.com.

Balance on 04/01/2018	\$310,802.10
Money Out	
- Recordkeeping Fee	-\$7.50
Total Money Out	-\$7.50
Transfers Between Funds	
+ Transfers In	\$307,540.80
- Transfers Out	-\$307,540.80
Total Transfers	\$0.00
Dividends & Interest	\$2,086.43
Investment Gain/Loss	-\$5,311.65
Ending Balance on 06/30/2018	\$307,569.38
Net Change in Market Value	-\$3,232.72

News About Your Plan

Take steps to further protect your account
Add 2-Step Verification to your online setup to provide an additional layer of security every time you access your account. Each time you sign on, a one-time advanced access code will be sent to your mobile device; you'll be asked to enter that code, in addition to your username and password.

To add 2-Step Verification, sign on to your account and select the **Security & Support** tab. Under **Protect Your Accounts** select **Sign on with 2-Step Verification**.

DUKE FU

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0003-00120
SA000875

CONTRIBUTION SUMMARY

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Total Contributions	\$0.00	\$149.35
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VESTING INFORMATION

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Total	\$307,569.38	\$307,569.38
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ASSET ALLOCATION

		Share Price	Shares	Market Value
Your account is 100% invested in Bond.	Bond			\$307,569.38
	100% Vanguard Total Bond Market Index I	\$10.430	29,488.915	\$307,569.38
	Total Assets			\$307,569.38

The table above shows how your investments are currently allocated among the asset classes to help you determine if you need to make adjustments to your allocation. For the Cardinal Health Stock Fund, the information listed is Unit Price and Unit Shares. Actual share price and equivalent shares of the Cardinal Health Stock Fund are available at wellsfargo.com. The asset class information is taken from reliable sources, including the mutual fund companies, but is not guaranteed by Wells Fargo Bank, N.A. as to completeness or accuracy. Wells Fargo Bank, N.A. shall not be liable for any errors in content, or for any actions taken in reliance thereon. Please read each fund prospectus carefully for more information.

FUTURE INVESTMENTS

	Employee Directed Money Types
Bond	100%
Vanguard Total Bond Market Index I	100%
Total	100%

Review your future investment allocations periodically to determine if they are on target with your long-term objectives. If you would like to adjust your allocations, please go online to www.wellsfargo.com for more information.

ACTIVITY SUMMARY BY INVESTMENT

	Balance on 04/01/2018	Money In	Money Out	Transfers	Investment Gain/Loss*	Balance on 06/30/2018
Total Assets	\$310,802.10	\$0.00	-\$7.50	\$0.00	-\$3,225.22	\$307,569.38

Your activity summary allows you to see all transactions and investment activity in your account for the quarter. Detailed Activity by Investment is available at www.wellsfargo.com.

*Investment Gain/Loss includes Dividends, Interest, Capital Gains and gain/loss due to investment price fluctuation.

DUKE FU

267,708

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0003-00123
SA000878

DUKE FU
267,709

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0003-00124
SA000879

DUKE FU
267,710



HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0003-00125
SA000880



The CGM Funds

P.O. Box 8511
Boston, Massachusetts 02266

Confirmation Statement

April 30, 2018

Page 1 of 2

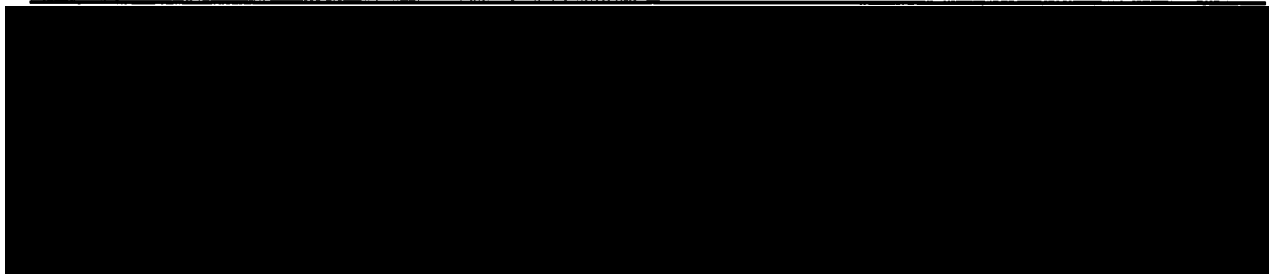
 **Investor Services:** 1-800-343-5678

 **Internet:** www.cgmfunds.com

UMB BANK NA
CUST ROTH IRA FBO
DUKE ED



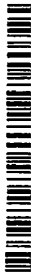
Account Transactions

Ending Balance as of 4/30/2018

\$22,450.88

754.398





The CGM Funds

c/o Boston Financial
P.O. Box 8511
Boston, MA 02266-8511

UMB BANK NA
CUST IRA FBO
DUKE FU

Confirmation Statement

December 31, 2017

Page 1 of 2

 Investor Services: 1-800-343-5678

 Internet: www.cgmfunds.com

Broker/Dealer No:



Account Transactions

Ending Balance as of 12/31/2017

\$44,040.48

825.501





The CGM Funds

c/o Boston Financial
P.O. Box 8511
Boston, MA 02265-8511

UMB BANK NA
CUST ROTH IRA FBO
DUKE FU



Confirmation Statement

December 31, 2017

Page 1 of 2

Investor Services: 1-800-343-5678

Internet: www.cgmfunds.com

Broker/Dealer No:

Account Transactions

Ending Balance as of 12/31/2017

\$13,072.78

245.038





Confirmation Statement

Page 1 of 2

 **Internet:** www.cgmfunds.com

[illegible]

Account Transactions

494.425





The CGM Funds

P.O. Box 8511
Boston, Massachusetts 02266

Confirmation Statement

April 30, 2018

Page 1 of 2

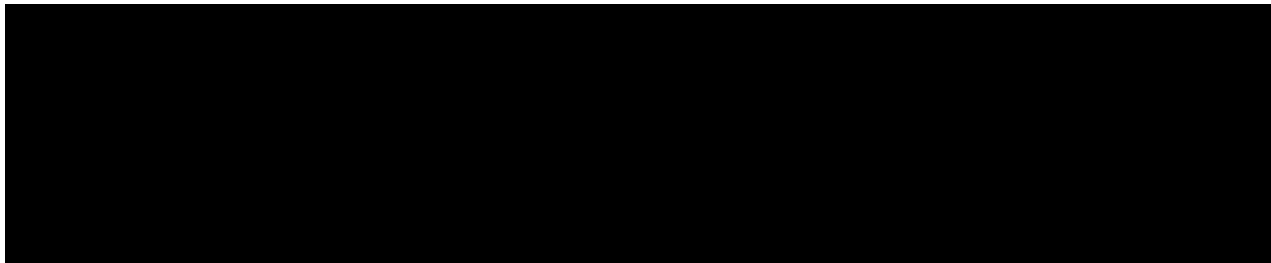
 **Investor Services:** 1-800-343-5678

 **Internet:** www.cgmfunds.com

UMB BANK NA
CUST IRA FBO
DUKE EU



Account Transactions

Ending Balance as of 4/30/2018

\$8,049.93

260.263





P.O. Box 8511
Boston, Massachusetts 02266

UMB BANK NA
CUST IRA FBO
DUKE FU



Confirmation Statement

April 30, 2018

Page 1 of 2

 Investor Services: 1-800-343-5678

 **Internet:** www.cgmfunds.com

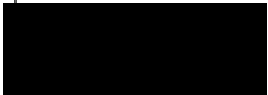
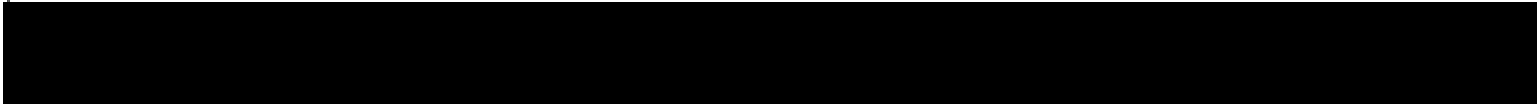
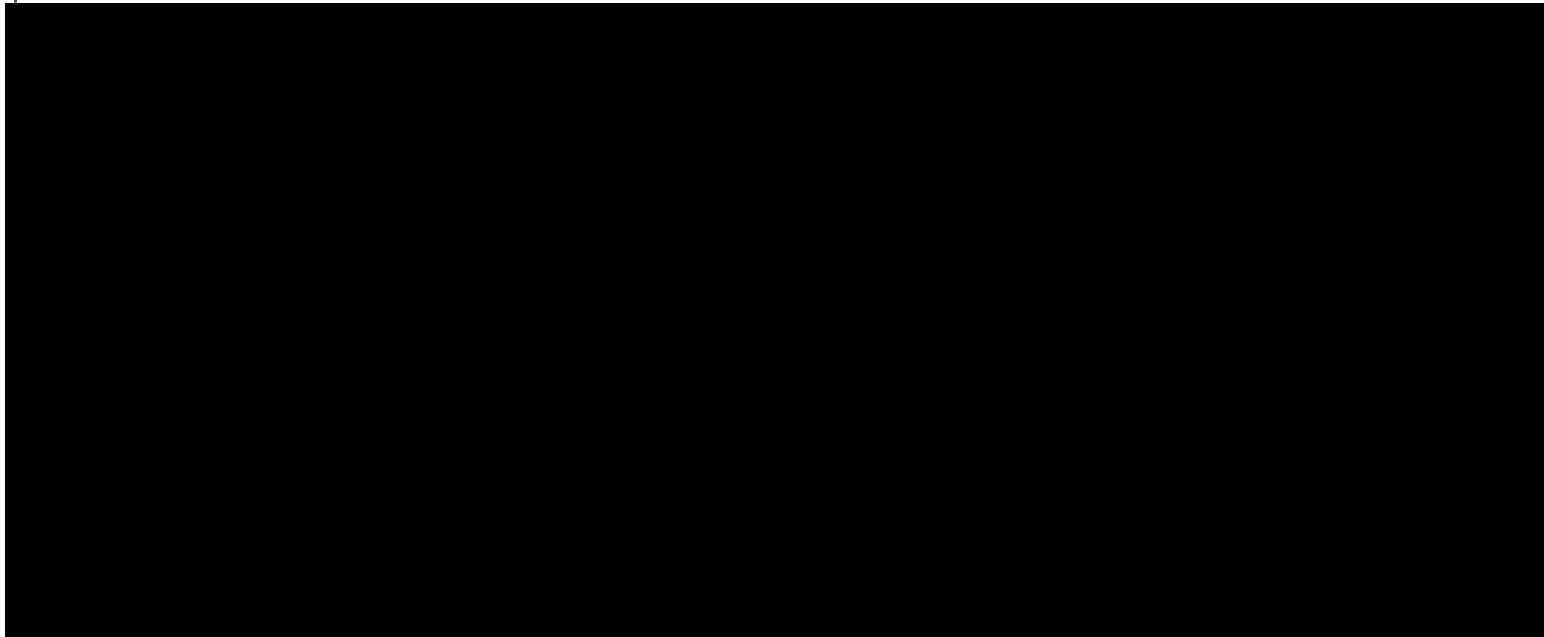
Account Transactions

Ending Balance as of 4/30/2018	\$8,992.16	302.156
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9/8/2018

Capital One Investing

PLEASE PRINT AND RETAIN FOR YOUR RECORDS Note: This is your only notice. You will not receive a hardcopy statement by U.S. Mail.			
Capital One Investing, LLC - Statement of Account			
Duke Fu Roth IRA 		Capital One Investing, LLC 7940 Dominion Parkway Plano, Texas 75024 1-800-747-2537 Statement Period: 8/1/2018 to 8/31/2018	
ACCOUNT VALUE SUMMARY			
<u>ACCOUNT</u>	<u>THIS PERIOD</u>	<u>LAST PERIOD</u>	<u>CHANGE IN VALUE</u>
			
Total	\$10,271.62		
EARNINGS SUMMARY			
<u>EARNINGS TYPE</u>	<u>THIS PERIOD</u>	<u>YEAR-TO-DATE</u>	
			

<https://www.capitaloneinvesting.com/main/Account/StatementsDocContainer.aspx?docid=211292120&type=MonthlyStatement>

1/2

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0003-00132
SA000887



<https://www.capitaloneinvesting.com/main/Account/StatementsDocContainer.aspx?docid=211292120&type=MonthlyStatement>

2/2

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0003-00133
SA000888

9/8/2018

Capital One Investing

****PLEASE PRINT AND RETAIN FOR YOUR RECORDS****
Note: This is your only notice. You will not receive a hardcopy statement by U.S. Mail.

Capital One Investing, LLC - Statement of Account

Capital One Investing, LLC
7940 Dominion Parkway
Plano, Texas 75024
1-800-747-2537

Statement Period: 8/1/2018 to 8/31/2018

ACCOUNT VALUE SUMMARY

<u>ACCOUNT</u>	<u>THIS PERIOD</u>	<u>LAST PERIOD</u>	<u>CHANGE IN VALUE</u>
----------------	--------------------	--------------------	------------------------

Total	\$10,271.62		
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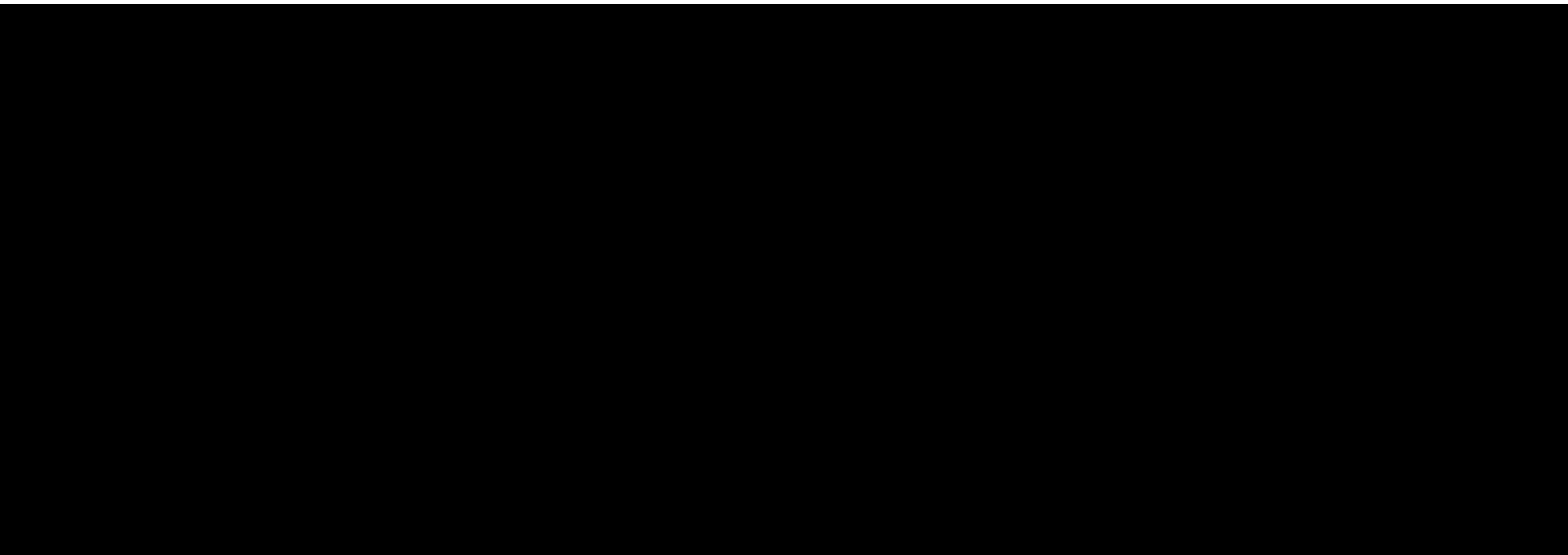
EARNINGS SUMMARY

<https://www.capitaloneinvesting.com/main/Account/StatementsDocContainer.aspx?docid=211292120&type=MonthlyStatement>

1/2

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0003-00134
SA000889



<https://www.capitaloneinvesting.com/main/Account/StatementsDocContainer.aspx?docid=211292120&type=MonthlyStatement>

2/2

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0003-00135
SA000890



FIDELITY PREFERRED SERVICESsm

INVESTMENT REPORT
July 1, 2018 - July 31, 2018

Envelope # BFWSFKBBBBBVK

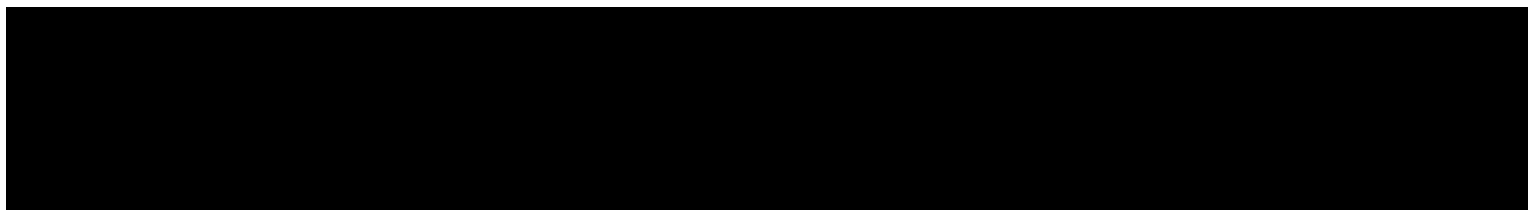
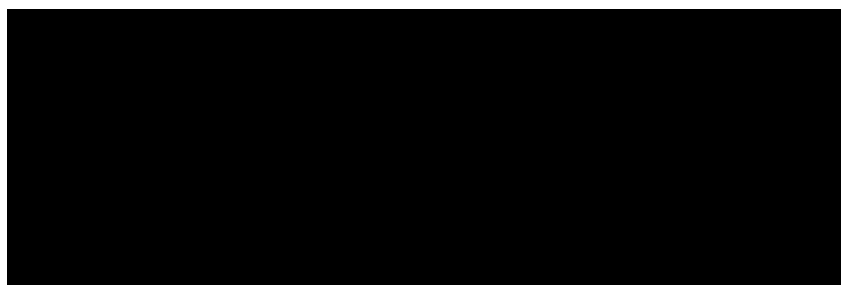
Your Portfolio Value:

\$20,545.54

Portfolio Change from Last Period:

▲ \$2,283.41

AMY FU



S

S

MR_CE_BFWSFKBBBBBVK_BBBBBB 20180731

Brokerage services provided by Fidelity Brokerage Services LLC (FBS), Member NYSE, SIPC (800) 544-6666. Brokerage accounts carried by National Financial Services LLC (NFS), Member NYSE, SIPC.



M04322131820180731

1 of 12

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0003-00136
SA000891



Portfolio Summary

Page	Account Type/Name	Account Number	Beginning Value	Ending Value
GENERAL INVESTMENTS				
	Ending Portfolio Value		\$18,262.13	\$20,545.54

Page	Account Type/Name	Beginning Value	Ending Value
	Total Including Other Holdings	\$18,262.13	\$20,545.54

MR_CE_BFWSEKBBBVK_BBBB 20180731 S

0003-00137
SA000892

Portfolio Summary (continued)

Income Summary

	This Period	Year-to-Date
Taxable	\$0.05	\$243.02
Total	\$0.05	\$243.02

Top Holdings

Description	Value	Percent of Portfolio
Total	\$20,545	100%

S

MR_CE_BFW5FKBBBBBKBBBB 20180731



FIDELITY PREFERRED SERVICESsm

INVESTMENT REPORT
July 1, 2018 - July 31, 2018

Account Summary

Account # [REDACTED]
AMY FU - I

Account Value: **\$20,545.52**

Account Holdings

Beginning Account Value	\$18,262.11	\$105,404.33
Subtractions	-	-83,600.61
Withdrawals	-	-83,600.61
Change in Investment Value *	2,283.41	-1,258.20
Ending Account Value	\$20,545.52	\$20,545.52

Description	Value	Percent of Account
Total	\$20,545	100%

Please note that, due to rounding, percentages may not add to 100%.

Income Summary

	This Period	Year-to-Date
Taxable	\$0.05	\$243.02
Total	\$0.05	\$243.02

MR_CE_BFW5FKBBBVBK_BB888 20180731

WALGREEN PROFIT-SHARING RETIREMENT PLAN

AMY FU

Statement Period: 04/01/2018 - 06/30/2018
Participant ID: [REDACTED]
Plan: 150103-01

What is my account balance?

\$176,937.78

As of 06/30/2018

Where can I go for help?

Website: www.wagprofitsharing.com
Phone: 1-877-924-7763
TTY: 1-800-345-1833
Mail: Empower Retirement
P.O. Box 173764
Denver, CO 80217-3764

How has my account changed?

	<u>Employee</u>	<u>Employer</u>	<u>Total</u>
Balance as of March 31, 2018	\$123,308.27	\$49,857.09	\$173,165.36
Payroll Contributions	1,487.26	66.10	1,553.36
Change in Value	2,042.92	183.47	2,226.39
Expenses	-5.22	-2.11	-7.33
Balance as of June 30, 2018	\$126,833.23	\$50,104.55	\$176,937.78
Vested Balance as of June 30, 2018	\$126,833.23	\$50,104.55	\$176,937.78

Vesting information provided as of June 30, 2018

How will my future contributions be invested?

To view your investment elections for your future contributions, please visit your plan's website.



WALGREEN PROFIT-SHARING RETIREMENT PLAN

AMY FU
15715385

How is my account invested?

