

**IN THE SUPREME COURT OF THE STATE OF NEVADA**

***Supreme Court Case No. 82014***

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IN RE: D.O.T. LITIGATION

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Electronically Filed  
Sep 29 2022 08:02 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.*

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**THE ESSENCE ENTITIES' SUPPLEMENTAL APPENDIX  
VOLUME 12 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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Todd L. Bice, Esq., Bar No. 4534  
Jordan T. Smith, Esq., Bar No. 12097  
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*Attorneys for Respondent Essence Entities*

**ALPHABETICAL INDEX TO THE ESSENCE ENTITIES'**  
**SUPPLEMENTAL APPENDIX**

<b><u>Document</u></b>	<b><u>Date</u></b>	<b><u>Vol.</u></b>	<b><u>Page Nos.</u></b>
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
Order Granting Plaintiffs Leave to File Amended Complaints	12/31/2019	16	SA003870
Plaintiff's Trial Exhibit 1142 – Applications Spreadsheet	09/2018	16	SA003830-3851

**CHRONOLOGICAL INDEX TO THE ESSENCE  
ENTITIES' SUPPLEMENTAL APPENDIX**

<b><u>No.</u></b>	<b><u>Document</u></b>	<b><u>Date</u></b>	<b><u>Vol.</u></b>	<b><u>Page Nos.</u></b>
1.	Applications (Redacted)	09/2018	1-16	SA000001-3829
2.	Plaintiff's Trial Exhibit 1142 – Applications Spreadsheet	09/2018	16	SA003830-3851
3.	Order Granting Integral's Motion to Intervene	04/22/2019	16	SA003852-3857
4.	Order Granting Joint Motion to Consolidate	12/06/2019	16	SA003858-3869
5.	Order Granting Plaintiffs Leave to File Amended Complaints	12/31/2019	16	SA003870
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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



## BIOGRAPHY

grew up in Tucson, Arizona. He attended the Sunnyside School District from grade 1 through 12; graduating in 1959. He spent the early years of his working career building and selling fences, attending the University of Arizona, in addition to a 13month stint as a police officer for the City of Tucson. He then founded the original Masonry Company in 1967 and expanded into Electrical Contracting, Pat's Building Supply, Mer-Cal Construction Company (a general contractor) and ultimately combined all the entities into the current Toumey Companies, Inc. He is still the licensee for the entity and holds a B-2 General Contractors license in the state of Arizona and specializes in developing medical related facilities. He has extensive experience in working with the University of Arizona, Tucson Unified School District, Amphitheatre School District, Marana School District, Federal, State and Local governments including the State of Arizona, Cities of Tucson, Sierra Vista and Yuma, AZ, US Army at Ft. Huachuca, AZ, Davis Monthan Air Force Base, Tucson, Arizona and Hughes Aircraft, Tucson, AZ.

is married to and they have 4 children; 2 boys and 2 girls; all employed as business owners, senior management or supervisory roles in Tucson, AZ, Redmond, WA or Tulsa, OK.

In 2015, relocated his business to Redmond, WA to be near his grandchildren. He continues to travel back and forth to Arizona to oversee the real estate projects that are in the development, lease or sale stage.

## BIOGRAPHY

██████████ currently serves as Director of Operations for The + Source | NV Organic Remedies and in this position oversees operations for the 6 licenses held by the operating entities (2x Dispensary, 2x Cultivation, 1x Production, and 1x Distribution licenses). As Director of Operation ██████████ responsibilities touch every facet of the organization including compliance, licensing, operational oversight, finance, inventory management, purchasing, supply chain, human resources, and sales.

Most recent ██████████ worked with The Grove Investment Group (TGIG, LLC), a vertically integrated cannabis enterprise with four medical marijuana licenses in Nevada (2x Dispensary, 1x Cultivation, and 1x Production licenses). ██████████ oversaw the design, buildout, and successful licensing of their 26k SF Cultivation and Production facility and both dispensaries.

Once TGIG was licensed, he transitioned into executive operations with primary oversight of the production team which included concentrate production for OpenVAPE Southern Nevada, Kannabis Concentrates, and VERT Edibles. This role included inventory management, supply chain management, vendor management, packaging, branding, order processing and fulfillment, sales, and compliance.

A native Las Vegas, ██████████ has been very involved in the local community from both a professional and philanthropic level.

██████████ helped organize, fund and execute the Build a Greener Block event, illustrating his dedication to improving the Las Vegas community with a special emphasis toward revitalizing downtown. He received the Community Organization award from the USGBC for this project.

A graduate of Leadership Las Vegas Class of 2013, he also served on the Downtown Achieves Steering Council. In 2015 he was also recognized by VEGAS INC. as one of Southern Nevada's brightest professionals at its annual "40 under 40" event.