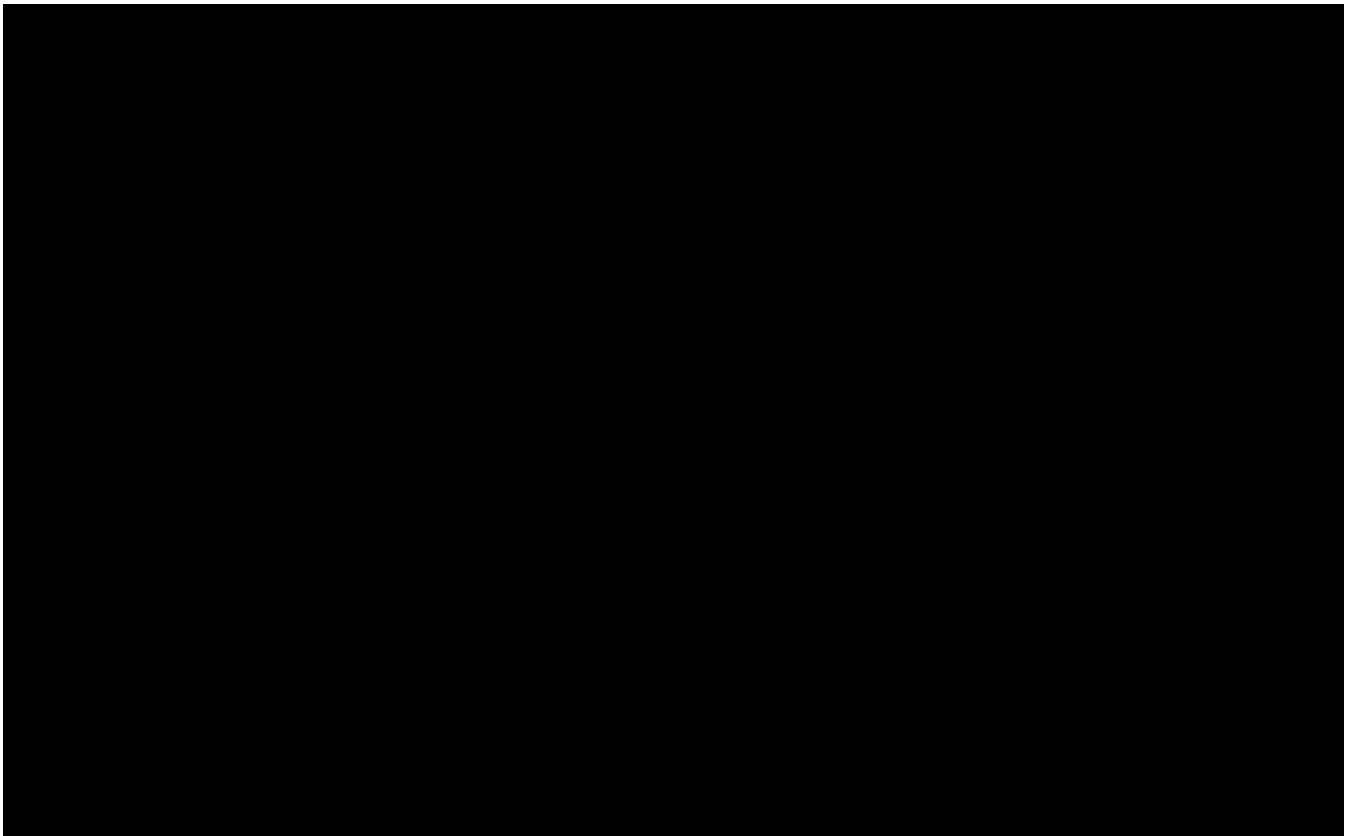
	1980	1981	1982	1983	1984	1985
Totals	173,165.36	1,553.36	2,226.39	-7.33	176,937.78	178,491.18

How is my account being funded?

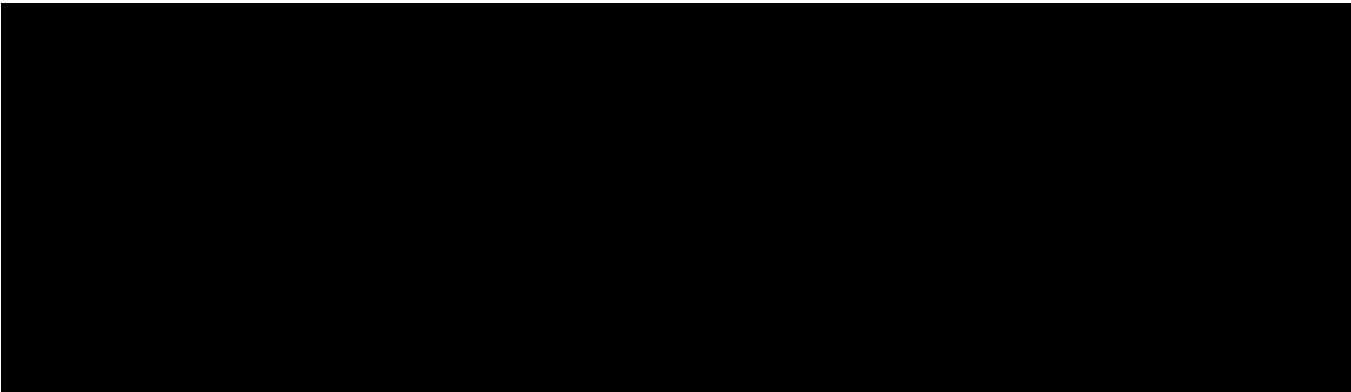
Totals	173,165.36	1,553.36	2,226.39	-7.33	176,937.78	176,937.78
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WALGREEN PROFIT-SHARING RETIREMENT PLAN

AMY FU
15715385



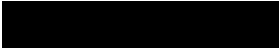
Total Expenses	-7.33
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Statement Period Ending
July 31, 2018

65896 BDS 001 021 21218 - NNNNNNNNNNNN
AMY FU TOD

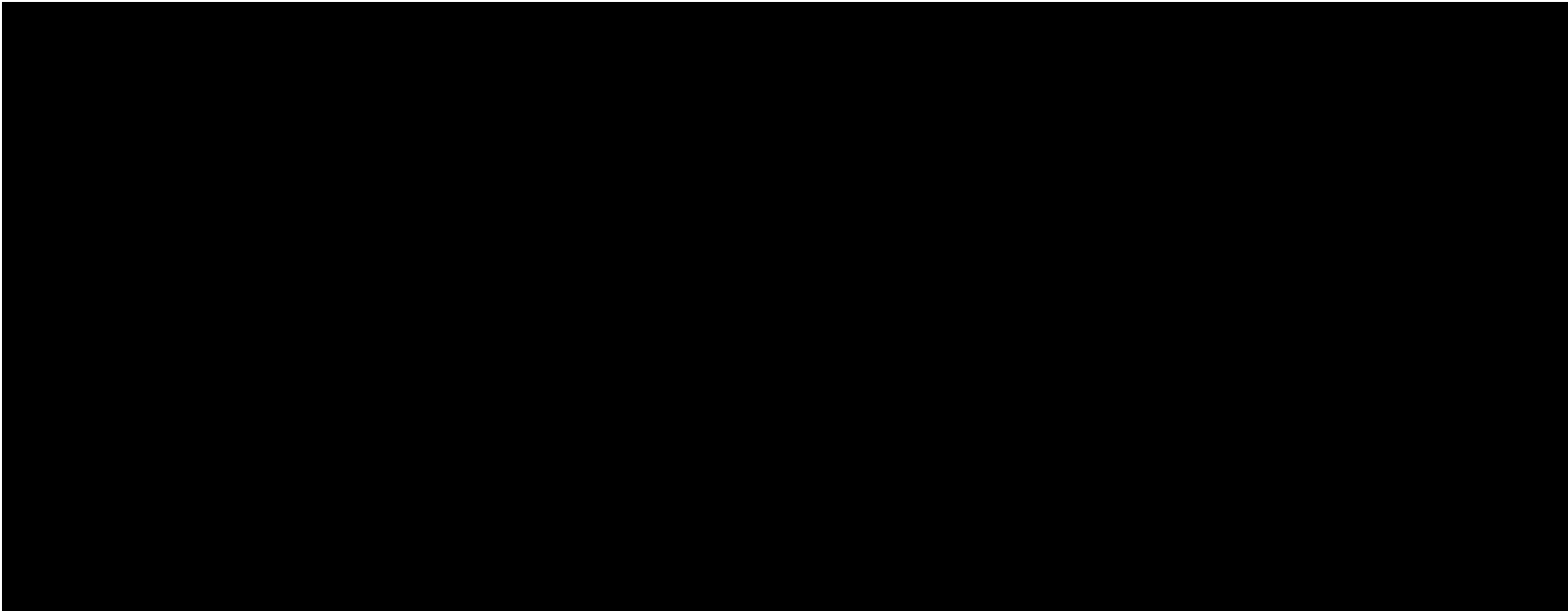


Consolidated Investment Statement

Portfolio Value

Account Description	Last Month	This Month
Brokerage	2,042,498.29	2,090,526.31
Retirement Managed	64,314.57	66,392.60
PORTFOLIO VALUE	\$2,106,812.86	\$2,156,918.91

See the Summary of Accounts on page 5 for footnotes and more detail.



STATEMENT SUMMARY	BROKERAGE	RETIREMENT MANAGED	IMPORTANT INFORMATION
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HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

Consolidated Asset Allocation Summary

Description	Market Value Last Month	Market Value This Month	Total Change (\$)	Total Change (%)
TOTAL	\$2,106,812.86	\$2,156,918.91	\$50,106.05	+2.37

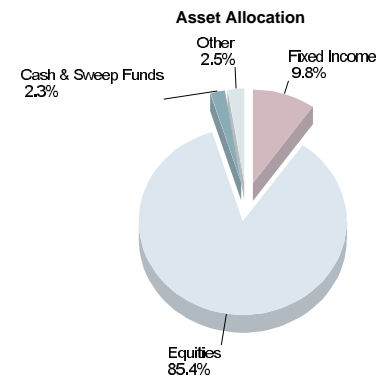
Consolidated Assets and Liabilities Summary

Description	Last Month	This Month
Total Portfolio Value with Accruals	\$2,106,812.86	\$2,156,918.91

Consolidated Cash Flow Summary

Description	This Month	Year-to-Date
Opening Cash Balance	\$1,074.90	\$0.00
CLOSING CASH BALANCE	\$51,032.73	\$51,032.73

"Opening Cash Balance" and "Closing Cash Balance" include Sweep Funds.



The allocation percentage is derived from net positive market values only.

Please read the important disclosures at the end of the statement. For questions, please contact us using the information provided on the front of this statement.

STATEMENT SUMMARY	BROKERAGE	RETIREMENT MANAGED	IMPORTANT INFORMATION
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HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0003-00144
SA000899

Consolidated Income Summary

Account Description	Income from Taxable Investments Year-to-Date	Income from Non-Taxable Investments Year-to-Date	Total Income from Investments Year-to-Date
TOTAL	\$6,706.79	\$5,371.73	\$12,078.52

Taxable and Non-taxable income classifications are based on the characteristics of the underlying securities and not the taxable status of the account.

Consolidated Unrealized Gain / Loss Summary

Account Description	Short Term G/L	Long Term G/L	Net G/L
TOTAL	\$42,324.30	\$250,831.90	\$293,156.20

Unrealized Gain / Loss represents Gain / Loss data since the date of acquisition.

Consolidated Realized Gain / Loss Summary

Account Description	This Month			Year-To-Date		
	Short Term G/L	Long Term G/L	Net G/L	Short Term G/L	Long Term G/L	Net G/L
TOTAL	\$0.00	(\$240.53)	(\$240.53)	\$368.33	\$84,184.13	\$84,552.46

Realized gain/loss information is provided for transactions in your account as of the trade date and excludes transactions where cost basis information has not been provided or is unavailable. Gain/loss calculations do not include adjustments for wash sales that may have occurred on the last business day of this statement period. These wash sale adjustments, if any, will be reflected on your next statement. Cost basis and realized gain/loss on statements are provided for informational purposes only and should not be used for tax purposes or otherwise relied upon without the assistance of your tax advisor.

Please read the important disclosures at the end of the statement. For questions, please contact us using the information provided on the front of this statement.

STATEMENT SUMMARY	BROKERAGE	RETIREMENT MANAGED	IMPORTANT INFORMATION
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0003-00145
SA000900

Summary of Accounts

Page No.	Account Number	Account Description	Account Value Last Month	Net Deposits & Withdrawals	Income	Fees ¹	Change in Investment Value	Account Value This Month
Brokerage								
7		TFR ON DEATH IND AMY FU TOD						
Total Value			\$2,042,498.29	\$0.00	\$2,199.10	\$0.00	\$45,828.92	\$2,090,526.31
Retirement Managed								
15		IRA ROTH AMY FU ROTH IRA JPMS LLC CUST. JPMorgan Core Advisory Portfolio (JPMCAP) Managed Equities IOP Non-JPM Mgd. Inv.						
Total Value			\$64,314.57	\$0.00	\$25.37	(\$57.49)	\$2,110.15	\$66,392.60
TOTAL PORTFOLIO VALUE			\$2,106,812.86	\$0.00	\$2,224.47	(\$57.49)	\$47,939.07	\$2,156,918.91

Please read the important disclosures at the end of the statement. For questions, please contact us using the information provided on the front of this statement.

STATEMENT SUMMARY

BROKERAGE

RETIREMENT MANAGED

IMPORTANT INFORMATION

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0003-00146
SA000901



Statement Period
June 30 - July 31, 2018

Last Statement: June 29, 2018

Account Number
[REDACTED]

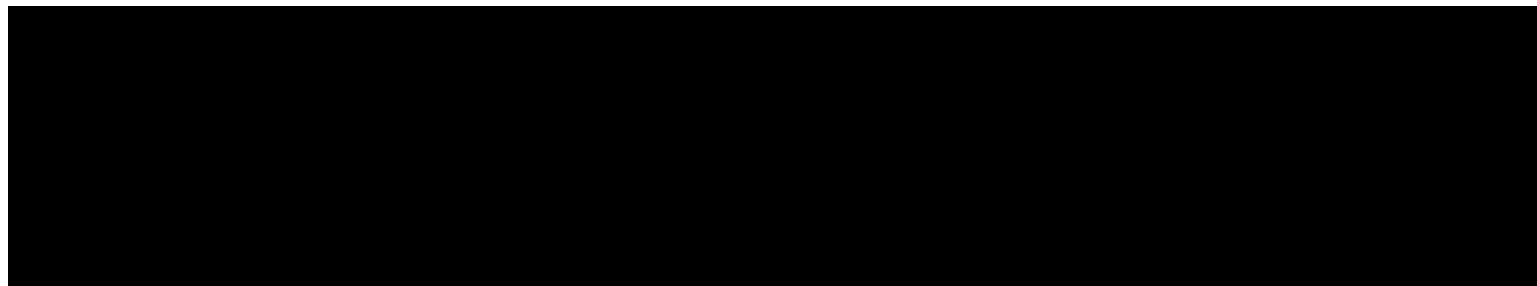
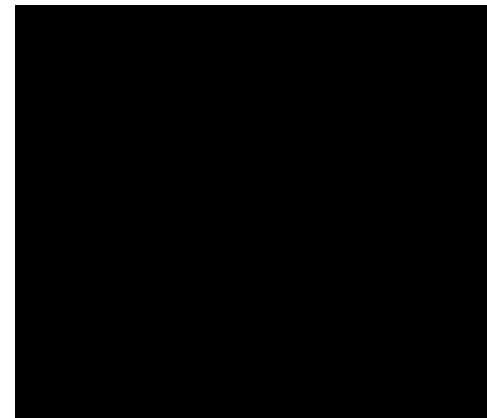
Account Value: **\$2,090,526.31**

AMY FU TOD
[REDACTED]

Account Activity Summary

TFR ON DEATH IND

Description	This Period	Year-to-Date
[REDACTED]		
Account Value With Accruals	\$2,090,526.31	\$2,090,526.31



STATEMENT SUMMARY	BROKERAGE	RETIREMENT MANAGED	IMPORTANT INFORMATION
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HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0003-00147
SA000902



TFR ON DEATH IND [REDACTED]

AMY FU TOD

Statement Period: June 30 - July 31, 2018

Asset Allocation Summary

Description	Market Value Previous Period	Market Value This Period	Total Change (\$)	Total Change (%)
[REDACTED]				
TOTAL ACCOUNT VALUE	\$2,042,498.29	\$2,090,526.31	\$48,028.02	+2.35

Assets and Liabilities Summary

Description	Previous Period	This Period
[REDACTED]		
Total Account Value with Accruals	\$2,042,498.29	\$2,090,526.31

Income Summary

Description	This Period	Year-to-Date
[REDACTED]		
TOTAL INCOME	\$2,199.10	\$11,688.01

Taxable and Non-taxable income classifications are based on the characteristics of the underlying securities and not the taxable status of the account.

Cash Flow Summary

Description	This Period	Year-to-Date
Opening Cash Balance	\$0.00	\$0.00
[REDACTED]		
CLOSING CASH BALANCE	\$50,000.00	\$50,000.00

Page 8 of 28

Please read the important disclosures at the end of the statement. For questions, please contact us using the information provided on the front of this statement.

STATEMENT SUMMARY

BROKERAGE

RETIREMENT MANAGED

IMPORTANT INFORMATION

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0003-00148
SA000903

Unrealized Gain / Loss Summary

Description	This Period
TOTAL UNREALIZED GAIN / LOSS	\$291,720.45

Unrealized Gain / Loss represents Gain / Loss data since the date of acquisition.

TOTAL REALIZED GAIN / LOSS	(\$240.53)	\$84,538.66
-----------------------------------	-------------------	--------------------

Please read the important disclosures at the end of the statement. For questions, please contact us using the information provided on the front of this statement.

STATEMENT SUMMARY	BROKERAGE	RETIREMENT MANAGED	IMPORTANT INFORMATION
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Holdings

The total cost basis for each security position and the unrealized gain/loss are provided solely for your convenience and may not be used for tax purposes or otherwise relied upon. If you have questions related to the tax treatment of your investments, please consult your tax advisor. Unrealized gain/loss total reflects only those positions for which a cost basis is available or has been provided. J.P. Morgan has not, and cannot, validate the cost basis of positions reported by you or your agent, and are displayed solely for your convenience. Information on this statement related to cost and gain/loss calculations does not include adjustments for wash sales that may have occurred on transactions pending settlement. These wash sale adjustments, if any, will be reflected on your next statement.

CASH & SWEEP FUNDS

Description	Acquisition Date	Quantity	Price	Market Value	Unit Cost	Cost Basis	Unrealized Gain/Loss	Accrued Income Est. Annual Inc.
CASH BALANCE				50,000.00				
P PENDING SALES				50,000.00				
TOTAL CASH & SWEEP FUNDS				\$50,000.00				--

STATEMENT SUMMARY

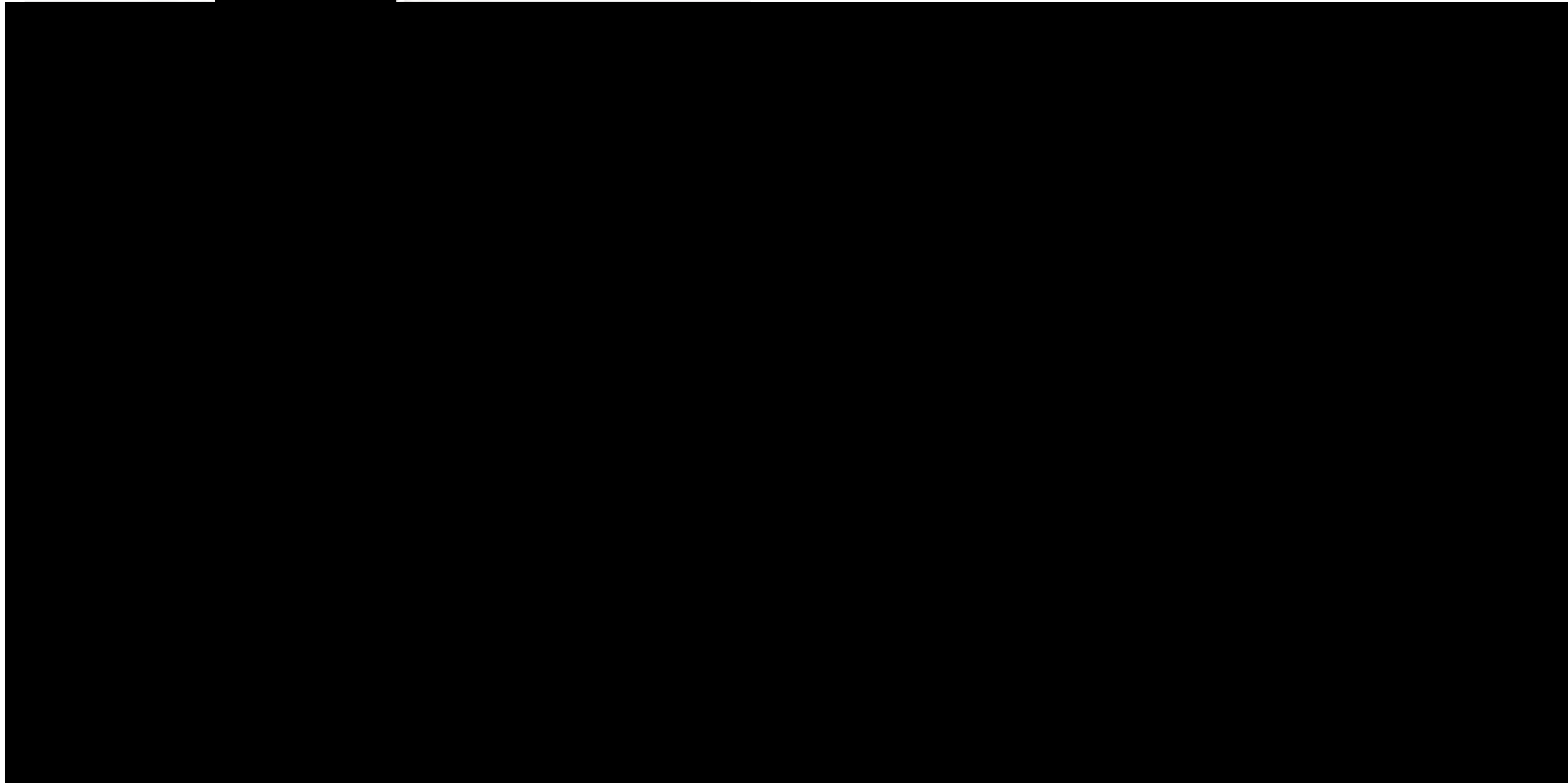
BROKERAGE

RETIREMENT MANAGED

IMPORTANT INFORMATION

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0003-00150
SA000905



Total Account Value : \$2,090,526.31

P Position reflects trades executed pending settlement

* A large number of tax lots exist for the securities denoted with an asterisk. Individual tax lots are available by calling the appropriate number on the front of this statement.

See additional footnotes on the last page of the Holdings section.

Page 11 of 28

Please read the important disclosures at the end of the statement. For questions, please contact us using the information provided on the front of this statement.

STATEMENT SUMMARY

BROKERAGE

RETIREMENT MANAGED

IMPORTANT INFORMATION

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0003-00151
SA000906



CHASE PRIVATE CLIENT

JPMorgan Chase Bank, N.A.
P O Box 182051
Columbus, OH 43218 - 2051

June 30, 2018 through July 31, 2018

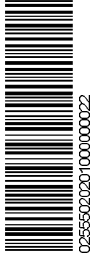
Primary Account: [REDACTED]

00255502 DRE 703 219 21318 NNNNNNNNNN 1 000000000 69 0000

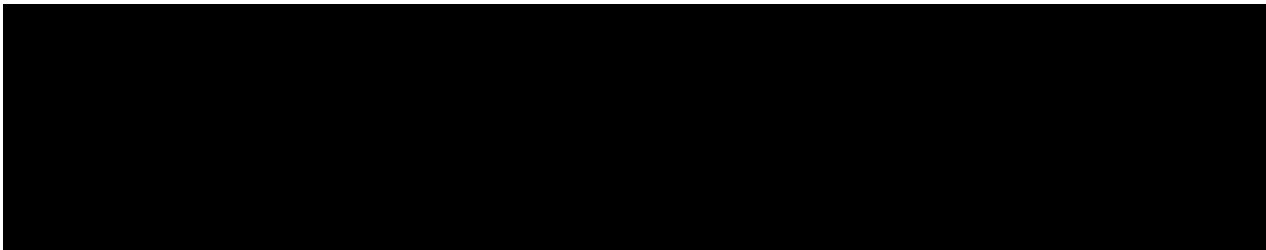
AMY FU
[REDACTED]

CUSTOMER SERVICE INFORMATION

Web site: **Chase.com**
Service Center: **1-888-994-5626**
Deaf and Hard of Hearing: **1-800-242-7383**
International Calls: **1-713-262-1679**



CONSOLIDATED BALANCE SUMMARY



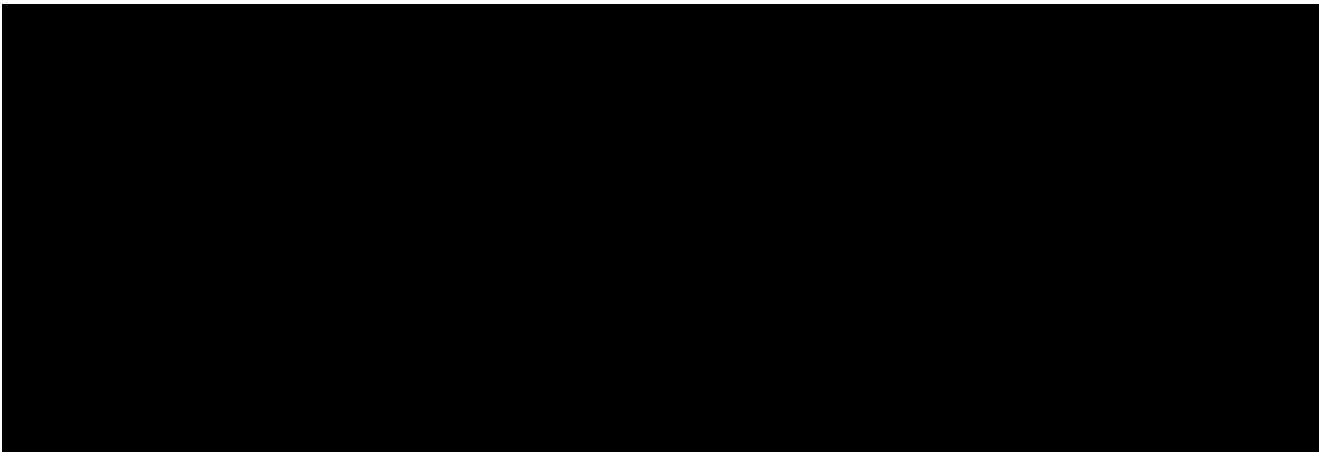
TOTAL ASSETS

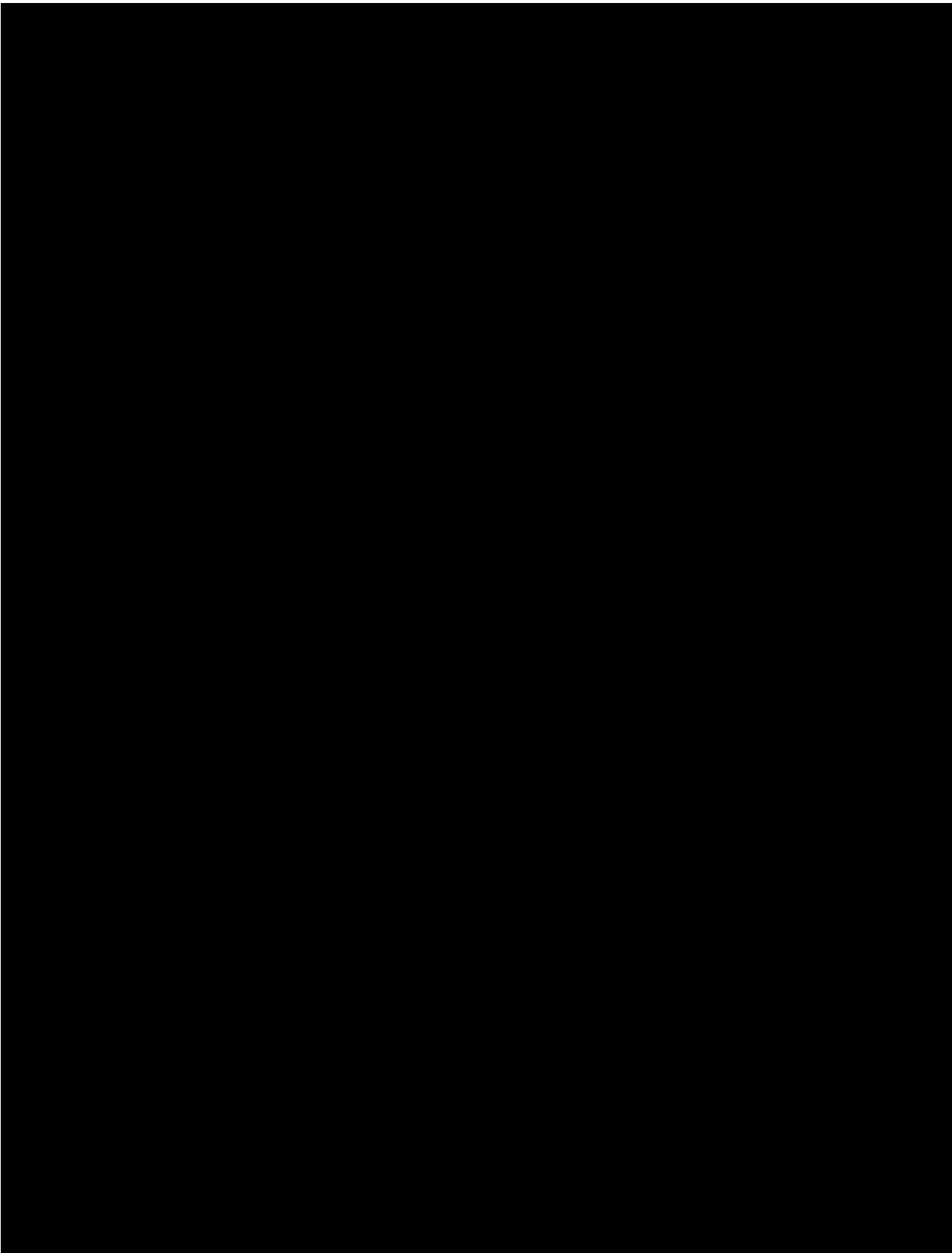
\$191,954.12

\$109,338.95

CHASE PRIVATE CLIENT CHECKING

AMY FU
[REDACTED]







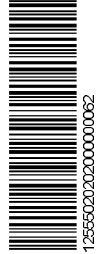
CHASE PRIVATE CLIENT

June 30, 2018 through July 31, 2018
Primary Account: 000000898323378

CHASE PRIVATE CLIENT CHECKING

AMY FU
OR ROBERT MYONG
OR MICHAEL C LIU

Account Number: 000000125022159



CHECKING SUMMARY

[REDACTED]	
Ending Balance	\$5,872.08

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

TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
[REDACTED]			
Ending Balance			\$5,872.08

[REDACTED]			
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CHASE PRIVATE CLIENT

June 30, 2018 through July 31, 2018

Primary Account

TRANSACTION DETAIL

Ending Balance

\$33,114.74

You earned a higher interest rate on your Chase Private Client Savings account during this statement period because you had a qualifying Chase Private Client Checking account.

IN CASE OF ERRORS OR QUESTIONS ABOUT YOUR ELECTRONIC FUNDS TRANSFERS: Call us at 1-866-564-2262 or write us at the address on the front of this statement (non-personal accounts contact Customer Service) immediately if you think your statement or receipt is incorrect or if you need more information about a transfer listed on the statement or receipt.

For personal accounts only: We must hear from you no later than 60 days after we sent you the FIRST statement on which the problem or error appeared. Be prepared to give us the following information:

- Your name and account number
- The dollar amount of the suspected error
- A description of the error or transfer you are unsure of, why you believe it is an error, or why you need more information.


We will investigate your complaint and will correct any error promptly. If we take more than 10 business days (or 20 business days for new accounts) to do this, we will credit your account for the amount you think is in error so that you will have use of the money during the time it takes us to complete our investigation.

IN CASE OF ERRORS OR QUESTIONS ABOUT NON-ELECTRONIC TRANSACTIONS: Contact the bank immediately if your statement is incorrect or if you need more information about any non-electronic transactions (checks or deposits) on this statement. If any such error appears, you must notify the bank in writing no later than 30 days after the statement was made available to you. For more complete details, see the Account Rules and Regulations or other applicable account agreement that governs your account. Deposit products and services are offered by JPMorgan Chase Bank, N.A. Member FDIC



JPMorgan Chase Bank, N.A. Member FDIC

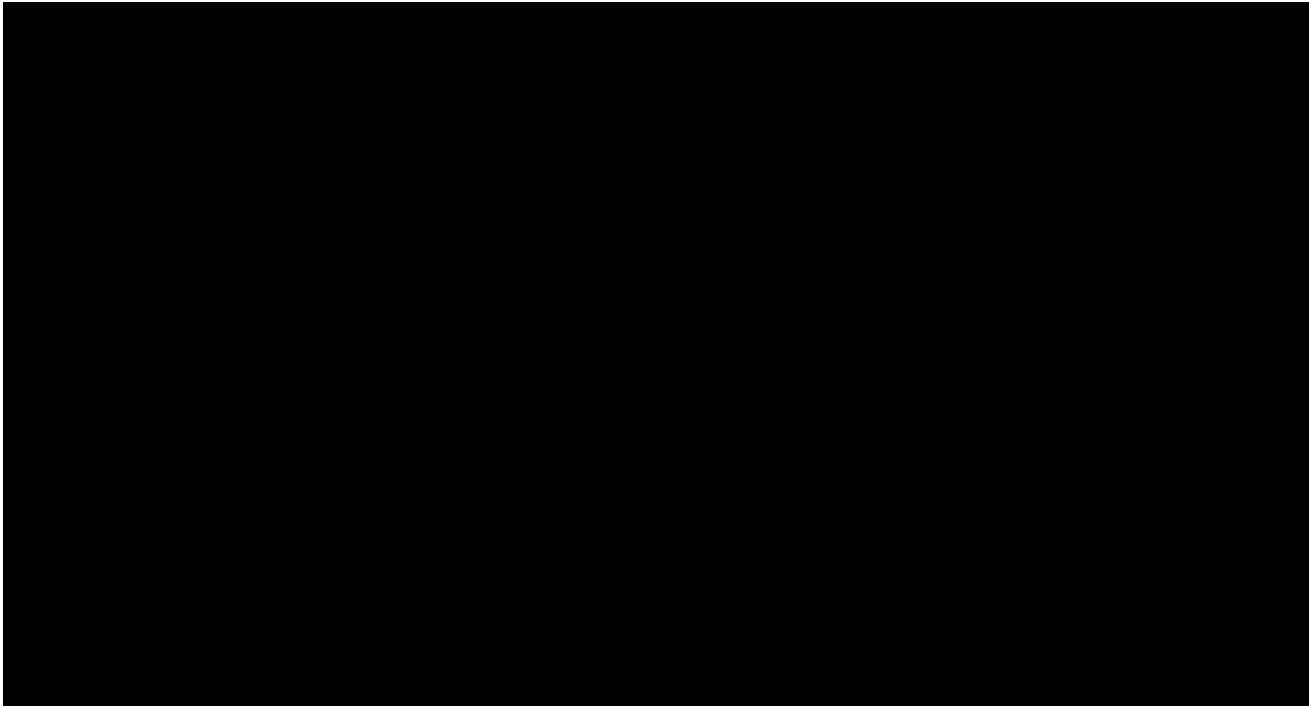
Date: 23/08/2018

MS AMY FU
1203 S 1ST AVENUE


Dear Sir/Madam,

Thank you for your enquiry and below is the account balance(s) of your portfolio as at: 23/08/2018

Total Value: \$298,949.28





[Skip to main content](#)

Collapse all categories All Accounts

Account Summary

Standard viewTile View

List viewList View

Cash Accounts

\$296,549.91

Total available balance

\$1,588.00

BUSINESS CHECKING

\$1,588.00

Available balance

- View Activity
- Transfer Money
- Send Money
- View Statements
- Manage Alerts

MEMPHIS PREM TRUST Accounts

\$29,878.93

MEMPHIS PREM TRUST

\$29,878.93

Available balance

- View Activity
- Transfer Money
- Send Money
- View Statements
- Manage Alerts

MODELS2YOU, LLC Accounts

\$1,684.11

BUSINESS CHECKING

\$1,684.11

Available balance

- View Activity
- Transfer Money
- Send Money
- View Statements
- Manage Alerts

SANDY PREM 2, LLC Accounts

\$69,565.33

BUSINESS CHECKING

\$69,565.33

Available balance

- View Activity
- Transfer Money
- Send Money
- View Statements
- Manage Alerts

SANDY PREM 3, LLC Accounts

\$85,600.75

BUSINESS CHECKING

\$74,037.52

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[REDACTED]		Available balance
<ul style="list-style-type: none">View ActivityTransfer MoneySend MoneyView StatementsManage Alerts		
BUSINESS MARKET RATE SAVINGS		\$11,563.23 Available balance
[REDACTED]		
<ul style="list-style-type: none">View ActivityTransfer MoneySend MoneyView StatementsManage Alerts		
SANDY PREM LLC Accounts		\$4,796.57
BUSINESS CHECKING		\$4,796.57 Available balance
[REDACTED]		
<ul style="list-style-type: none">View ActivityTransfer MoneySend MoneyView StatementsManage Alerts		
SPSV1 LLC Accounts		\$2,358.31
BUSINESS CHECKING		\$2,358.31 Available balance
[REDACTED]		
<ul style="list-style-type: none">View ActivityTransfer MoneySend MoneyView StatementsManage Alerts		
VALTUS REAL ESTATE, LLC Accounts		\$32,625.87
Valtus RE		\$32,625.87 Available balance
[REDACTED]		
<ul style="list-style-type: none">View ActivityTransfer MoneySend MoneyView StatementsManage Alerts		
Personal Accounts		\$68,452.04
Rutt checking		\$26,370.13 Available balance
[REDACTED]		
<ul style="list-style-type: none">View ActivityTransfer MoneySend MoneyView Benefits		
HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY		

- View Statements
- Manage Alerts

Joint Max Steinberg

\$15,423.85

Available balance

- View Activity
- Transfer Money
- Send Money
- View Statements
- Manage Alerts

Iane Checking

\$14,567.42

Available balance

- View Activity
- Transfer Money
- Send Money
- View Statements
- Manage Alerts

Nampung checking

\$5,868.05

Available balance

- View Activity
- Transfer Money
- Send Money
- View Benefits
- View Statements
- Manage Alerts

Nampung Savings

\$6,222.59

Available balance

- View Activity
- Transfer Money
- Send Money
- View Statements
- Manage Alerts

Investments

\$41,618.43

Total account value

Personal Accounts

\$41,618.43

Wells Trade Personal *

\$41,618.43

Total account value

Wells Fargo Clearing Services,
LLC

- Overview
- Portfolio
- Activity
- Balances
- Performance
- Trade

Credit

\$7,051.47

Total outstanding balance

MODELS2YOU, LLC Accounts

\$4,834.41

BUSINESS CARD

\$0.00

Outstanding balance

- View Activity
- Make Payment
- View Statements
- Manage Alerts

BUSINESS CARD

\$4,834.41

Outstanding balance

- View Activity
- Make Payment
- View Statements
- Manage Alerts

VALTUS REAL ESTATE, LLC Accounts

\$1,944.42

WELLS FARGO BUSINESS SIGNATURE CARD

\$1,944.42

Outstanding balance

- View Activity
- View Statements
- Manage Alerts

Personal Accounts

\$272.64

THE PRIVATE BANK BY INVITATION VISA SIGNATURE CARD

\$272.64

Outstanding balance

- View Activity
- Make Payment
- View Statements
- Manage Alerts

Rewards

20,716

Total rewards balance

GO FAR REWARDS

20,716

Available rewards balance

- Redeem to Account
- Explore Travel
- Browse Merchandise
- Earn More Mall®
- Get Gift Cards
- Get Downloads

*Account Disclosures

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Primary Account

THERON K CHOW TTEE
U/A DTD 07/19/2016

YOUR MERRILL EDGE REPORT

August 01, 2018 - August 31, 2018

PORTFOLIO SUMMARY

	August 31	July 31	Month Change
Net Portfolio Value	\$230,498.16	\$246,210.23	(\$15,712.07) ▼
Your assets	\$251,625.00	\$267,150.00	(\$15,525.00) ▼
Your liabilities	(\$21,126.84)	(\$20,939.77)	
Your Net Cash Flow (Inflows/ Outflows)	(\$187.07)	(\$2,697.18)	
Securities You Transferred In/ Out	-	-	
Subtotal Net Contributions	(\$187.07)	(\$2,697.18)	
Your Dividends/ Interest Income	-	-	
Your Market Gains/ (Losses)	(\$15,525.00)	(\$19,500.00)	
Subtotal Investment Earnings	(\$15,525.00)	(\$19,500.00)	

Questions About Your Statement:

Mon-Fri, 7:30 a.m.- 10 p.m., (ET)
(877) 653-4732
24-Hour Account Information & Services

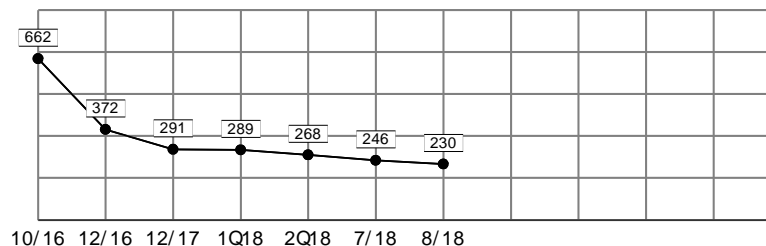
Your Merrill Lynch Office:

Merrill EDGE
FL9-802-03-05
P.O. BOX 40486
JACKSONVILLE, FL 32203

Up-to-date account information can be viewed
at: www.merrilledge.com, where your statements
are archived for three or more years.

Questions about www.merrilledge.com? Click the
"help" tab at the top of the screen once you log in.

Total Value (Net Portfolio Value plus Assets Not Held/ Valued By MLPF&S, if any) in thousands, 2016-2018



WANT TO INVEST FOR YOUR CHILD'S COLLEGE EDUCATION?

You may be eligible for a plan that provides the potential for a federally tax-advantaged way to invest for college. Learn more about your choices by visiting merrilledge.com/college-savings or calling 888.MER.EDGE (888.637.3343).

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Are Not FDIC Insured | Are Not Bank Guaranteed | May Lose Value

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1 of 8

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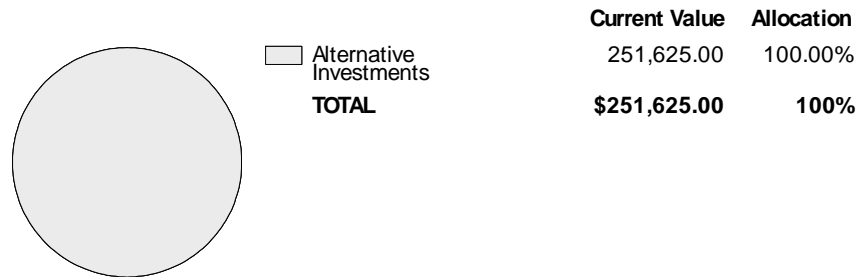
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SA000916

YOUR PORTFOLIO REVIEW

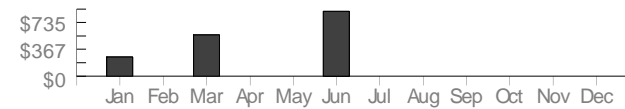
August 01, 2018 - August 31, 2018

ASSET ALLOCATION*

* Estimated Accrued Interest not included; may not reflect all holdings; does not include asset categories less than 1%; includes the categorical values for the underlying portfolio of individual mutual funds, closed end funds, and ULTs.