██████████ has held positions with a variety of professional organizations, including serving as Communications Committee chairperson for NAIOP, and was a DLI class member and Development Leader of the Year nominee and Broker of the Year nominee. He has served as a board member of UNLV's Annual Giving Council and the Downtown Las Vegas Alliance, and as a stakeholder in the Downtown Centennial Plan Update.

He received his BSBA in Real Estate Finance from the University of Nevada, Las Vegas, where is also was president of the UNLV REBS (Real Estate and Business Society), and a CCIM and Bernie Isaacson/ Commercial Marketing Group/ Lied Institute- CREC Scholarship Recipient. He was also a member of the Beta Gamma Sigma-International Honor Society.

## BIOGRAPHY

██████████ is currently acting as CEO of Ener-Tel Services, LLC, a provider of home security and business integration. He has been working with this company for over 1 year and is working to expand the brand and the company beyond it's regional footprint. Enter-Tel Services has served the local community for over 30 years.

██████████ is also Chief Executive Officer of Western-Shamrock Corporation, a privately owned consumer finance company with more that 275 branch offices in nine states. He has worked with this company since 1990 and has held numerous positions within the accounting and operations departments.

██████████ manages all aspects of the company which services more than 200,000 customer accounts and nearly \$130 million in loan balances and more that 900 employees. He directed portfolio purchases and the acquisition and integration of all new offices.

Since being promoted to CEO of Western-Shamrock Corporation in 2005, ██████████ has aggressively expanded the receivables from \$26 million in 2000 to \$130 million in 2017. Prior to being promoted to CEO, ██████████ served as the company's President, Executive Vice President, Controller, and was solely responsible for negotiating and managing the company's \$70 million line of credit.

██████████ joined Western-Shamrock Corporation in 1990. During his tenure as Executive Vice President and Controller, ██████████ is responsible for establishing the administrative infrastructure and installing controls, including the company's proprietary software system that enabled the expansion from 9 offices to 64 by 2000, and to over 275 offices by 2017.

Western-Shamrock Corporation is the industry leader in financing sales merchandise to its customers. Nearly 18,000 loan customers have financed over \$12 million in loans to purchase merchandise from the company. The company generates income, not only from finance charges, but also from merchandise mark-ups, warranties, and insurance.

██████████ holds a Bachelor of Business Administration degree from Angelo State University, San Angelo, Texas. He serves on the board of many industry associations, including the American Financial Services Association (AFSA), Legislative Advisory Board and Education Foundation, National Installment Lenders Association, Texas Consumer Finance Association, and the New Mexico Independent Finance Association. Additionally, ██████████ served his local community as a board member of the West Texas Rehabilitation Center, and Angelo State University Alumni Ram Club.

**5.2.10.6**  
***Request and Consent to Release Application Forms***

5.2.10. Tab Y Page 179 of 261  
DOT-TGIG009032

0019-00946

SA002754



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

STATE OF NEVADA  
DEPARTMENT OF TAXATION

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Fax: (702) 486-3377

ATTACHMENT D  
REQUEST AND CONSENT TO RELEASE APPLICATION FORM  
RECREATIONAL MARIJUANA ESTABLISHMENT LICENSE

I, [REDACTED], am the duly authorized representative of

TB16, LLC to represent and interact with the Department of Taxation (Department) on all matters and questions in relation to the Nevada Recreational Marijuana Establishment License(s) Application. I understand that R092-17, Sec. 242 makes all applications submitted to the Department confidential but that local government authorities, including but not limited to the licensing or zoning departments of cities, towns or counties, may need to review this application in order to authorize the operation of an establishment under local requirements. Therefore, I consent to the release of this application to any local governmental authority in the jurisdiction where the address listed on this application is located.

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Date: 09-11-18

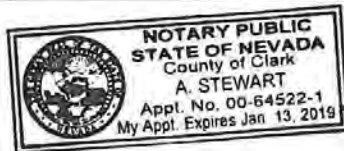
Signature of Requestor/Applicant or Designee

State of Nevada

County of Clark

Signed and sworn to (or affirmed) before me on September 11, 2018 (date)

By [REDACTED] (name(s) of person(s) making statement)



Notary Stamp

A Stewart

Signature of notarial officer



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

STATE OF NEVADA  
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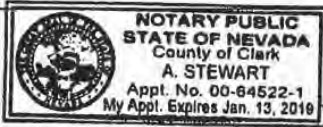

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[REDACTED] Date: 7-24-18

Signature of Requestor/Applicant or Designee

State of Nevada	
County of <u>Clark</u>	
Signed and sworn to (or affirmed) before me on <u>July 24, 2018</u> (date)	
By <u>[REDACTED]</u> (name(s) of person(s) making statement)	
	