CURRENT INCOME



	This Report	Year To Date
Tax-Exempt Interest	-	-
Taxable Interest	-	-
Tax-Exempt Dividends	-	-
Taxable Dividends	-	1,780.26
Total	-	\$1,780.26

Your Estimated Annual Income	\$1,778.00
-------------------------------------	-------------------

TOP FIVE PORTFOLIO HOLDINGS

Based on Estimated Market Value

	Current Value	% of Portfolio
PROSHARES TR ULTRASHORT	251,625.00	100.00%

FINANCIAL MARKET INDICATORS

	This Report	Last Report	Previous Year End
S&P 500	2901.52	2816.29	2673.61
Three-Month Treasury Bills	2.09%	2.02%	1.38%
Long-Term Treasury Bonds	3.02%	3.08%	2.74%
One-Month LIBOR	2.07%	2.07%	1.56%
NASDAQ	8109.54	7671.79	6903.39

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0003-00162
SA000917



Online at: www.merrilledge.com

Account Number: [REDACTED]

24-Hour Assistance: (877) 653-4732

Access Code: [REDACTED]

THERON K CHOW TTEE
U/A DTD 07/19/2016

Net Portfolio Value:

\$230,498.16

Your Merrill Lynch Office:

Merrill EDGE
FL9-802-03-05
P.O. BOX 40486
JACKSONVILLE, FL 32203

CMA® FOR TRUST ACCOUNT

This account is enrolled in the Preferred Rewards Platinum Honors tier

August 01, 2018 - August 31, 2018

	<i>This Statement</i>	<i>Year to Date</i>
Opening Value (08/01)	\$246,210.23	
Total Credits	-	1,780.26
Total Debits	(187.07)	(6,323.09)
Securities You Transferred In/Out	-	-
Market Gains/ (Losses)	(15,525.00)	(56,250.00)
Closing Value (08/31)	\$230,498.16	

ASSETS

	<i>August 31</i>	<i>July 31</i>
Cash/ Money Accounts	-	-
Fixed Income	-	-
Equities	-	-
Mutual Funds	251,625.00	267,150.00
Options	-	-
Other	-	-
<i>Subtotal (Long Portfolio)</i>	251,625.00	267,150.00
TOTAL ASSETS	\$251,625.00	\$267,150.00

LIABILITIES

Margin Loan	(21,126.84)	(20,939.77)
Short Market Value	-	-
TOTAL LIABILITIES	(21,126.84)	(20,939.77)
NET PORTFOLIO VALUE	\$230,498.16	\$246,210.23
MARGIN AVAILABLE CREDIT	79,523.00	

Merrill Edge is the marketing name for two businesses: Merrill Edge Advisory Center, which offers team-based advice and guidance brokerage services; and a self-directed online investing platform. Both are made available through Merrill Lynch, Pierce, Fenner & Smith Incorporated (MLPF&S). MLPF&S is a registered broker-dealer, Member SIPC and a wholly owned subsidiary of Bank of America Corporation. Investment products:

Are Not FDIC Insured

Are Not Bank Guaranteed

May Lose Value

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0003-00163
SA000918

CMA®FOR TRUST ACCOUNT

August 01, 2018 - August 31, 2018

CASH FLOW	This Statement	Year to Date
Opening Cash/ Money Accounts	(\$20,939.77)	
CREDITS		
Funds Received	-	-
Electronic Transfers	-	-
Other Credits	-	-
Subtotal	-	-
DEBITS		
Electronic Transfers	-	-
Margin Interest Charged	(187.07)	(1,308.11)
Other Debits	-	-
Visa Purchases	-	-
ATM/ Cash Advances	-	(5,014.98)
Checks Written/ Bill Payment	-	-
Advisory and other fees	-	-
Subtotal	(187.07)	(6,323.09)
Net Cash Flow	(\$187.07)	(\$6,323.09)

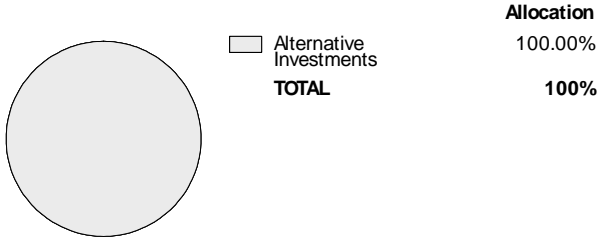
OTHER TRANSACTIONS

Dividends/ Interest Income	-	1,780.26
Security Purchases/ Debits	-	-
Security Sales/ Credits	-	-
Closing Cash/ Money Accounts	(\$21,126.84)	

Fees Included in Transactions Above		
ATM/ Cash Advance Fees	-	(14.98)

ASSET ALLOCATION*

* Estimated Accrued Interest not included; may not reflect all holdings; does not include asset categories less than 1%; includes the categorical values for the underlying portfolio of individual mutual funds, closed end funds, and UITs.



DOCUMENT PREFERENCES THIS PERIOD

	Mail	Online Delivery
Statements		X
Performance Reports		X
Trade Confirms		X
Shareholders Communication		X
Prospectus		X
Service Notices		X
Tax Statements		X

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THERON K CHOW TTEE

Account Number: [REDACTED]

YOUR QMA FOR TRUST ASSETS

August 01, 2018 - August 31, 2018

MUTUAL FUNDS/ CLOSED END FUNDS/ UIT Description	Quantity	Total Cost Basis	Estimated Market Price	Estimated Market Value	Unrealized Gain/ (Loss)	Total Client Investment	Cumulative Investment Return (\$)	Estimated Annual Current Income	Yield%
[REDACTED]									
<i>Subtotal (Alternative Investments)</i>				251,625.00					
TOTAL		432,600.00		251,625.00	(180,975.00)		(180,975)	1,778	.71
LONG PORTFOLIO			<i>Adjusted/ Total Cost Basis</i>	<i>Estimated Market Value</i>	<i>Unrealized Gain/ (Loss)</i>	<i>Estimated Accrued Interest</i>	<i>Estimated Annual Income</i>	<i>Current Yield%</i>	
TOTAL			432,600.00	251,625.00	(180,975.00)		1,778	.71	

Total Client Investment: Cost of shares directly purchased and still held. Does not include shares purchased through reinvestment.

Cumulative Investment Return: Estimated Market Value minus Total Client Investment. Cumulative Investment Return is the dollar value of the capital appreciation (depreciation) of all shares purchased and still held, including shares acquired through reinvestment of dividends and distributions, which may be greater or less than the actual income distributed.

Unrealized Gain or (Loss): Estimated Market Value minus Total Cost Basis (total cost of shares directly purchased and still held, as well as cost of shares acquired through reinvestment). Provided for Tax Planning purposes only and is not applicable to retirement accounts.

Initial Purchase: Date of your initial investment in this fund.

Market Timing: Merrill Lynch's policies prohibit mutual fund market timing, which involves the purchase and sale of mutual fund shares within short periods of time with the intention of capturing short-term profits resulting from market volatility. Market timing may result in lower returns for long-term fund shareholders because market timers capture short-term gains that would otherwise pass to all shareholders and due to increased transaction costs and fewer assets for investment due to the need to retain cash to satisfy redemptions.

Sales Charge Discounts or Waivers: Many funds offer various sales charge discounts or waivers depending on the terms of the prospectus and/or statement of additional information. You should consult a fund's prospectus and/or statement of additional information to determine whether you may qualify for a discount or waiver. Notify your Financial Advisor, Financial Solutions Advisor or Investment Center representative if you believe you qualify for any of these or any other discounts or waivers. Please contact your Financial Advisor, Financial Solutions Advisor or Investment Center representative for further information on available sales charge discounts and waivers.

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0003-00165
SA000920

THERON K CHOW TTEE

Account Number:

24-Hour Assistance: (877) 653-4732

Access Code:

YOUR CMA FOR TRUST TRANSACTIONS

August 01, 2018 - August 31, 2018

DIVIDENDS/ INTEREST INCOME TRANSACTIONS

Date	Transaction Type	Quantity	Description	Income	Income Year To Date
Taxable Dividends					
	Subtotal (Taxable Dividends)				1,780.26
	NET TOTAL				1,780.26

CASH/ OTHER TRANSACTIONS

Date	Transaction Type	Quantity	Description	Debit	Credit
Margin Interest Charged					
08/31	Margin Interest Charged		* INTEREST CHARGE FOR 31 DR DAYS AT 10.375 ON AVG DR BAL \$20939 BAL TO 8 31 \$20939	187.07	
	Subtotal (Margin Interest Charged)			187.07	
	NET TOTAL			187.07	

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0003-00166
SA000921



INVESTMENT REPORT
August 1, 2018 - August 31, 2018

BrokerageLink
CORPORATION FOR THE BENEFIT OF THERON K CHOW

FMTC - TRUSTEE - ORACLE

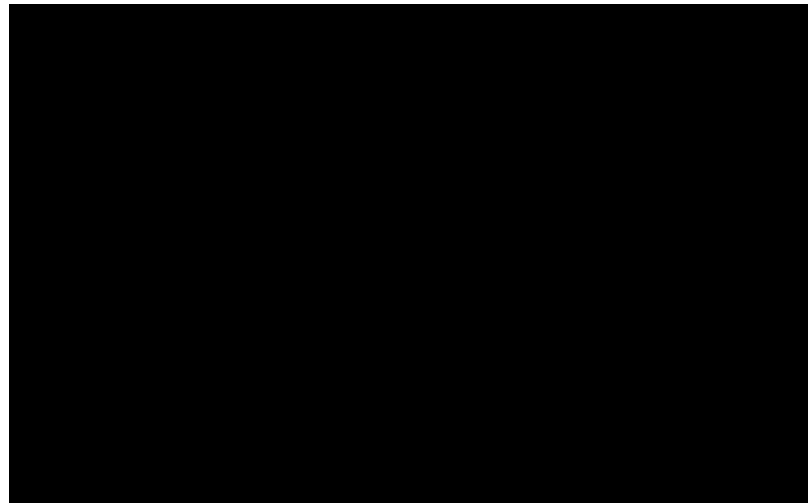
► Account Number: [REDACTED]

Envelope # BGBJBWBBBFVGX

FMTC
THERON K CHOW

Your Account Value:

\$152,089.26



MR_CE_BGBJBWBBBFVGX_BBBBB 20180831

Brokerage services provided by Fidelity Brokerage Services LLC (FBS), Member NYSE, SIPC (800) 544-6666. Brokerage accounts carried by National Financial Services LLC (NFS), Member NYSE, SIPC.



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1 of 8

0003-00167
SA000922



Account Summary

Account # 650-629979
ORACLE CORPORATION - NON-PROTOTYPE

Account Value: **\$152,089.26**

Change in Account Value **▲ \$1,322.53**

	This Period	Year-to-Date
Beginning Account Value	\$150,766.73	\$160,747.32

Ending Account Value	\$152,089.26	\$152,089.26
Accrued Interest (AI)	0.00	
Ending Account Value Incl. AI	\$152,089.26	

Total Account Trades Sep 2017 - Aug 2018: 30

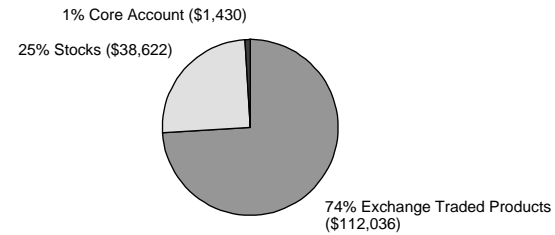
* Reflects appreciation or depreciation of your holdings due to price changes, transactions from Other Activity In or Out and Multi-currency transactions, plus any distribution and income earned during the statement period.

Core Account and Credit Balance Cash Flow

Core Account: FIDELITY GOVERNMENT CASH RESERVES

	This Period	Year-to-Date
Beginning Balance	\$9,318.78	\$8,657.47
Investment Activity		
Securities Bought	-\$10,560.95	-\$193,538.04
Securities Sold	-	146,160.18

Account Holdings



Top Holdings

Description	Value	Percent of Account
Total	\$150,658	99%

Please note that, due to rounding, percentages may not add to 100%.

Income Summary

	This Period	Year-to-Date
Tax-deferred	\$4.16	\$948.65
Total	\$4.16	\$948.65

MR_CE_BGBJBWBFBFVGX_BBBBBB 20180831



INVESTMENT REPORT
August 1, 2018 - August 31, 2018

Core Account and Credit Balance Cash Flow (continued)
Core Account: FIDELITY GOVERNMENT CASH RESERVES

Account # [REDACTED]
ORACLE CORPORATION - NON-P

	This Period	Year-to-Date
[REDACTED]		
Total Investment Activity	-\$7,888.45	-\$7,227.14
Ending Balance	\$1,430.33	\$1,430.33

D Includes dividend reinvestments.

Holdings

[REDACTED]					
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Total Core Account (1% of account holdings)	\$9,318.78	\$1,430.33	\$15.35
---	------------	------------	---------

[REDACTED]					
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Total Exchange Traded Products (74% of account holdings)	\$121,735.95	\$112,036.93	\$198,789.07	-\$86,752.14	\$1,132.64
--	--------------	--------------	--------------	--------------	------------

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Holdings

Account # [REDACTED]
ORACLE CORPORATION - NON-P

Stocks

Description	Beginning Market Value Aug 1, 2018	Quantity Aug 31, 2018	Price Per Unit Aug 31, 2018	Ending Market Value Aug 31, 2018	Cost	Unrealized Gain/Loss Aug 31, 2018	EAI (\$) / EY (%)
[REDACTED]							
Total Stocks (25% of account holdings)	\$19,712.00			\$38,622.00	\$51,445.90	-\$12,823.90	-
Total Holdings				\$152,089.26	\$250,234.97	-\$99,576.04	\$1,147.99

Net Securities Bought & Sold						-\$4.95	-\$10,560.95
------------------------------	--	--	--	--	--	---------	--------------

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Activity

Account # [REDACTED]
ORACLE CORPORATION - NON-P

Dividends, Interest & Other Income

(Includes dividend reinvestment)

Settlement Date	Security Name	Symbol/ CUSIP	Description	Quantity	Price	Amount
08/31						
Total Dividends, Interest & Other Income						\$4.16

Exchanges In

Date	Security Name	Symbol/ CUSIP	Description	Quantity	Price	Amount
[REDACTED]						

MR_CE_BGBJBWBBBFVGX_BB8888 20180831 S



Estimated Cash Flow *(Rolling as of August 31, 2018)*

Account # [REDACTED]
ORACLE CORPORATION - NON-P

Month	Bond & CD Income	Bond & CD Principal	Stock Income	ETP Income	Mutual Fund Income	Other Income	Total Est. Cash Flow
[REDACTED]							
Total	--	--	--	\$1,132	\$12	--	\$1,144

S
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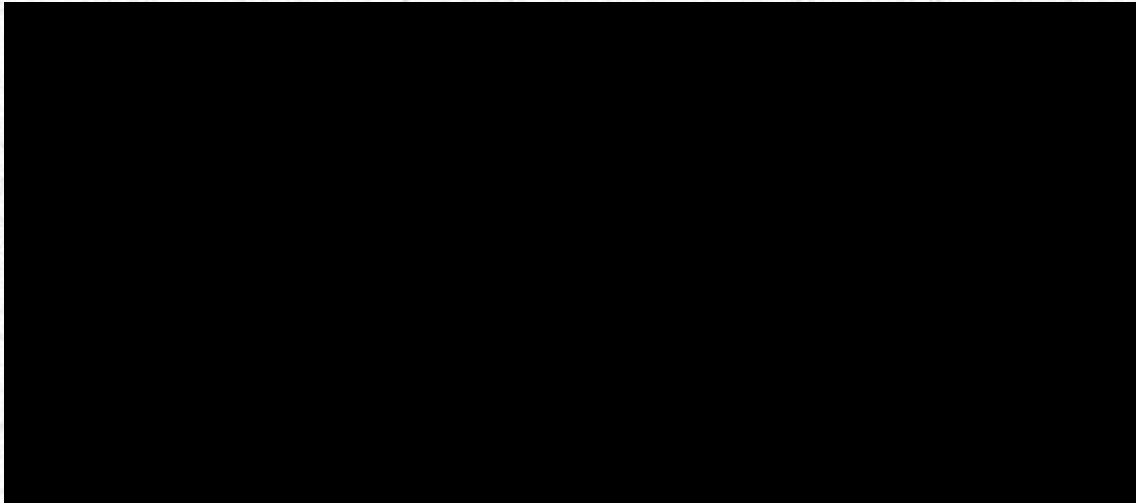
Crystal View Capital

Crystal View Capital Fund I LLC

Investor Statement

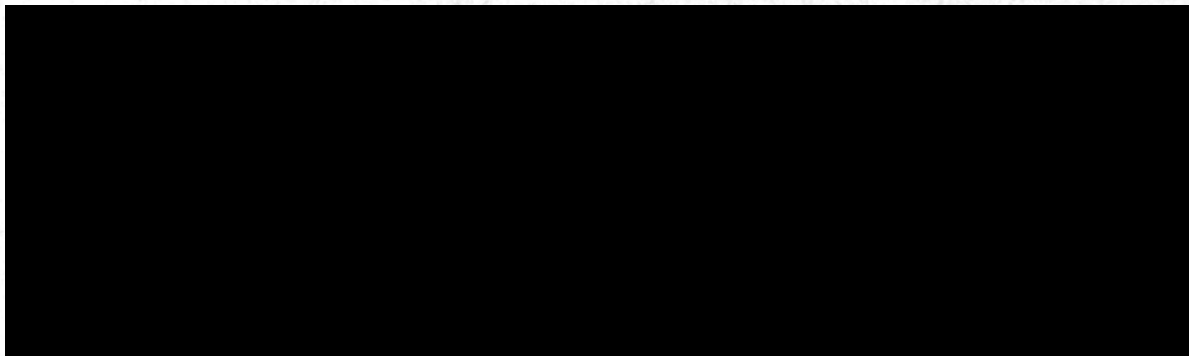
Anthony P. Grappo

June 30, 2018



Ending Unit Value

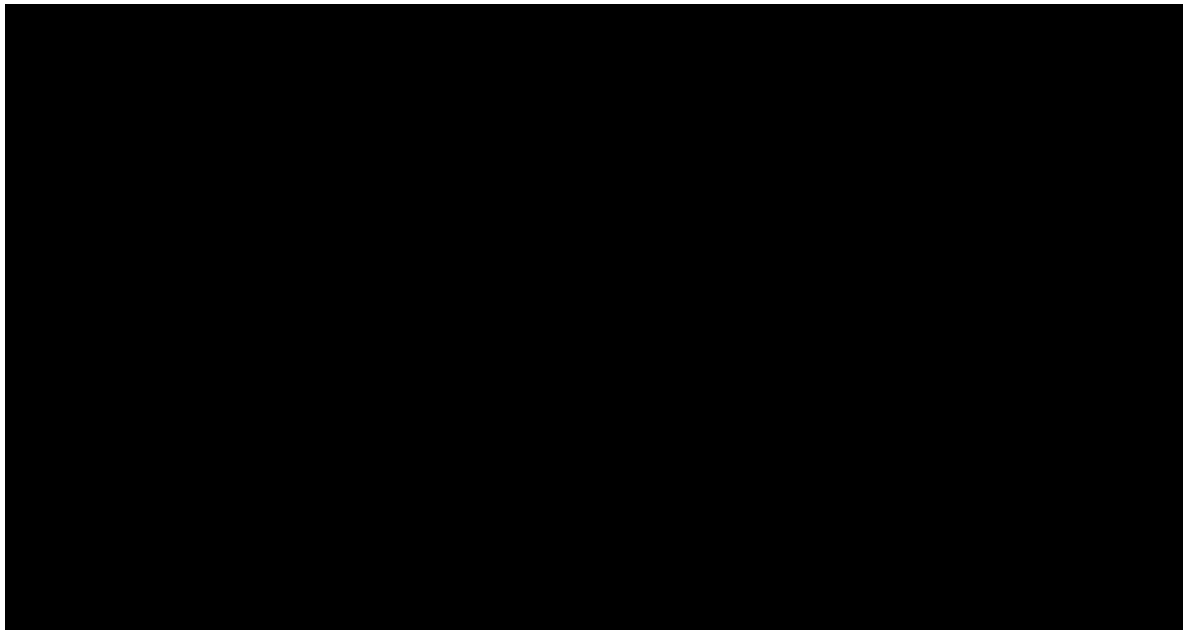
50,269.54



10501 W. Gowan Rd. #215 | Las Vegas, NV 89129 | 702-541-6379 | www.crystalviewcapital.com

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Part I 5.2.9 Tab IX
Evidence of taxes paid; other beneficial financial contributions

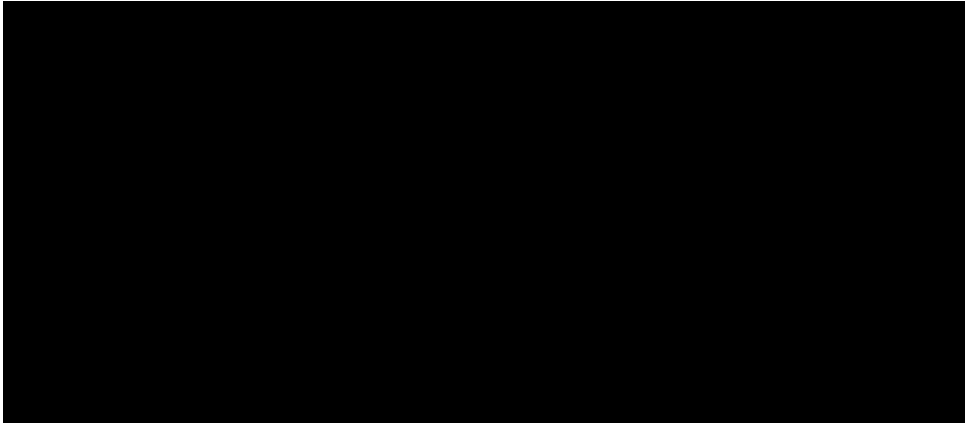
Page 1

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0003-00174
SA000929

Table 5.2.9.A

Summary of Taxes Paid



Total \$1,165,150.55

Exhibit 5.2.9.A Green Therapeutics Taxes Paid

Part I 5.2.9 Tab IX

Evidence of taxes paid; other beneficial financial contributions

Page 3

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0003-00176
SA000931

Exhibit 5.2.9.A

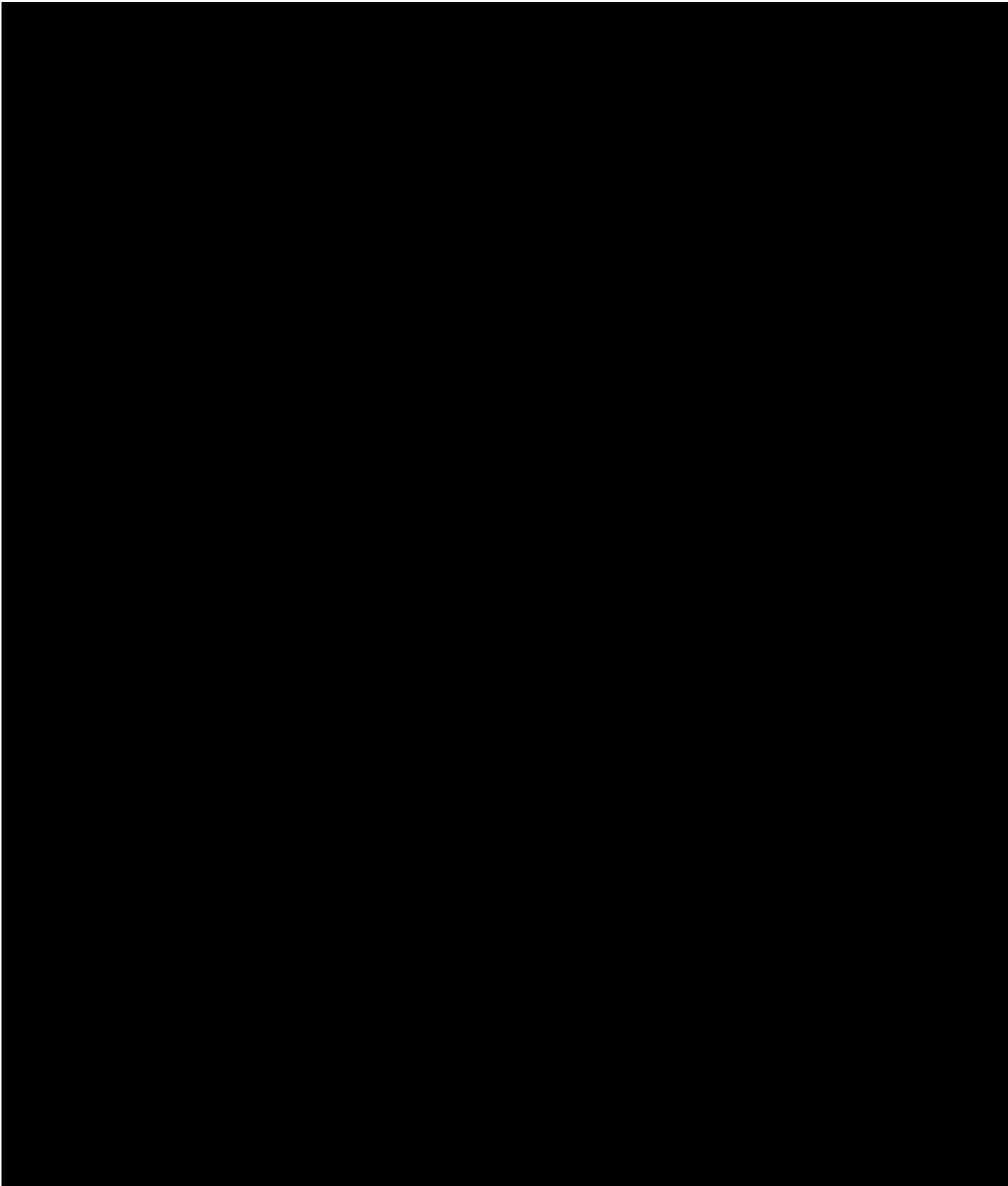
Green Therapeutics Taxes Paid

Type	Year	Amount
	2014-2018	
	2014-2018	
	2014-2018	
	2014-2018	
Total		\$598,710.83