Notary Stamp	Signature of notarial officer



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[REDACTED] Date: 7-24-2018

Signature of Requestor/Applicant or Designee

State of Nevada

County of

Clark

Signed and sworn to (or affirmed) before me on

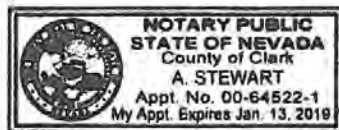
July 24, 2018

(date)

By

[REDACTED]

(name(s) of person(s) making statement)



Notary Stamp

[Signature]

Signature of notarial officer



BRIAN SANDOVAL  
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## ATTACHMENT D REQUEST AND CONSENT TO RELEASE APPLICATION FOR RECREATIONAL MARIJUANA ESTABLISHMENT LICENSE

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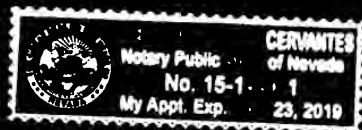
\_\_\_\_\_  
Signature of Requestor/Authorized Representative Date: 8-2-18

State of Nevada

County of Clark

Signed and sworn to (or affirmed) before me on 8/2/18 (date)

By \_\_\_\_\_ (name(s) of person(s) making statement)



Notary Stamp

Signature of notarial officer





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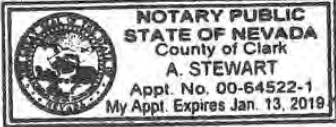

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\_\_\_\_\_  
Signature of Requestor/Applicant or Designee Date: 7/24/2018

State of Nevada	
County of Clark	
Signed and sworn to (or affirmed) before me on July 24, 2018 (date)	
By _____ (name(s) of person(s) making statement)	
	
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[REDACTED] Date: 7/24/2018

Signature of Requestor/Applicant or Designee

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County of Clark	
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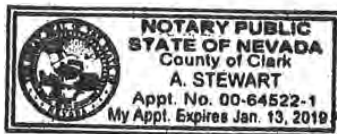
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County of Clark

Signed and sworn to (or affirmed) before me on July 24, 2018 (date)

By [REDACTED] (name(s) of person(s) making statement)



Notary Stamp

Signature of notarial officer



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

STATE OF NEVADA  
DEPARTMENT OF TAXATION

Web Site: <https://tax.nv.gov>  
1550 College Parkway, Suite 115  
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Phone: (775) 684-2000 Fax: (775) 684-2020

LAS VEGAS OFFICE  
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HENDERSON OFFICE  
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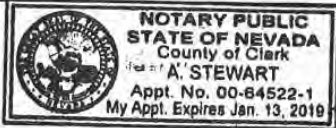

ATTACHMENT D  
REQUEST AND CONSENT TO RELEASE APPLICATION FORM  
RECREATIONAL MARIJUANA ESTABLISHMENT LICENSE

I, [REDACTED], am the duly authorized representative of

TGIG LLC to represent and interact with the Department of Taxation (Department) on all matters and questions in relation to the Nevada Recreational Marijuana Establishment License(s) Application. I understand that R092-17, Sec. 242 makes all applications submitted to the Department confidential but that local government authorities, including but not limited to the licensing or zoning departments of cities, towns or counties, may need to review this application in order to authorize the operation of an establishment under local requirements. Therefore, I consent to the release of this application to any local governmental authority in the jurisdiction where the address listed on this application is located.

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Signature of Requestor/Applicant or Designee: [REDACTED] Date: 7-24-18

State of Nevada	
County of <u>Clark</u>	
Signed and sworn to (or affirmed) before me on <u>July 24, 2018</u> (date)	
By <u>[REDACTED]</u> (name(s) of person(s) making statement)	
	
Notary Stamp	Signature of notarial officer



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ATTACHMENT D  
REQUEST AND CONSENT TO RELEASE APPLICATION FORM  
RECREATIONAL MARIJUANA ESTABLISHMENT LICENSE

I, TGIG, LLC, am the duly authorized representative of TGIG, LLC to represent and interact with the Department of Taxation (Department) on all matters and questions in relation to the Nevada Recreational Marijuana Establishment License(s) Application. I understand that R092-17, Sec. 242 makes all applications submitted to the Department confidential but that local government authorities, including but not limited to the licensing or zoning departments of cities, towns or counties, may need to review this application in order to authorize the operation of an establishment under local requirements. Therefore, I consent to the release of this application to any local governmental authority in the jurisdiction where the address listed on this application is located.