Green Therapeutics, LLC

TRANSACTION REPORT

January 1, 2014 - September 14, 2018



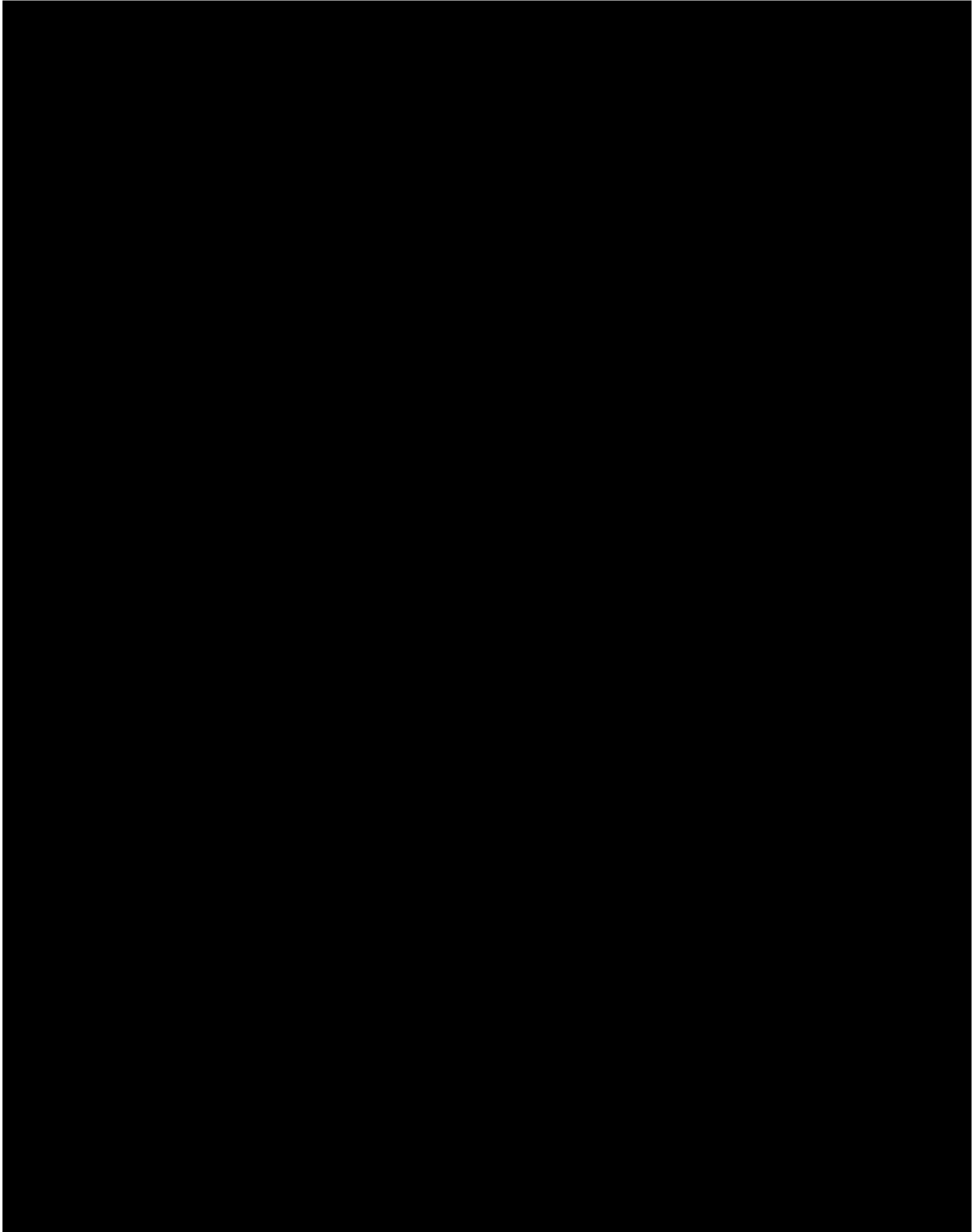
Part I 5.2.9 Tab IX
Friday, September 14, 2018 03:02 PM GMT-7
Evidence of taxes paid, other beneficial financial contributions

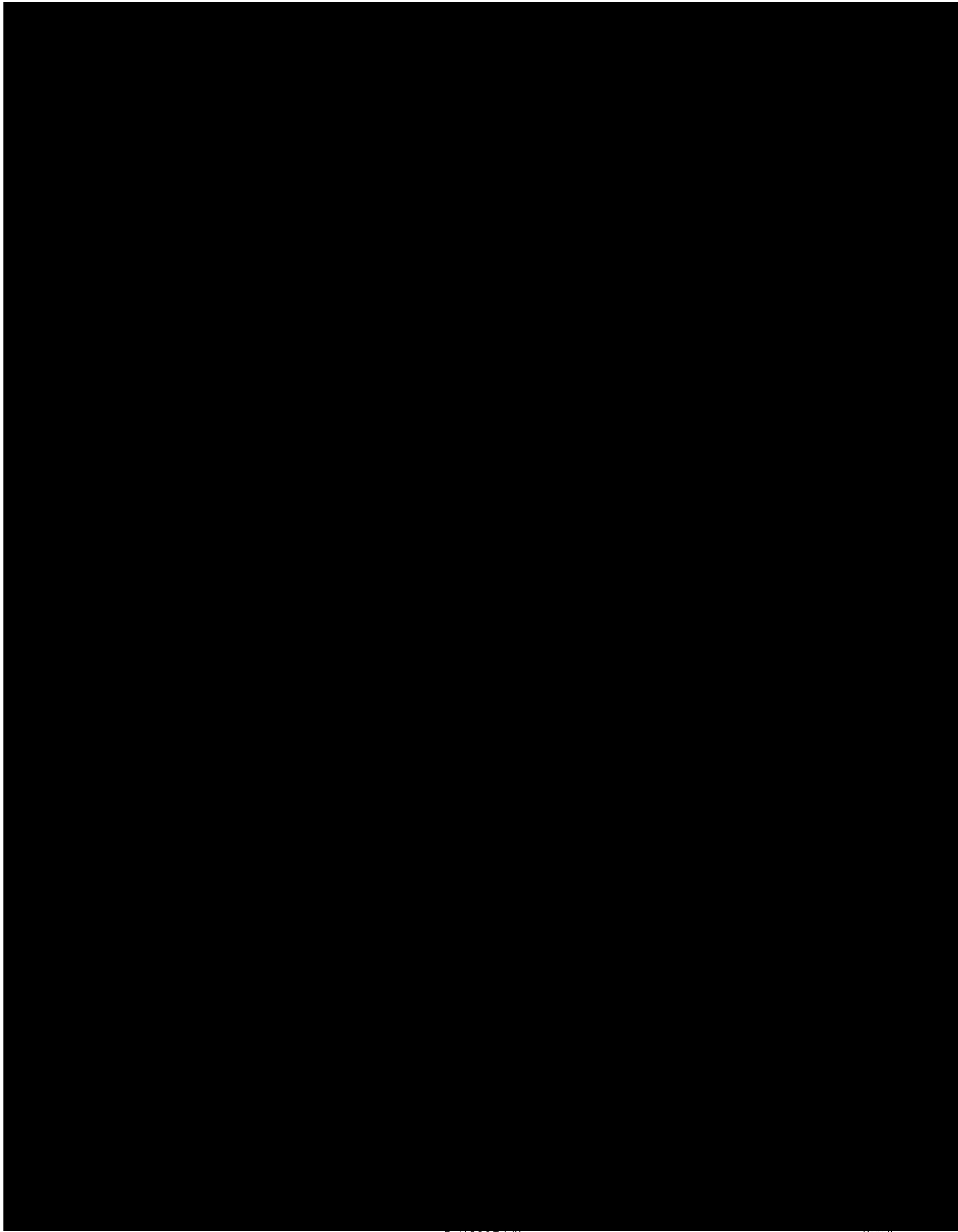
Page 5

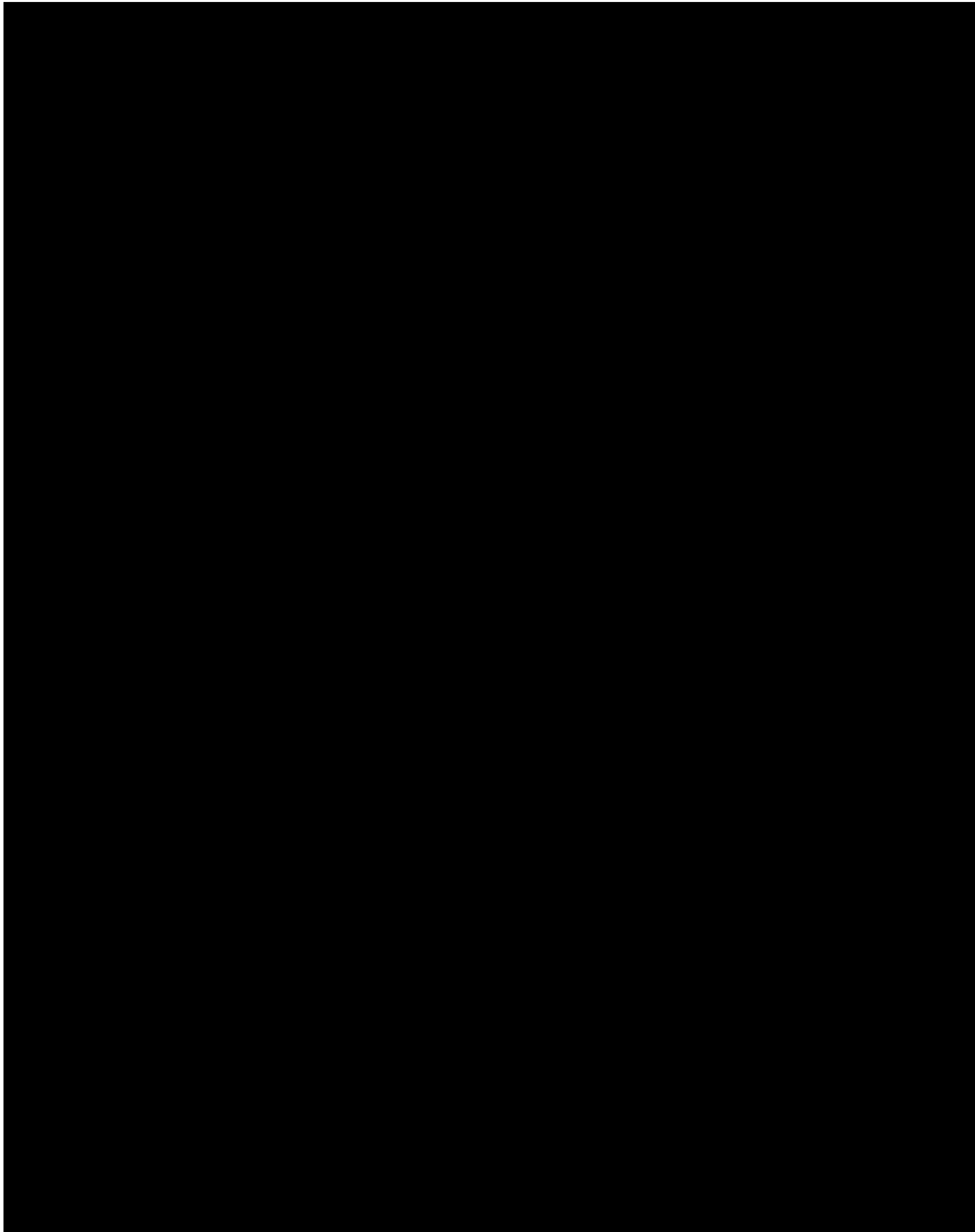
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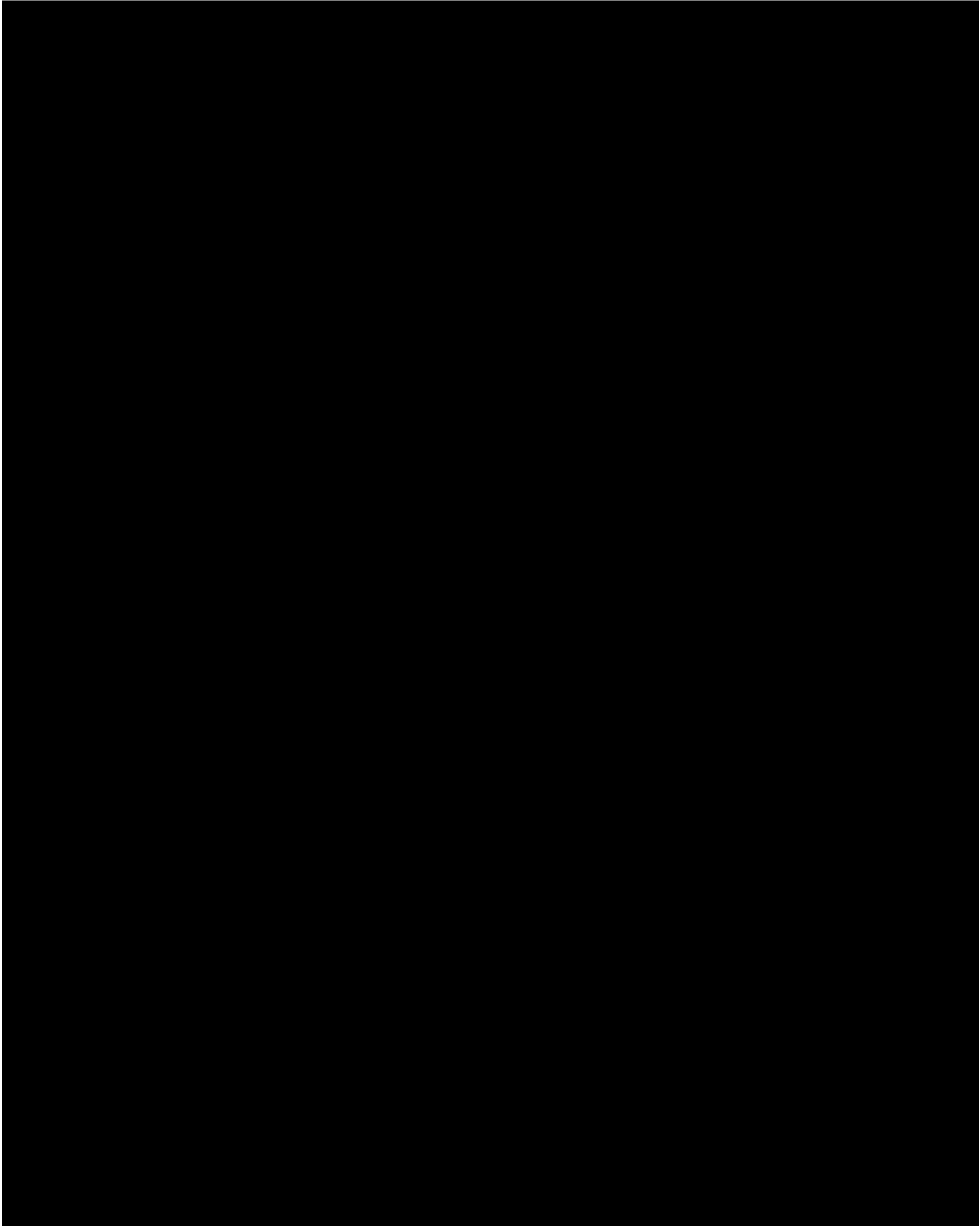
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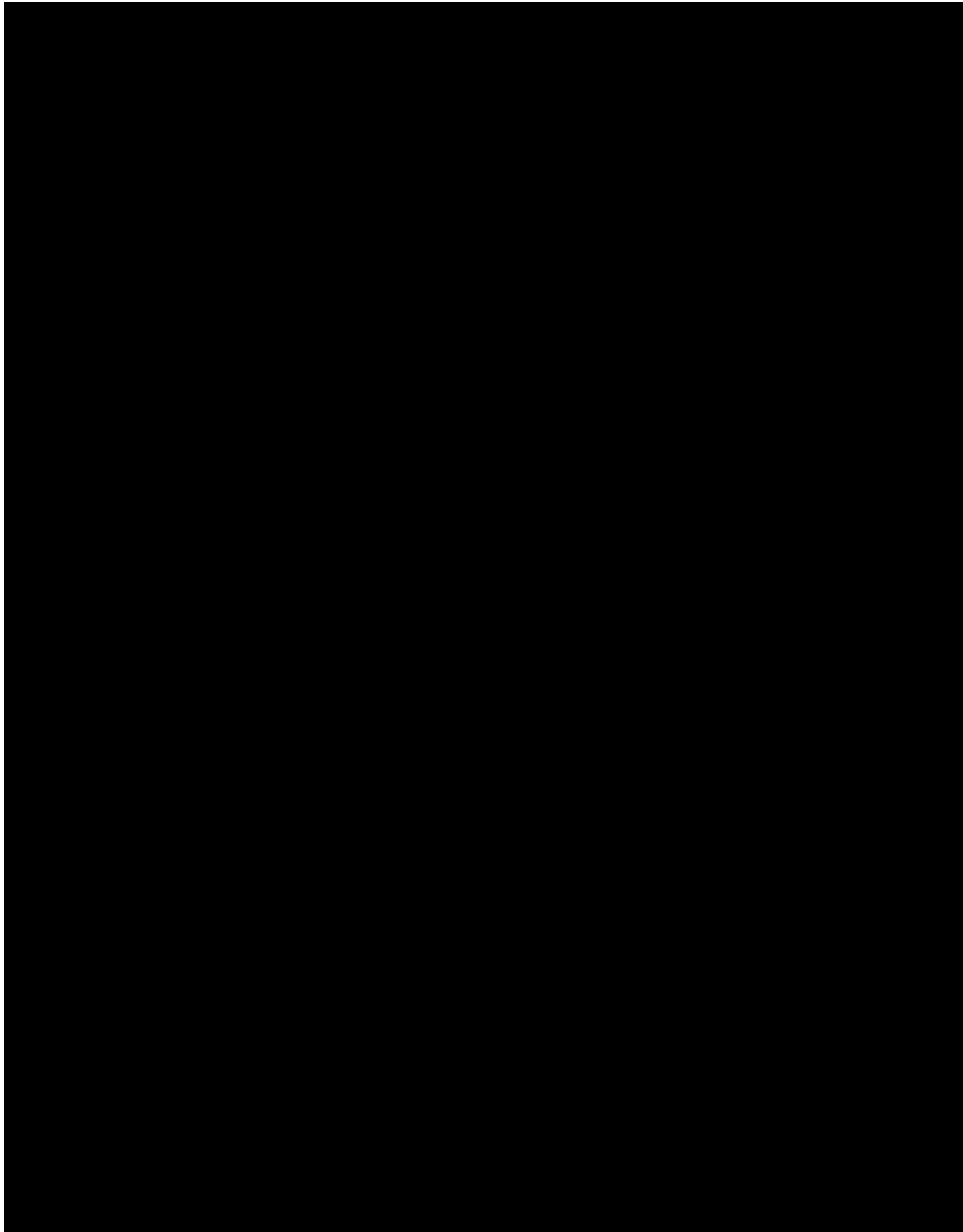
0003-00178
SA000933











DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT	SPLIT	AMOUNT	BALANCE
Total for Taxes & Licenses							\$463,396.25	
TOTAL							\$463,396.25	

Green Therapeutics, LLC

TRANSACTION REPORT

January 1, 2014 - September 14, 2018

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT	SPLIT	AMOUNT	BALANCE
------	---------------------	-----	------	------------------	---------	-------	--------	---------

[REDACTED]								
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0003-00186
SA000941

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT	SPLIT	AMOUNT	BALANCE
Total for Licenses & Permits							\$32,191.50	
TOTAL							\$32,191.50	

Green Therapeutics, LLC

TRANSACTION REPORT

January 1, 2014 - September 14, 2018

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT	SPLIT	AMOUNT	BALANCE
Total for Business Licenses and Permits							\$32,909.15	
TOTAL							\$32,909.15	

Green Therapeutics, LLC

TRANSACTION REPORT

January 1, 2014 - September 14, 2018

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT	SPLIT	AMOUNT	BALANCE



Part I 5.2.9 Tab IX

Page 17

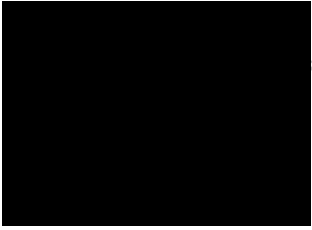
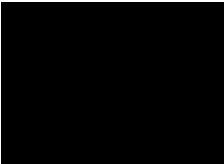
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Evidence of taxes paid; other beneficial financial contributions

0003-00190
SA000945

Exhibit 5.2.9.B

Duke Fu Taxes Paid

	Year	Amount
	2013-2017	
	2015-2018	
	2013-2018	
<hr/>		
Total		\$45,458.48
<hr/>		



OFFICE OF THE COUNTY TREASURER
LAURA B. FITZPATRICK, TREASURER
500 S GRAND CENTRAL PKWY, 1ST FLOOR
PO BOX 551220
LAS VEGAS NV 89155-1220
(702) 455-4323 www.clarkcountynv.gov/treasurer

0289219 01AV 0.375 **AUTO T4 0 0511 89183-551830 -C0141234



FU DUKE



PARCEL NUMBER [REDACTED] FU DUKE

DUE DATE JANUARY 7, 2019

Pay within 10 days after the due date to avoid penalties.

Make checks payable to →

AMOUNT DUE \$1,200.27



CLARK COUNTY TREASURER
500 S Grand Central Pkwy 1ST Floor
PO Box 551220
Las Vegas NV 89155-1220

Installment 3

PARCEL NUMBER 1 [REDACTED] FU DUKE

DUE DATE AUGUST 20, 2018

Pay within 10 days after the due date to avoid penalties.

Make checks payable to →

AMOUNT DUE \$1,202.06



CLARK COUNTY TREASURER
500 S Grand Central Pkwy 1ST Floor
PO Box 551220
Las Vegas NV 89155-1220

Installment 1

+

PARCEL NUMBER [REDACTED] FU DUKE

DUE DATE OCTOBER 1, 2018

Pay within 10 days after the due date to avoid penalties.

Make checks payable to →

AMOUNT DUE \$1,200.27



CLARK COUNTY TREASURER
500 S Grand Central Pkwy 1ST Floor
PO Box 551220
Las Vegas NV 89155-1220

Installment 2

PARCEL NUMBER [REDACTED] FU DUKE

DUE DATE MARCH 4, 2019

Pay within 10 days after the due date to avoid penalties.

Make checks payable to →

AMOUNT DUE \$1,200.27



CLARK COUNTY TREASURER
500 S Grand Central Pkwy 1ST Floor
PO Box 551220
Las Vegas NV 89155-1220

Installment 4

See Reverse Side for Distribution of Tax Dollars. →

Installment	Amount
1	1,202.06
2	1,200.27
3	1,200.27
4	1,200.27

IF YOUR MORTGAGE COMPANY PAYS YOUR TAXES, FORWARD THIS BILL TO THEM IMMEDIATELY

For more information and to check the status of you taxes, visit clarkcountynv.gov/treasurer or by calling (702) 455-432 select option 3 from the main menu.

0511-01-00-0289219-0001-028989

Real Property and Special Taxes

FISC. PARCE	July 1, 2018 - June 30, 2019)		
NUMB	TAX RATE	TAX DIST.	TAX CAP %
	2.9328	635	3%
Property Location and Description			
11430 KLAVANS CRT ASSESSOR DESCRIPTION: KLAVANS COMMONS PLAT BOOK 134 PAGE 30 LOT 3 GEOD: PT N2 NE4 SEC 04 23 61			
Assessed Valuation			
Land	52,500		
Improvements	233,358		
Personal Property			
Assessed Value Subject to Cap	285,858		
Land Value**			
Improvement Value**			
Personal Property Value**			
Less Exemption Value			
NET ASSESSED VALUE	285,858		
New Construction Supplemental**			
**Not Subject to Cap			

Summary	Amount
Taxes as Assessed	8,383.84
Less Cap Reduction	3,582.55
Net Taxes	4,801.09
Total Annual Charges	4,801.09

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0003-00192
SA000947

PARCEL NUMBER [REDACTED] FU DUKE

DUE DATE JANUARY 4, 2016

Installment 3

Pay within 10 days after the due date to avoid penalties.

Make checks payable to:
CLARK COUNTY TREASURER
500 S Grand Central Pkwy 1ST Floor
PO Box 551220
Las Vegas NV 89155-1220

AMOUNT DUE \$970.32



ReOpen 16

PARCEL NUMBER [REDACTED] FU DUKE

DUE DATE MARCH 7, 2016

Installment 4

Pay within 10 days after the due date to avoid penalties.

Make checks payable to:
CLARK COUNTY TREASURER
500 S Grand Central Pkwy 1ST Floor
PO Box 551220
Las Vegas NV 89155-1220

AMOUNT DUE \$970.32



ReOpen 16

See Reverse Side
for Distribution
of Tax Dollars. ➡

Installment	Amount
1	0.00
2	968.55
3	970.32
4	970.32

IF YOUR
MORTGAGE
COMPANY PAYS
YOUR TAXES,
FORWARD THIS
BILL TO THEM
IMMEDIATELY

For more information and
to check the status of your
taxes, visit
clarkcountynv.gov/treasurer
or by calling (702) 455-4323,
select option 3 from
the main menu.

PARCEL NUMBER [REDACTED]

DUE DATE See Next Due Date

Installment 1

Pay within 10 days after the due date to avoid penalties.

Make checks payable to:
CLARK COUNTY TREASURER
500 S Grand Central Pkwy 1ST Floor
PO Box 551220
Las Vegas NV 89155-1220

AMOUNT DUE \$0.00

PARCEL NUMBER [REDACTED] FU DUKE

DUE DATE OCTOBER 5, 2015

Installment 2

Pay within 10 days after the due date to avoid penalties.

Make checks payable to:
CLARK COUNTY TREASURER
500 S Grand Central Pkwy 1ST Floor
PO Box 551220
Las Vegas NV 89155-1220

AMOUNT DUE \$968.55



ReOpen 16

Evidence of taxes paid; other beneficial financial contributions

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0003-00194
SA000949



OFFICE OF THE COUNTY TREASURER
LAURA B. FITZPATRICK, TREASURER
500 S GRAND CENTRAL PKWY, 1ST FLOOR
PO BOX 551220
LAS VEGAS NV 89155-1220
(702) 455-4323 www.clarkcountynv.gov/treasurer

0061445 01 AV 0.347 **AUTO TO 1 0501 89108-904302
[Barcode]

PROPERTY LOCATION: [Redacted] 3202

PARCEL NUMBER [Redacted]

FU DUKE

DUE DATE JANUARY 7, 2013

Pay within 10 days after the due date to avoid penalties.

AMOUNT DUE \$2,779.20



PARCEL NUMBER [Redacted] FU DUKE

DUE DATE AUGUST 20, 2012

Pay within 10 days after the due date to avoid penalties.

AMOUNT DUE \$2,785.23



Real Property and Special Taxes
Fiscal Year 2012-2013
1, 2012 - June 30, 2013)

PARCEL NUMBER	TAX RATE	TAX DISTRICT	TAX CAP %
[Redacted]	2.9328	411	6.4%
Description			
ASSESSOR DESCRIPTION: TURBERRY PLACE PHASE 2 PLAT BOOK 97 PAGE 84 UNIT 3202			
GEOID: PT S2 NE4 SEC 09 21 01			
Assessed Valuation for 2012-2013			
Land			80,866
Improvements			298,185
Personal Property			
Assessed Value Subject to Cap			379,051
Land Value**			
Improvement Value**			
Personal Property Value**			
Less Exemption Value			
NET ASSESSED VALUE			379,051
New Construction Supplemental**			
**Not Subject to Cap			

PARCEL NUMBER [Redacted]

FU DUKE

DUE DATE MARCH 4, 2013

Pay within 10 days after the due date to avoid penalties.

AMOUNT DUE \$2,779.20



PARCEL NUMBER [Redacted] FU DUKE

DUE DATE OCTOBER 1, 2012

Pay within 10 days after the due date to avoid penalties.

AMOUNT DUE \$2,779.20



Summary	Amount
Taxes as Assessed	11,118.81
Less Cap Reduction	0.00
Net Taxes	11,118.81
Other Charges	
Las Vegas Artesian Basin	6.02
Total Annual Charges	
	11,124.83

See Reverse Side
for Distribution
of Tax Dollars. ➔

Installment	Amount
1	2,785.23
2	2,779.20
3	2,779.20
4	2,779.20

**IF YOUR
MORTGAGE
COMPANY PAYS
YOUR TAXES,
FORWARD THIS
BILL TO THEM
IMMEDIATELY**

For more information and
to check the status of your
taxes, visit
clarkcountynv.gov/treasurer
or by calling (702) 455-4323,
select option 3 from
the main menu.
Page 22

Evidence of taxes paid; other beneficial financial contributions

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0003-00195
SA000950



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PO BOX 551220
LAS VEGAS NV 89155-1220
(702) 455-4323 www.clarkcountynv.gov/treasurer

0071776 01 AV 0.378 **AUTO T9 0 0501 89109-904302



FU DUKE

PROPERTY
LOCATION:

PARCEL NUMBER

FU DUKE

DUE DATE JANUARY 5, 2015

Pay within 10 days after the
due date to avoid penalties.

AMOUNT DUE \$2,176.24



PARCEL NUMBER

FU DUKE

DUE DATE AUGUST 18, 2014

Pay within 10 days after the
due date to avoid penalties.

AMOUNT DUE \$2,181.32



Real Property and Special Taxes

FISCAL YEAR	2015 (July 1, 2014 - June 30, 2015)
PARCEL NUMBER	
TAX RATE	2.9328
TAX DISTRICT	411
TAX CAP %	3%
PROPERTY DESCRIPTION	
ASSESSOR DESCRIPTION	TURNBERRY PLACE PHASE 2 PLAT BOOK 97 PAGE 84 UNIT 3202
GEOD: PT S2 NE4 SEC 09 21 61	
Assessed Valuation	
Land	90,471
Improvements	206,343
Personal Property	
Assessed Value Subject to Cap	296,814
Land Value**	
Improvement Value**	
Personal Property Value**	
Less Exemption Value	
NET ASSESSED VALUE	296,814
New Construction Supplemental**	
**Not Subject to Cap	

PARCEL NUMBER

FU DUKE

DUE DATE MARCH 2, 2015

Pay within 10 days after the
due date to avoid penalties.

AMOUNT DUE \$2,176.24



PARCEL NUMBER

FU DUKE

DUE DATE OCTOBER 6, 2014

Pay within 10 days after the
due date to avoid penalties.

AMOUNT DUE \$2,176.24



Summary	Amount
Taxes as Assessed	8,704.96
Less Cap Reduction	0.00
Net Taxes	8,704.96
Other Charges	
Las Vegas Artesian Basin	5.08
Total Annual Charges	8,710.04

See Reverse Side
for Distribution
of Tax Dollars.

Installment	Amount
1	2,181.32
2	2,176.24
3	2,176.24
4	2,176.24

IF YOUR
MORTGAGE
COMPANY PAYS
YOUR TAXES,
FORWARD THIS
BILL TO THEM
IMMEDIATELY

For more information and
to check the status of your
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or by calling (702) 455-4323,
select option 3 from
the main menu.

Evidence of taxes paid; other beneficial financial contributions

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0003-00196
SA000951



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PO BOX 551220
LAS VEGAS NV 89155-1220
(702) 455-4323 www.clarkcountynv.gov/treasurer

0084136 01 AV 0.373 **AUTO T6 00511 89183-551830 -C01-11234

FU DUKE TRUST



PROPERTY
LOCATION:

PARCEL NUMBER FU DUKE TRUST

DUE DATE JANUARY 2, 2017

Pay within 10 days after the
due date to avoid penalties.

AMOUNT DUE \$2,246.01



PARCEL NUMBER FU DUKE TRUST

DUE DATE AUGUST 15, 2016

Pay within 10 days after the
due date to avoid penalties.

AMOUNT DUE \$2,247.82



HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

Real Property and Special Taxes

FISCAL YEAR	7 (July 1, 2016 - June 30, 2017)		
PARCEL NUMBER	TAX RATE	TAX DIST.	TAX CAP %
	2.9328	411	0.2%
Property Description			
ASSESSOR DESCRIPTION: TURNBERRY PLACE PHASE 2 PLAT BOOK 87 PAGE 34 UNIT 3202			
GEOD: PT S2 NE4 SEC 09 21 61			
Assessed Valuation			
Land	135,425		
Improvements	314,443		
Personal Property			
Assessed Value Subject to Cap	450,868		
Land Value**			
Improvement Value**			
Personal Property Value**			
Less Exemption Value			
NET ASSESSED VALUE	450,868		
New Construction Supplemental**			
**Not Subject to Cap			

PARCEL NUMBER FU DUKE TRUST

DUE DATE MARCH 6, 2017

Pay within 10 days after the
due date to avoid penalties.

AMOUNT DUE \$2,246.01



PARCEL NUMBER FU DUKE TRUST

DUE DATE OCTOBER 3, 2016

Pay within 10 days after the
due date to avoid penalties.

AMOUNT DUE \$2,246.01



Evidence of taxes paid; other beneficial financial contributions

Summary	Amount
Taxes as Assessed	13,223.06
Cap Reduction (If applicable)	4,239.02
Net Taxes	8,984.04
Other Charges	
Las Vegas Artesian Basin	1.81
Total Annual Charges	
	8,985.85

See Reverse Side
for Distribution
of Tax Dollars.

Installment	Amount
1	2,247.82
2	2,246.01
3	2,246.01
4	2,246.01

IF YOUR
MORTGAGE
COMPANY PAYS
YOUR TAXES,
FORWARD THIS
BILL TO THEM
IMMEDIATELY

For more information and
to check the status of your
taxes, visit
clarkcountynv.gov/treasurer
or by calling (702) 455-4323,
select option 3 from
the main menu.

0511-01-00-0084136-0001-0084404

0003-00197
SA000952



OFFICE OF THE COUNTY TREASURER
LAURA B. FITZPATRICK, TREASURER
500 S GRAND CENTRAL PKWY, 1ST FLOOR
PO BOX 551220
LAS VEGAS NV 89155-1220
(702) 455-4323 www.clarkcountynv.gov/treasurer

0084136 01 AV 0.373 **AUTO T6 00511 89183-551830 -C01-11234



FU DUKE TRUST



PROPERTY
LOCATION:

PARCEL NUMBER [REDACTED] FU DUKE TRUST

DUE DATE JANUARY 2, 2017

Pay within 10 days after the
due date to avoid penalties.

AMOUNT DUE \$2,246.01



PARCEL NUMBER [REDACTED] FU DUKE TRUST

DUE DATE AUGUST 15, 2016

Pay within 10 days after the
due date to avoid penalties.

AMOUNT DUE \$2,247.82



Evidence of taxes paid; other beneficial financial contributions

Real Property and Special Taxes

FISCAL	17 (July 1, 2016 - June 30, 2017)
PARCEL NUMBER	[REDACTED]
TAX RATE	2.9328
TAX DIST.	411
TAX CAP %	0.2%
Property Description	
ASSESSOR DESCRIPTION: TURNBERRY PLACE PHASE 2 PLAT BOOK 87 PAGE 34 UNIT 3202	
GEOD: PT S2 NE4 SEC 09 21 61	
Assessed Valuation	
Land	135,425
Improvements	314,443
Personal Property	
Assessed Value Subject to Cap	450,868
Land Value**	
Improvement Value**	
Personal Property Value**	
Less Exemption Value	
NET ASSESSED VALUE	450,868
New Construction Supplemental**	
**Not Subject to Cap	

PARCEL NUMBER [REDACTED] FU DUKE TRUST

DUE DATE MARCH 6, 2017

Pay within 10 days after the
due date to avoid penalties.

AMOUNT DUE \$2,246.01



PARCEL NUMBER [REDACTED] FU DUKE TRUST

DUE DATE OCTOBER 3, 2016

Pay within 10 days after the
due date to avoid penalties.

AMOUNT DUE \$2,246.01



Summary	Amount
Taxes as Assessed	13,223.06
Cap Reduction (If applicable)	4,239.02
Net Taxes	8,984.04
Other Charges	
Las Vegas Artesian Basin	1.81
Total Annual Charges	
	8,985.85

See Reverse Side
for Distribution
of Tax Dollars.



Installment	Amount
1	2,247.82
2	2,246.01
3	2,246.01
4	2,246.01

IF YOUR
MORTGAGE
COMPANY PAYS
YOUR TAXES,
FORWARD THIS
BILL TO THEM
IMMEDIATELY

For more information and
to check the status of your
taxes, visit
clarkcountynv.gov/treasurer
or by calling (702) 455-4323,
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the main menu.

0511-01-00-0084136-0001-0084404

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0003-00198
SA000953



Office of the County Treasurer
Laura B. Fitzpatrick, Treasurer
 500 S Grand Central Pkwy, 1st Floor
 P O Box 551220
 Las Vegas NV 89155-1220
 (702) 455-4323
www.clarkcountynv.gov/treasurer

THIS IS NOT A TAX BILL

Statement of Tax Distribution

Fiscal Year: 2016-2017 (July 1, 2016 - June 30, 2017)

Parcel Number: [REDACTED] Tax District: 635 Tax Cap %: 0.2%

Property Location: [REDACTED]

Assessed Valuation		Summary	Amount
Land	28,000	Taxes as Assessed	3,834.28
Improvements	102,738	Cap Reduction (if applicable)	1,012.47
Personal Property		Net Taxes	2,821.81
Assessed Value Subject to Cap	130,738		
Land Value**			
Improvement Value**			
Personal Property Value**			
Less Exemption Value		Other Charges	
Net Assessed Value	130,738	Las Vegas Artesian Basin	1.81
New Construction Supplemental**			

****Not Subject to Cap**

Total Annual Charges 2,823.62

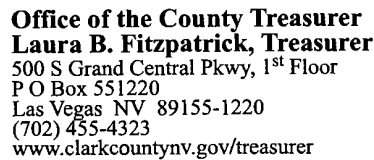
⇒ **Your tax bill has been requested by a mortgage company. If a mortgage company does not make your tax payments, request a bill immediately by calling (702) 455-4323, and selecting option 3 from the main menu.** ⇐

TAX DISTRIBUTION				
Distribution of Tax Dollars by Taxing Entity	Tax Rate	Taxes as Assessed	Cap Reduction	Net Taxes
COUNTY SCHOOL MAINTENANCE & OPERATION	0.7500	980.54	257.04	723.50
COUNTY SCHOOL DEBT (BONDS)	0.5534	723.51	189.66	533.85
CLARK COUNTY GENERAL OPERATING	0.4599	601.26	157.62	443.64
LVMPD MANPOWER SUPPLEMENT COUNTY	0.2800	366.07	95.97	270.10
CLARK COUNTY FIRE SERVICE DISTRICT	0.2197	287.23	75.30	211.93
ENTERPRISE TOWN	0.2064	269.84	70.74	199.10
STATE OF NEVADA	0.1700	222.25	58.26	163.99
ASSISTANCE TO INDIGENT PERSONS	0.1000	130.74	34.27	96.47
LV/CLARK COUNTY LIBRARY	0.0942	123.15	39.61	83.54
CLARK COUNTY CAPITAL	0.0500	65.37	17.14	48.23
CLARK COUNTY FAMILY COURT	0.0192	25.10	6.58	18.52
INDIGENT ACCIDENT FUND	0.0150	19.61	5.14	14.47
STATE COOPERATIVE EXTENSION	0.0100	13.08	3.43	9.65
LVMPD EMERGENCY 911	0.0050	6.53	1.71	4.82
CLARK COUNTY DEBT	0.0000	0.00	0.00	0.00
TAX DISTRIBUTION	2.9328	3,834.28	1,012.47	2,821.81

Part 15.2.9 Tab IX Evidence of taxes paid; other beneficial financial contributions 0512-01-00-0287155-0001-0287829
 For an explanation of each component tax rate visit the Treasurer's website at www.clarkcountynv.gov/treasurer

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0003-00199
 SA000954



Statement of Tax Distribution

Parcel Number: [REDACTED] Tax District: 635 Tax Cap %: 3%
Property Location: [REDACTED]

Assessed Valuation		Summary	Amount
Land	17,500	Taxes as Assessed	2,734.16
Improvements	75,727	Less Cap Reduction	0.00
Personal Property		Net Taxes	2,734.16
Assessed Value Subject to Cap	93,227		
Land Value**			
Improvement Value**			
Personal Property Value**			
Less Exemption Value		Other Charges	
Net Assessed Value	93,227	Las Vegas Artesian Basin	1.60
New Construction Supplemental**			

Total Annual Charges	2,735.76
-----------------------------	-----------------

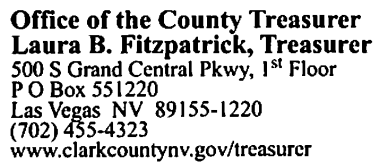
⇒ Your tax bill has been requested by a mortgage company. If a mortgage company does not make your tax payments, request a bill immediately by calling (702) 455-4323, and selecting option 3 from the main menu. ⇒

[illegible]

Evidence of taxes paid; other beneficial financial contributions

For an explanation of each component tax rate visit the Treasurer's website at www.clarkcountynv.gov/treasurer

0003-00200
SA000955



Statement of Tax Distribution for 2012-2013 Fiscal Year

Parcel Number: [REDACTED] Tax District: 635 Tax Cap %: 3%
Property Location: [REDACTED]

Assessed Valuation for 2012-2013		Summary		Amount
Land	16,800	Taxes as Assessed		2,761.58
Improvements	77,358	Less Cap Reduction		0.00
Personal Property		Net Taxes		2,761.58
Assessed Value Subject to Cap	94,158			
Land Value**				
Improvement Value**	4			
Personal Property Value**		Other Charges		
Less Exemption Value		Las Vegas Artesian Basin		1.49
Net Assessed Value	94,162			
New Construction Supplemental**				

Total Annual Charges	2,763.07
-----------------------------	-----------------

⇒ Your tax bill has been requested by a mortgage company. If a mortgage company does not make your tax payments, request a bill immediately by calling (702) 455-4323, and selecting option 3 from the main menu. ⇐

Part | 5.2.9 Tab IX

Page 28

For an explanation of each component tax rate visit the Treasurer's website at www.clarkcountynv.gov/treasurer

0003-00201
SA000956

Exhibit 5.5.8.C
Rutt Premsrirutt Taxes

Property	2018	2017	2016	2015	2014	Total



82,882.30	121,055.90	114,911.05	94,466.71	91,030.46	504,346.41
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Exhibit 5.2.9.D Theron Chow Taxes Paid

Part I 5.2.9 Tab IX

Evidence of taxes paid; other beneficial financial contributions

Page 31

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0003-00204
SA000959

Exhibit 5.5.8.D

Theron Chow
Property Taxes Paid 2013-2016

	#2615	#2617	Total
2016			
2015			
2014			
2013			
	\$6,417	\$6,367	\$12,784



**Rental Real Estate Income and Expenses of a
Partnership or an S Corporation**

► See instructions.
► Attach to Form 1065, Form 1065-B, or Form 1120S.

OMB No. 1545-1186

Name RENT VEGAS CONDOS LLC	Employer identification number <div style="background-color: black; width: 100px; height: 1.2em;"></div>
--------------------------------------	---

1	Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions. See page 2 to list additional properties.			
	Physical address of each property — street, city, state, ZIP code	Type — Enter code 1-8; see page 2 for list	Fair Rental Days	Personal Use Days
A	<div style="background-color: black; width: 100%; height: 1.2em;"></div>	3	336	
B	<div style="background-color: black; width: 100%; height: 1.2em;"></div>	3	332	
C				
D				

Rental Real Estate Income		Properties			
		A	B	C	D
2	Gross rents	25,010.	26,670.		
Rental Real Estate Expenses					
3	Advertising				
4	Auto and travel				
5	Cleaning and maintenance				
6	Commissions				
7	Insurance	588.	588.		
8	Legal and other professional fees	568.	568.		
9	Interest				
10	Repairs	3,159.	2,317.		
11	Taxes	1,642.	1,642.		
12	Utilities	381.	433.		
13	Wages and salaries				
14	Depreciation (see instructions)	6,575.	7,284.		
15	Other (list) <u>SEE STATEMENT 4</u>	10,326.	10,326.		
16	Total expenses for each property. Add lines 3 through 15	23,239.	23,158.		
17	Income or (Loss) from each property. Subtract line 16 from line 2	1,771.	3,512.		
18a	Total gross rents. Add gross rents from line 2, columns A through H			51,680.	
18b	Total expenses. Add total expenses from line 16, columns A through H			-46,397.	
19	Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities				
20a	Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1)				
b Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed:					
(1) Name (2) Employer identification number					
<div style="border-bottom: 1px dashed black; height: 1.2em;"></div>					
<div style="border-bottom: 1px dashed black; height: 1.2em;"></div>					
21	Net rental estate income (loss). Combine lines 18a through 20a. Enter the result here and on: • Form 1065 or 1120S: Schedule K, line 2, or • Form 1065-B: Part I, line 4			5,283.	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

SPSZ0101L 03/09/11

Form **8825** (12-2010)

**Rental Real Estate Income and Expenses of a
Partnership or an S Corporation**

► See instructions.
► Attach to Form 1065, Form 1065-B, or Form 1120S.

OMB No. 1545-1186

Name RENT VEGAS CONDOS LLC	Employer identification number [REDACTED]
--------------------------------------	---

1	Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions. See page 2 to list additional properties.			
	Physical address of each property — street, city, state, ZIP code	Type — Enter code 1-8; see page 2 for list	Fair Rental Days	Personal Use Days
A	[REDACTED]	3	317	
B	[REDACTED]	3	339	
C				
D				

Rental Real Estate Income		Properties			
		A	B	C	D
2	Gross rents	26,136.	24,793.		
Rental Real Estate Expenses					
3	Advertising				
4	Auto and travel				
5	Cleaning and maintenance				
6	Commissions				
7	Insurance	575.	575.		
8	Legal and other professional fees	603.	603.		
9	Interest				
10	Repairs	2,886.	2,961.		
11	Taxes	1,614.	1,614.		
12	Utilities	416.	539.		
13	Wages and salaries				
14	Depreciation (see instructions)	6,575.	7,284.		
15	Other (list) SEE STATEMENT 5	10,795.	10,365.		
16	Total expenses for each property. Add lines 3 through 15	23,464.	23,941.		
17	Income or (Loss) from each property. Subtract line 16 from line 2	2,672.	852.		
18a	Total gross rents. Add gross rents from line 2, columns A through H			50,929.	
18b	Total expenses. Add total expenses from line 16, columns A through H			-47,405.	
19	Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities				
20a	Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1)				
b	Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed:				
	(1) Name (2) Employer identification number				
21	Net rental estate income (loss). Combine lines 18a through 20a. Enter the result here and on: • Form 1065 or 1120S: Schedule K, line 2, or • Form 1065-B: Part I, line 4			3,524.	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

SPSZ0101L 03/09/11

Form **8825** (12-2010)

**Rental Real Estate Income and Expenses of a
Partnership or an S Corporation****G See instructions.
G Attach to Form 1065, Form 1065-B, or Form 1120S.**

OMB No. 1545-1186

Name **RENT VEGAS CONDOS LLC** Employer identification number **[REDACTED]****RENT VEGAS CONDOS LLC**

1	Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions. See page 2 to list additional properties.			
	Physical address of each property - street, city, state, ZIP code	Type - Enter code 1-8; see page 2 for list	Fair Rental Days	Personal Use Days
	[REDACTED]	3	334	
	[REDACTED]	3	329	
C				
D				

Rental Real Estate Income		Properties			
		A	B	C	D
2	Gross rents	26,356.	22,428.		
Rental Real Estate Expenses					
3	Advertising				
4	Auto and travel				
5	Cleaning and maintenance	60.	420.		
6	Commissions				
7	Insurance	465.	465.		
8	Legal and other professional fees	615.	615.		
9	Interest				
10	Repairs	2,731.	2,289.		
11	Taxes	1,594.	1,544.		
12	Utilities	555.	577.		
13	Wages and salaries				
14	Depreciation (see instructions)	6,575.	7,284.		
15	Other (list G)				
	SEE STATEMENT 4	10,327.	10,126.		
16	Total expenses for each property. Add lines 3 through 15.	22,922.	23,320.		
17	Income or (Loss) from each property. Subtract line 16 from line 2.	3,434.	-892.		
18a	Total gross rents. Add gross rents from line 2, columns A through H.				48,784.
18b	Total expenses. Add total expenses from line 16, columns A through H.				-46,242.
19	Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities				
20a	Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1).				
b	Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed:				
	(1) Name				
	(2) Employer identification number				
21	Net rental real estate income (loss). Combine lines 18a through 20a. Enter the result here and on: ? Form 1065 or 1120S: Schedule K, line 2, or ? Form 1065-B: Part I, line 4				2,542.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

SPSZ0101L 03/09/11

Form **8825** (12-2010)

Part I 5.2.9 Tab IX

Page 35

Evidence of taxes paid; other beneficial financial contributions

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY0003-00208
SA000963

**Rental Real Estate Income and Expenses of a
Partnership or an S Corporation**

OMB No. 1545-1186

G See instructions.**G Attach to Form 1065, Form 1065-B, or Form 1120S.**Name **RENT VEGAS CONDOS LLC** Employer identification number **[REDACTED]**

- 1**
- Show the type and address of each property. For each rental real estate property listed, report the number of days rented at fair rental value and days with personal use. See instructions. See page 2 to list additional properties.

Physical address of each property ' street, city,
state, ZIP codeType ' Enter code 1-8;
see page 2 for listFair Rental
DaysPersonal
Use Days

3

344

3

327

C**D****Properties****Rental Real Estate Income****A****B****C****D****2** Gross rents**2**

17,839.

24,410.

Rental Real Estate Expenses**3** Advertising**3****4** Auto and travel**4****5** Cleaning and maintenance**5**

3,356.

3,341.

6 Commissions**6****7** Insurance**7**

457.

457.

8 Legal and other professional fees**8****9** Interest**9****10** Repairs**10****11** Taxes**11**

1,567.

1,567.

12 Utilities**12**

588.

576.

13 Wages and salaries**13****14** Depreciation (see instructions)**14**

6,575.

7,284.

15 Other (list G**15**

SEE STATEMENT 5

11,667.

11,679.

16 Total expenses for each property.

Add lines 3 through 15.

16

24,210.

24,904.

17 Income or (Loss) from each property.

Subtract line 16 from line 2.

17

-6,371.

-494.

18a Total gross rents. Add gross rents from line 2, columns A through H.**18a**

42,249.

18b Total expenses. Add total expenses from line 16, columns A through H.**18b**

-49,114.

19 Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities**19****20a** Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1).**20a****b** Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed:

(1) Name

(2) Employer identification number

21 Net rental real estate income (loss). Combine lines 18a through 20a. Enter the result here and on:? **Form 1065 or 1120S:** Schedule K, line 2, or? **Form 1065-B:** Part I, line 4**21**

-6,865.

Exhibit 5.2.9.E Anthony Grappo Taxes Paid

Page 37

Part I 5.2.9 Tab IX
Evidence of taxes paid; other beneficial financial contributions

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0003-00210
SA000965



Office of the County Treasurer
Laura B. Fitzpatrick, Treasurer
 500 S Grand Central Pkwy, 1st Floor
 P O Box 551220
 Las Vegas NV 89155-1220
 (702) 455-4323
www.clarkcountynv.gov/treasurer

THIS IS NOT A TAX BILL

Statement of Tax Distribution

Fiscal Year: 2018-2019 (July 1, 2018 - June 30, 2019)

Parcel Number: [REDACTED] Tax District: 516 Tax Cap %: 4.2%

Property Location: [REDACTED]

Assessed Valuation		Summary	Amount
Land	66,150	Taxes as Assessed	5,356.21
Improvements	118,617	Cap Reduction (if applicable)	1,507.16
Personal Property		Net Taxes	3,849.05
Assessed Value Subject to Cap	184,767		
Land Value**			
Improvement Value**			
Personal Property Value**			
Less Exemption Value			
Net Assessed Value	184,767	Other Charges	
New Construction Supplemental**		Las Vegas Artesian Basin	1.78

**Not Subject to Cap

Total Annual Charges 3,850.83

➔ Your tax bill has been requested by a mortgage company. If a mortgage company does not make your tax payments, request a bill immediately by calling (702) 455-4323, and selecting option 3 from the main menu. ➔

TAX DISTRIBUTION				
Distribution of Tax Dollars by Taxing Entity	Tax Rate	Taxes as Assessed	Cap Reduction	Net Taxes
COUNTY SCHOOL MAINTENANCE & OPERATION	0.7500	1,385.76	388.87	996.89
COUNTY SCHOOL DEBT (BONDS)	0.5534	1,022.50	286.93	735.57
HENDERSON CITY	0.5483	1,013.08	284.29	728.79
CLARK COUNTY GENERAL OPERATING	0.4599	849.74	238.45	611.29
STATE OF NEVADA	0.1700	314.11	88.15	225.96
HENDERSON CITY DEBT	0.1625	300.24	84.25	215.99
ASSISTANCE TO INDIGENT PERSONS	0.1000	184.77	51.85	132.92
HENDERSON CITY LIBRARY	0.0606	111.97	35.54	76.43
CLARK COUNTY CAPITAL	0.0500	92.38	25.92	66.46
CLARK COUNTY FAMILY COURT	0.0192	35.47	9.95	25.52
INDIGENT ACCIDENT FUND	0.0150	27.72	7.78	19.94
STATE COOPERATIVE EXTENSION	0.0100	18.47	5.18	13.29
CLARK COUNTY DEBT	0.0000	0.00	0.00	0.00
TAX DISTRIBUTION	2.8989	5,356.21	1,507.16	3,849.05

0512-01-00-0231897-0001-0232460

For an explanation of each component tax rate visit the Treasurer's website at www.clarkcountynv.gov/treasurer

Part I 5.2.9 Tab IX

Evidence of taxes paid; other beneficial financial contributions

Page 38

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0003-00211
 SA000966

5.2.10

TAB X - The description of the proposed organizational structure of the proposed recreational marijuana establishment and information concerning each owner, officer and board member of the proposed recreational marijuana establishment must be included in this tab and demonstrate the following criteria:

5.2.10.1

An organizational chart showing all owners, officers and board members of the recreational marijuana establishment including percentage of ownership for each individual.

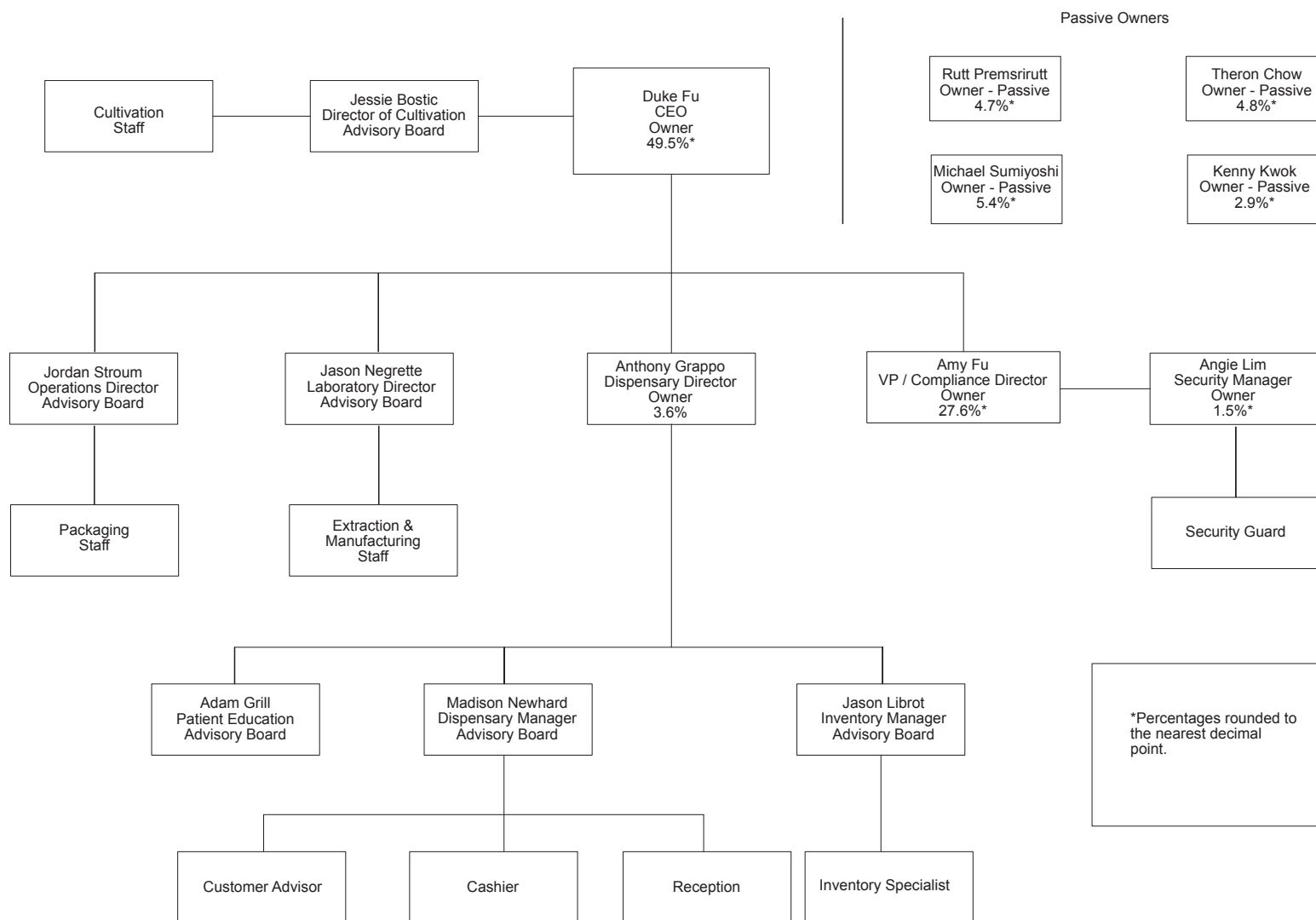
See **Exhibit 5.2.10.1.A**

Exhibit 5.2.10.1.A Organizational Chart

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0003-00213
SA000968

Exhibit 5.2.10.1.A



HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0003-00214
SA000969

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HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0003-00215
SA000970

5.2.10.2

An Owner, Officer and Board Member Attestation Form must be completed for each individual named in this application (Attachment B).

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0003-00216
SA000971



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Fax: (775) 688-1303

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2550 Paseo Verde Parkway, Suite 180
Henderson, Nevada 89074
Phone: (702) 486-2300
Fax: (702) 486-3377

ATTACHMENT B
OWNER, OFFICER AND BOARD MEMBER ATTESTATION FORM

I, Duke Fu (PRINT NAME)

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS 453D; and

I agree that the Department may investigate my background information by any means feasible to the Department; and

I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to R092-17, Sec. 94 and 453D of the NRS; and

All information provided is true and correct.

[Signature]

Signature of Owner, Officer or Board Member

7/23/18

Date Signed

State of Nevada	
County of <u>Clark</u>	
Signed and sworn to (or affirmed) before me on <u>7/23/18</u> (date)	
By <u>Duke Fu</u> (name(s) of person(s) making statement)	
<p>Notary Stamp</p>	<p><u>[Signature]</u></p> <p>Signature of notarial officer</p>



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ATTACHMENT B
OWNER, OFFICER AND BOARD MEMBER ATTESTATION FORM

I, Amy Fu (PRINT NAME)

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS 453D; and

I agree that the Department may investigate my background information by any means feasible to the Department; and

I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to R092-17, Sec. 94 and 453D of the NRS; and

All information provided is true and correct.

[Signature]

Signature of Owner, Officer or Board Member

08/01/18

Date Signed

State of Nevada	
County of <u>Clark</u>	
Signed and sworn to (or affirmed) before me on <u>08/01/18</u> (date)	
By <u>Amy Fu</u> (name(s) of person(s) making statement)	
<p>Notary Stamp</p>	<p><u>[Signature]</u></p> <p>Signature of notarial officer</p>



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ATTACHMENT B
OWNER, OFFICER AND BOARD MEMBER ATTESTATION FORM

I, Michael Sumiyoshi (PRINT NAME)

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS 453D; and


I agree that the Department may investigate my background information by any means feasible to the Department; and

I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to R092-17, Sec. 94 and 453D of the NRS; and

All information provided is true and correct.

Michael Sumiyoshi
Signature of Owner, Officer or Board Member

08/01/18
Date Signed

State of Nevada	
County of <u>Clark</u>	
Signed and sworn to (or affirmed) before me on <u>08/01/18</u> (date)	
By <u>Michael Sumiyoshi</u> (name(s) of person(s) making statement)	
 ANTHONY DEMEO Notary Public-State of Nevada APPT. NO. 15-1033-1 My App. Expires October 02, 2018	 Signature of notarial officer



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ATTACHMENT B
OWNER, OFFICER AND BOARD MEMBER ATTESTATION FORM

I, Ruth PremSrinut (PRINT NAME)

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS 453D; and

I agree that the Department may investigate my background information by any means feasible to the Department; and

I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to R092-17, Sec. 94 and 453D of the NRS; and

All information provided is true and correct.

Ruth PremSrinut

Signature of Owner, Officer or Board Member

08/01/18

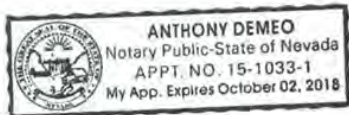
Date Signed

State of Nevada

County of Clark

Signed and sworn to (or affirmed) before me on 08/01/18 (date)

By Ruth PremSrinut (name(s) of person(s) making statement)



Notary Stamp

[Signature]

Signature of notarial officer



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ATTACHMENT B
OWNER, OFFICER AND BOARD MEMBER ATTESTATION FORM

I, Kenny Kwok (PRINT NAME)

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS 453D; and

I agree that the Department may investigate my background information by any means feasible to the Department; and

I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to R092-17, Sec. 94 and 453D of the NRS; and

All information provided is true and correct.

[Signature]

Signature of Owner, Officer or Board Member

07/28/18

Date Signed

State of Nevada	
County of <u>Clark</u>	
Signed and sworn to (or affirmed) before me on <u>07/28/18</u> (date)	
By <u>Kenny Kwok</u> (name(s) of person(s) making statement)	
<p>Notary Stamp</p>	<p><u>[Signature]</u></p> <p>Signature of notarial officer</p>



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ATTACHMENT B
OWNER, OFFICER AND BOARD MEMBER ATTESTATION FORM

I, Theron Chow (PRINT NAME)

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS 453D; and

I agree that the Department may investigate my background information by any means feasible to the Department; and

I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to R092-17, Sec. 94 and 453D of the NRS; and

All information provided is true and correct.

Theron Chow 08/01/18
Signature of Owner, Officer or Board Member Date Signed

State of Nevada	
County of <u>Clark</u>	
Signed and sworn to (or affirmed) before me on <u>08/01/18</u> (date)	
By <u>Theron Chow</u> (name(s) of person(s) making statement)	
<p>Notary Stamp</p>	<p>Signature of notarial officer</p>



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ATTACHMENT B
OWNER, OFFICER AND BOARD MEMBER ATTESTATION FORM

I, Anthony Grappo (PRINT NAME)

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS 453D; and

I agree that the Department may investigate my background information by any means feasible to the Department; and

I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to R092-17, Sec. 94 and 453D of the NRS; and

All information provided is true and correct.

Anthony Grappo
Signature of Owner, Officer or Board Member

08/01/18
Date Signed

State of Nevada	
County of <u>Clark</u>	
Signed and sworn to (or affirmed) before me on <u>08/01/18</u> (date)	
By <u>Anthony Grappo</u> (name(s) of person(s) making statement)	
<p>Notary Stamp</p>	<p>Signature of notarial officer</p>



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Henderson, Nevada 89074
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ATTACHMENT B
OWNER, OFFICER AND BOARD MEMBER ATTESTATION FORM

I, Angie Lim (PRINT NAME)

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS 453D; and

I agree that the Department may investigate my background information by any means feasible to the Department; and

I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to R092-17, Sec. 94 and 453D of the NRS; and

All information provided is true and correct.

Signature of Owner, Officer or Board Member

08/01/18

Date Signed

State of Nevada	
County of <u>Clark</u>	
Signed and sworn to (or affirmed) before me on <u>08/01/18</u> (date)	
By <u>Angie Lim</u> (name(s) of person(s) making statement)	
<p>Notary Stamp</p>	<p></p> <p>Signature of notarial officer</p>



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Chair, Nevada Tax Commission
WILLIAM D. ANDERSON
Executive Director

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Fax: (702) 486-3377

ATTACHMENT B
OWNER, OFFICER AND BOARD MEMBER ATTESTATION FORM

I, Jordan Stroum (PRINT NAME)

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS 453D; and

I agree that the Department may investigate my background information by any means feasible to the Department; and

I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to R092-17, Sec. 94 and 453D of the NRS; and

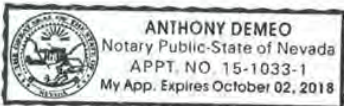
All information provided is true and correct.

[Signature]

Signature of Owner, Officer or Board Member

08/01/18

Date Signed

State of Nevada	
County of <u>Clark</u>	
Signed and sworn to (or affirmed) before me on <u>08/01/18</u> (date)	
By <u>Jordan Stroum</u> (name(s) of person(s) making statement)	
<p>Notary Stamp</p>  <p>ANTHONY DEMEO Notary Public-State of Nevada APPT. NO. 15-1033-1 My App. Expires October 02, 2018</p>	<p><u>[Signature]</u></p> <p>Signature of notarial officer</p>



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WILLIAM D. ANDERSON
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555 E. Washington Avenue
Las Vegas, Nevada 89101
Phone: (702) 486-2300 Fax: (702) 486-2373

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Building L, Suite 235
Reno, Nevada 89502
Phone: (775) 687-9999
Fax: (775) 688-1303

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Henderson, Nevada 89074
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Fax: (702) 486-3377

ATTACHMENT B
OWNER, OFFICER AND BOARD MEMBER ATTESTATION FORM

I, Adam Christopher Grill (PRINT NAME)

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS 453D; and

I agree that the Department may investigate my background information by any means feasible to the Department; and

I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to R092-17, Sec. 94 and 453D of the NRS; and

All information provided is true and correct.

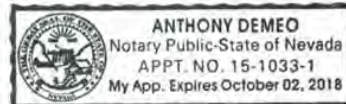
Adam Grill

08/01/18

Signature of Owner, Officer or Board Member

Date Signed

State of Nevada	
County of <u>Clark</u>	
Signed and sworn to (or affirmed) before me on <u>08/01/18</u> (date)	
By <u>Adam Christopher Grill</u> (name(s) of person(s) making statement)	
Notary Stamp	Signature of notarial officer



[Signature]



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ATTACHMENT B
OWNER, OFFICER AND BOARD MEMBER ATTESTATION FORM

I, Madison Newhard (PRINT NAME)

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS 453D; and

I agree that the Department may investigate my background information by any means feasible to the Department; and

I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to R092-17, Sec. 94 and 453D of the NRS; and

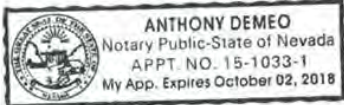

All information provided is true and correct.

Madison Newhard

08/01/18

Signature of Owner, Officer or Board Member

Date Signed

State of Nevada	
County of <u>Clark</u>	
Signed and sworn to (or affirmed) before me on <u>08/01/18</u> (date)	
By <u>Madison Newhard</u> (name(s) of person(s) making statement)	
 <p>ANTHONY DEMEO Notary Public-State of Nevada APT. NO. 15-1033-1 My App. Expires October 02, 2018</p>	
Notary Stamp	Signature of notarial officer



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ATTACHMENT B
OWNER, OFFICER AND BOARD MEMBER ATTESTATION FORM

I, Jason Paul Negrette (PRINT NAME)

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS 453D; and

I agree that the Department may investigate my background information by any means feasible to the Department; and

I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to R092-17, Sec. 94 and 453D of the NRS; and

All information provided is true and correct.

[Signature]

Signature of Owner, Officer or Board Member

09/18/18

Date Signed

State of Nevada	
County of <u>Clark</u>	
Signed and sworn to (or affirmed) before me on <u>September 18, 2018</u> (date)	
By <u>Jason Paul Negrette</u> (name(s) of person(s) making statement)	
 Notary Stamp	<u>[Signature]</u> Signature of notarial officer



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ATTACHMENT B
OWNER, OFFICER AND BOARD MEMBER ATTESTATION FORM

I, Jesse Andrew Bostic (PRINT NAME)

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS 453D; and

I agree that the Department may investigate my background information by any means feasible to the Department; and

I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to R092-17, Sec. 94 and 453D of the NRS; and

All information provided is true and correct.

Signature of Owner, Officer or Board Member

09/13/18

Date Signed

State of Nevada	
County of <u>Clark</u>	
Signed and sworn to (or affirmed) before me on <u>September 13, 2018</u> (date)	
By <u>Jesse Andrew Bostic</u> (name(s) of person(s) making statement)	
<p>Notary Stamp</p>	<p>Signature of notarial officer</p>



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Fax: (702) 486-3377

ATTACHMENT B
OWNER, OFFICER AND BOARD MEMBER ATTESTATION FORM

I, Jason Phillip Librot (PRINT NAME)

Attest that:

I have not been convicted of an excluded felony offense as defined in NRS 453D; and

I agree that the Department may investigate my background information by any means feasible to the Department; and

I will not divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to R092-17, Sec. 94 and 453D of the NRS; and

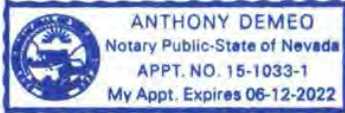

All information provided is true and correct.

Jason Librot

Signature of Owner, Officer or Board Member

09/13/18

Date Signed

State of Nevada	
County of <u>Clark</u>	
Signed and sworn to (or affirmed) before me on <u>September 13, 2018</u> (date)	
By _____ (name(s) of person(s) making statement)	
 <p>ANTHONY DEMEO Notary Public-State of Nevada APPT. NO. 15-1033-1 My Appt. Expires 06-12-2022</p>	
Notary Stamp	Signature of notarial officer

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HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0003-00231
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5.2.10.3

The supplemental Owner, Officer and Board Member Information Form should be completed for each individual named in this application. This attachment must also include the diversity information required by R092-17, Sec. 80.1 (b) (Attachment C).

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0003-00232
SA000987



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ATTACHMENT C
OWNER, OFFICER AND BOARD MEMBER INFORMATION FORM

Provide the following information for each owner, officer and board member listed on the Recreational Marijuana Establishment Application. Use as many sheets as needed.			
Last Name: Fu	First Name: Duke	MI: W	<input checked="" type="checkbox"/> OR <input type="checkbox"/> OF <input type="checkbox"/> BM
Date of Birth: [REDACTED] Gender: M	Race: Asain	Ethnicity: Chinese	
Residence Address: [REDACTED]			
City: [REDACTED]	County: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]
Describe the individual's title, role in the organization and the responsibilities of the position of the individual: This individual is the Chief Executive Officer and is responsible for all managerial decisions			
Has this individual served as a principal officer or board member for a marijuana establishment that has had their establishment license or certificate revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has this individual previously had a medical marijuana establishment agent registration card or marijuana establishment agent registration card revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual an attending provider of health care currently providing written documentation for the issuance of registry identification cards or letters of approval? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual employed by or a contractor of the Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's signed and dated Recreational Retail Marijuana Store Principal Officer or Board Member Attestation Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this individual a law enforcement officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's fingerprints on a fingerprint card been submitted to the Nevada Department of Public Safety? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has a copy of the Request and Consent to Release Application Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0003-00233
SA000988



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ATTACHMENT C
OWNER, OFFICER AND BOARD MEMBER INFORMATION FORM

Provide the following information for each owner, officer and board member listed on the Recreational Marijuana Establishment Application. Use as many sheets as needed.			
Last Name: Fu	First Name: Amy	MI: I	<input checked="" type="checkbox"/> OR <input checked="" type="checkbox"/> OF <input type="checkbox"/> BM
Date of Birth: 0 [REDACTED] Gender: F	Race: Asain	Ethnicity: Chinese	
Residence Address: [REDACTED]			
City: [REDACTED]	County: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]
Describe the individual's title, role in the organization and the responsibilities of the position of the individual: This individual is the Vice President and is second in charge for making managerial decisions. This individual is also the Compliance Director and writes company policy and procedures to maintain compliance with local, county, and state regulations.			
Has this individual served as a principal officer or board member for a marijuana establishment that has had their establishment license or certificate revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has this individual previously had a medical marijuana establishment agent registration card or marijuana establishment agent registration card revoked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual an attending provider of health care currently providing written documentation for the issuance of registry identification cards or letters of approval? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual employed by or a contractor of the Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's signed and dated Recreational Retail Marijuana Store Principal Officer or Board Member Attestation Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this individual a law enforcement officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's fingerprints on a fingerprint card been submitted to the Nevada Department of Public Safety? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has a copy of the Request and Consent to Release Application Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0003-00234
SA000989



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ATTACHMENT C
OWNER, OFFICER AND BOARD MEMBER INFORMATION FORM

Provide the following information for each owner, officer and board member listed on the Recreational Marijuana Establishment Application. Use as many sheets as needed.			
Last Name: Lim	First Name: Angie	MI:	<input checked="" type="checkbox"/> OR <input type="checkbox"/> OF <input type="checkbox"/> BM
Date of Birth: [REDACTED] Gender: F	Race: Asian	Ethnicity: Korean American	
Residence Address: [REDACTED]			
City: [REDACTED]	County: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]
Describe the individual's title, role in the organization and the responsibilities of the position of the individual: This individual is the Security Director and is responsible for ensuring compliance with all security regulations and maintaining necessary training. This individual must update all security procedures to be reflective of regulatory changes.			
Has this individual served as a principal officer or board member for a marijuana establishment that has had their establishment license or certificate revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has this individual previously had a medical marijuana establishment agent registration card or marijuana establishment agent registration card revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual an attending provider of health care currently providing written documentation for the issuance of registry identification cards or letters of approval? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual employed by or a contractor of the Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's signed and dated Recreational Retail Marijuana Store Principal Officer or Board Member Attestation Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this individual a law enforcement officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's fingerprints on a fingerprint card been submitted to the Nevada Department of Public Safety? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has a copy of the Request and Consent to Release Application Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0003-00235
SA000990



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JAMES DEVOLLO

Chair, Nevada Tax Commission

WILLIAM D. ANDERSON

Executive Director

STATE OF NEVADA DEPARTMENT OF TAXATION

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ATTACHMENT C

OWNER, OFFICER AND BOARD MEMBER INFORMATION FORM

Provide the following information for each owner, officer and board member listed on the Recreational Marijuana Establishment Application. Use as many sheets as needed.			
Last Name: Grappo	First Name: Anthony	MI: P	<input checked="" type="checkbox"/> OR <input type="checkbox"/> OF <input type="checkbox"/> BM
Date of Birth: [REDACTED] Gender: M	Race: White	Ethnicity: Caucasian	
Residence Address: [REDACTED]			
City: [REDACTED]	County: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]
Describe the individual's title, role in the organization and the responsibilities of the position of the individual: This individual is the Dispensary Director and will be the primary decisions maker on the policies, procedures, goals, and compliance of the Dispensary.			
Has this individual served as a principal officer or board member for a marijuana establishment that has had their establishment license or certificate revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has this individual previously had a medical marijuana establishment agent registration card or marijuana establishment agent registration card revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual an attending provider of health care currently providing written documentation for the issuance of registry identification cards or letters of approval? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual employed by or a contractor of the Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's signed and dated Recreational Retail Marijuana Store Principal Officer or Board Member Attestation Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this individual a law enforcement officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's fingerprints on a fingerprint card been submitted to the Nevada Department of Public Safety? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has a copy of the Request and Consent to Release Application Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0003-00236
SA000991



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WILLIAM D. ANDERSON
Executive Director

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ATTACHMENT C
OWNER, OFFICER AND BOARD MEMBER INFORMATION FORM

Provide the following information for each owner, officer and board member listed on the Recreational Marijuana Establishment Application. Use as many sheets as needed.			
Last Name: Kwok	First Name: Kenny	MI:	<input checked="" type="checkbox"/> OR <input type="checkbox"/> OF <input type="checkbox"/> BM
Date of Birth: [REDACTED] Gender: F	Race: Asian	Ethnicity: Chinese	
Residence Address: [REDACTED]			
City: [REDACTED]	County: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]
Describe the individual's title, role in the organization and the responsibilities of the position of the individual: This owner is a passive investor and will have no responsibilities.			
Has this individual served as a principal officer or board member for a marijuana establishment that has had their establishment license or certificate revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has this individual previously had a medical marijuana establishment agent registration card or marijuana establishment agent registration card revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual an attending provider of health care currently providing written documentation for the issuance of registry identification cards or letters of approval? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual employed by or a contractor of the Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's signed and dated Recreational Retail Marijuana Store Principal Officer or Board Member Attestation Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this individual a law enforcement officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's fingerprints on a fingerprint card been submitted to the Nevada Department of Public Safety? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has a copy of the Request and Consent to Release Application Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0003-00237
SA000992



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ATTACHMENT C
OWNER, OFFICER AND BOARD MEMBER INFORMATION FORM

Provide the following information for each owner, officer and board member listed on the Recreational Marijuana Establishment Application. Use as many sheets as needed.			
Last Name: Premsrirut	First Name: Rutt	MI: K	<input checked="" type="checkbox"/> OR <input type="checkbox"/> OF <input type="checkbox"/> BM
Date of Birth: 0 [REDACTED] Gender: M	Race: Asain	Ethnicity: Thai	
Residence Address: [REDACTED]			
City: [REDACTED]	County: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]
Describe the individual's title, role in the organization and the responsibilities of the position of the individual: This owner is a passive investor and will have no responsibilities.			
Has this individual served as a principal officer or board member for a marijuana establishment that has had their establishment license or certificate revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has this individual previously had a medical marijuana establishment agent registration card or marijuana establishment agent registration card revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual an attending provider of health care currently providing written documentation for the issuance of registry identification cards or letters of approval? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual employed by or a contractor of the Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's signed and dated Recreational Retail Marijuana Store Principal Officer or Board Member Attestation Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this individual a law enforcement officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's fingerprints on a fingerprint card been submitted to the Nevada Department of Public Safety? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has a copy of the Request and Consent to Release Application Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0003-00238
SA000993



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ATTACHMENT C
OWNER, OFFICER AND BOARD MEMBER INFORMATION FORM

Provide the following information for each owner, officer and board member listed on the Recreational Marijuana Establishment Application. Use as many sheets as needed.			
Last Name: Sumiyoshi	First Name: Michael	MI: W	<input checked="" type="checkbox"/> OR <input type="checkbox"/> OF <input type="checkbox"/> BM
Date of Birth: 1 [REDACTED] Gender: M	Race: Asian	Ethnicity: Japanese American	
Residence Address: [REDACTED]			
City: [REDACTED]	County: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]
Describe the individual's title, role in the organization and the responsibilities of the position of the individual: This owner is a passive investor and will have no responsibilities.			
Has this individual served as a principal officer or board member for a marijuana establishment that has had their establishment license or certificate revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has this individual previously had a medical marijuana establishment agent registration card or marijuana establishment agent registration card revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual an attending provider of health care currently providing written documentation for the issuance of registry identification cards or letters of approval? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual employed by or a contractor of the Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's signed and dated Recreational Retail Marijuana Store Principal Officer or Board Member Attestation Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this individual a law enforcement officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's fingerprints on a fingerprint card been submitted to the Nevada Department of Public Safety? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has a copy of the Request and Consent to Release Application Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0003-00239
SA000994



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ATTACHMENT C
OWNER, OFFICER AND BOARD MEMBER INFORMATION FORM

Provide the following information for each owner, officer and board member listed on the Recreational Marijuana Establishment Application. Use as many sheets as needed.			
Last Name: Chow	First Name: Theron	MI: K	<input checked="" type="checkbox"/> OR <input type="checkbox"/> OF <input type="checkbox"/> BM
Date of Birth: [REDACTED] Gender: M	Race: Asian	Ethnicity: Chinese	
Residence Address: [REDACTED]			
City: [REDACTED]	County: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]
Describe the individual's title, role in the organization and the responsibilities of the position of the individual: This owner is a passive investor and will have no responsibilities.			
Has this individual served as a principal officer or board member for a marijuana establishment that has had their establishment license or certificate revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has this individual previously had a medical marijuana establishment agent registration card or marijuana establishment agent registration card revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual an attending provider of health care currently providing written documentation for the issuance of registry identification cards or letters of approval? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual employed by or a contractor of the Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's signed and dated Recreational Retail Marijuana Store Principal Officer or Board Member Attestation Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this individual a law enforcement officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's fingerprints on a fingerprint card been submitted to the Nevada Department of Public Safety? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has a copy of the Request and Consent to Release Application Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

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STATE OF NEVADA
DEPARTMENT OF TAXATION
 Web Site: <https://tax.nv.gov>

BRIAN SANDOVAL
 Governor
 JAMES DEVOLLO
 Chair, Nevada Tax Commission
 WILLIAM D. ANDERSON
 Executive Director

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ATTACHMENT C
OWNER, OFFICER AND BOARD MEMBER INFORMATION FORM

Provide the following information for each owner, officer and board member listed on the Recreational Marijuana Establishment Application. Use as many sheets as needed.			
Last Name: Negrette	First Name: Jason	MI: P	<input type="checkbox"/> OR <input type="checkbox"/> OF <input checked="" type="checkbox"/> BM
Date of Birth: [REDACTED] Gender: M	Race: White	Ethnicity: Caucasian	
Residence Address: [REDACTED]			
City: [REDACTED]	County: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]
Describe the individual's title, role in the organization and the responsibilities of the position of the individual: This individual is a member of the advisory board and will make suggestions on the appropriate ways to educate customers on the properties of cannabis concentrates and infused products.			
Has this individual served as a principal officer or board member for a marijuana establishment that has had their establishment license or certificate revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has this individual previously had a medical marijuana establishment agent registration card or marijuana establishment agent registration card revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual an attending provider of health care currently providing written documentation for the issuance of registry identification cards or letters of approval? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual employed by or a contractor of the Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's signed and dated Recreational Retail Marijuana Store Principal Officer or Board Member Attestation Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this individual a law enforcement officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's fingerprints on a fingerprint card been submitted to the Nevada Department of Public Safety? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has a copy of the Request and Consent to Release Application Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0003-00241
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BRIAN SANDOVAL
Governor
JAMES DEVOLLO
Chair, Nevada Tax Commission
WILLIAM D. ANDERSON
Executive Director

STATE OF NEVADA
DEPARTMENT OF TAXATION
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ATTACHMENT C
OWNER, OFFICER AND BOARD MEMBER INFORMATION FORM

Provide the following information for each owner, officer and board member listed on the Recreational Marijuana Establishment Application. Use as many sheets as needed.			
Last Name: Stroum	First Name: Jordan	MI: A	<input type="checkbox"/> OR <input type="checkbox"/> OF <input checked="" type="checkbox"/> BM
Date of Birth: [REDACTED] Gender: M	Race: White	Ethnicity: Caucasian	
Residence Address: [REDACTED]			
City: [REDACTED]	County: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]
Describe the individual's title, role in the organization and the responsibilities of the position of the individual: This individual is on the advisory board and will make suggestions on monetary decisions and operational decisions for the dispensary.			
Has this individual served as a principal officer or board member for a marijuana establishment that has had their establishment license or certificate revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has this individual previously had a medical marijuana establishment agent registration card or marijuana establishment agent registration card revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual an attending provider of health care currently providing written documentation for the issuance of registry identification cards or letters of approval? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual employed by or a contractor of the Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's signed and dated Recreational Retail Marijuana Store Principal Officer or Board Member Attestation Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this individual a law enforcement officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's fingerprints on a fingerprint card been submitted to the Nevada Department of Public Safety? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has a copy of the Request and Consent to Release Application Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

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BRIAN SANDOVAL
Governor
JAMES DEVOLLO
Chair, Nevada Tax Commission
WILLIAM D. ANDERSON
Executive Director

STATE OF NEVADA
DEPARTMENT OF TAXATION
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ATTACHMENT C
OWNER, OFFICER AND BOARD MEMBER INFORMATION FORM

Provide the following information for each owner, officer and board member listed on the Recreational Marijuana Establishment Application. Use as many sheets as needed.			
Last Name: Newhard	First Name: Madison	MI: J	<input type="checkbox"/> OR <input type="checkbox"/> OF <input checked="" type="checkbox"/> BM
Date of Birth: 0 [REDACTED] Gender: F	Race: White	Ethnicity: Caucasian	
Residence Address: [REDACTED]			
City: [REDACTED]	County: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]
Describe the individual's title, role in the organization and the responsibilities of the position of the individual: This individual is on the advisory board and will make suggestions on the managerial decisions on the dispensary including; procedure changes, purchasing, hiring/firing staff.			
Has this individual served as a principal officer or board member for a marijuana establishment that has had their establishment license or certificate revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has this individual previously had a medical marijuana establishment agent registration card or marijuana establishment agent registration card revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual an attending provider of health care currently providing written documentation for the issuance of registry identification cards or letters of approval? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual employed by or a contractor of the Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's signed and dated Recreational Retail Marijuana Store Principal Officer or Board Member Attestation Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this individual a law enforcement officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's fingerprints on a fingerprint card been submitted to the Nevada Department of Public Safety? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has a copy of the Request and Consent to Release Application Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

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BRIAN SANDOVAL
Governor

JAMES DEVOLLD

Chair, Nevada Tax Commission

WILLIAM D. ANDERSON
Executive Director

STATE OF NEVADA DEPARTMENT OF TAXATION

Web Site: <https://tax.nv.gov>

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ATTACHMENT C OWNER, OFFICER AND BOARD MEMBER INFORMATION FORM

Provide the following information for each owner, officer and board member listed on the Recreational Marijuana Establishment Application. Use as many sheets as needed.			
Last Name: Bostic	First Name: Jesse	MI: A	<input type="checkbox"/> OR <input type="checkbox"/> OF <input checked="" type="checkbox"/> BM
Date of Birth: [REDACTED] Gender: F	Race: White	Ethnicity: Caucasian	
Residence Address: [REDACTED]			
City: [REDACTED]	County: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]
Describe the individual's title, role in the organization and the responsibilities of the position of the individual: This individual is a member of the advisory board and will make suggestions on the best way to educate customers on the different varieties of cannabis strains being sold by the dispensary.			
Has this individual served as a principal officer or board member for a marijuana establishment that has had their establishment license or certificate revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has this individual previously had a medical marijuana establishment agent registration card or marijuana establishment agent registration card revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual an attending provider of health care currently providing written documentation for the issuance of registry identification cards or letters of approval? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual employed by or a contractor of the Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's signed and dated Recreational Retail Marijuana Store Principal Officer or Board Member Attestation Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this individual a law enforcement officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's fingerprints on a fingerprint card been submitted to the Nevada Department of Public Safety? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has a copy of the Request and Consent to Release Application Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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BRIAN SANDOVAL
Governor

JAMES DEVOLLD

Chair, Nevada Tax Commission

WILLIAM D. ANDERSON
Executive Director

STATE OF NEVADA DEPARTMENT OF TAXATION

Web Site: <https://tax.nv.gov>

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ATTACHMENT C OWNER, OFFICER AND BOARD MEMBER INFORMATION FORM

Provide the following information for each owner, officer and board member listed on the Recreational Marijuana Establishment Application. Use as many sheets as needed.			
Last Name: Librot	First Name: Jason	MI: P	<input type="checkbox"/> OR <input type="checkbox"/> OF <input checked="" type="checkbox"/> BM
Date of Birth: [REDACTED] Gender: M	Race: White	Ethnicity: caucasian	
Residence Address: [REDACTED]			
City: [REDACTED]	County: [REDACTED]	State: [REDACTED]	Zip: [REDACTED]
Describe the individual's title, role in the organization and the responsibilities of the position of the individual: This individual is a member of the Inventory Management Advisory Board. He will make suggestions on how to best manage and organize the dispensary inventory to stay compliant with local, county, and state regulations.			
Has this individual served as a principal officer or board member for a marijuana establishment that has had their establishment license or certificate revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has this individual previously had a medical marijuana establishment agent registration card or marijuana establishment agent registration card revoked? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual an attending provider of health care currently providing written documentation for the issuance of registry identification cards or letters of approval? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Is this individual employed by or a contractor of the Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's signed and dated Recreational Retail Marijuana Store Principal Officer or Board Member Attestation Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Is this individual a law enforcement officer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Has a copy of this individual's fingerprints on a fingerprint card been submitted to the Nevada Department of Public Safety? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has a copy of the Request and Consent to Release Application Form been submitted with this application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

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