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< \_\_\_\_\_ Date: 7/27/18  
Signature of Requestor/Applicant or Designee

State of Nevada

County of CLARK

Signed and sworn to (or affirmed) before me on July 27, 2018 (date)

By \_\_\_\_\_ (name(s) of person(s) making statement)



Notary Stamp

Mandi am  
Signature of notarial officer



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

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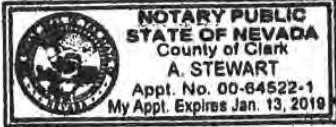

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[REDACTED] Date: 7/24/2018  
Signature of Requestor/Applicant or Designee

State of Nevada	
County of Clark	
Signed and sworn to (or affirmed) before me on: July 24, 2018 (date)	
By: [REDACTED] (name(s) of person(s) making statement)	
	
Notary Stamp	Signature of notarial officer





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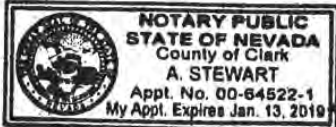

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RECREATIONAL MARIJUANA ESTABLISHMENT LICENSE

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[REDACTED] Date: 8/6/2018  
Signature of Requestor/Applicant or Designee

State of Nevada	
County of <u>Clark</u>	
Signed and sworn to (or affirmed) before me on <u>August 6, 2018</u> (date)	
By <u>[REDACTED]</u> (name(s) of person(s) making statement)	
 Notary Stamp	 Signature of notarial officer



BRIAN SANDOVAL  
Governor  
JAMES DEVOLLD  
Chair, Nevada Tax Commission  
WILLIAM D. ANDERSON  
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STATE OF NEVADA  
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ATTACHMENT D  
REQUEST AND CONSENT TO RELEASE APPLICATION FORM  
RECREATIONAL MARIJUANA ESTABLISHMENT LICENSE

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TGIG, LLC

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[REDACTED] Date: 7/25/2018

Signature of Requestor/Applicant or Designee

State of Nevada	
County of Clark	
Signed and sworn to (or affirmed) before me on July 25, 2018 (date)	
By [REDACTED] (name(s) of person(s) making statement)	
	
Notary Stamp	Signature of notarial officer





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

STATE OF NEVADA  
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ATTACHMENT D  
REQUEST AND CONSENT TO RELEASE APPLICATION FORM  
RECREATIONAL MARIJUANA ESTABLISHMENT LICENSE

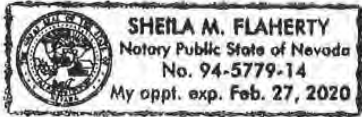
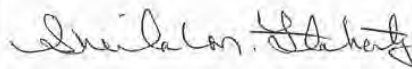
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[REDACTED] Date: 7-30-18

Signature of Requestor/Applicant or Designee

State of Nevada	
County of <u>Nye</u>	
Signed and sworn to (or affirmed) before me on <u>July 30<sup>th</sup>, 2018</u> (date)	
By <u>[REDACTED]</u> (name(s) of person(s) making statement)	
 Notary Stamp	 Signature of notarial officer



BRIAN SANDOVAL  
Governor  
JAMES DEVOLLO  
Chair, Nevada Tax Commission  
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# STATE OF NEVADA DEPARTMENT OF TAXATION

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Fax: (702) 486-3377

## ATTACHMENT D REQUEST AND CONSENT TO RELEASE APPLICATION FORM RECREATIONAL MARIJUANA ESTABLISHMENT LICENSE



I, [REDACTED], am the duly authorized representative of

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[REDACTED] Date: 9/10/18

Signature of Requestor/Applicant or Designee

State of Nevada	
County of <u>Clark</u>	
Signed and sworn to (or affirmed) before me on <u>9-10-18</u> (date)	
By [REDACTED] (name(s) of person(s) making statement)	
	
Notary Stamp	Signature of notarial officer

STATE OF NEVADA  
DEPARTMENT OF TAXATION

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ATTACHMENT D  
REQUEST AND CONSENT TO RELEASE APPLICATION FORM  
RECREATIONAL MARIJUANA ESTABLISHMENT LICENSE

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Date: 7/24/18

Signature of \_\_\_\_\_ li \_\_\_\_\_ ignee

State of Nevada

County ( )

Signed a \_\_\_\_\_

on \_\_\_\_\_

(date)

) of person(s) making statement)

No. \_\_\_\_\_  
Jan

Notary Stamp

of notarial officer



BRIAN SANDOVAL  
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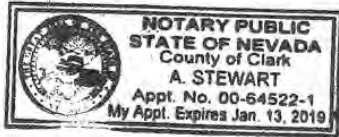

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[REDACTED] Date: 7/24/2018  
Signature of Requestor/Applicant or Designee

State of Nevada	
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Signed and sworn to (or affirmed) before me on July 24, 2018 (date)	
By [REDACTED] (name(s) of person(s) making statement)	
	
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Signature of Applicant or Designee

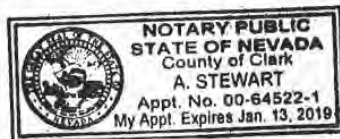
Date: 7/24/18

State of Nevada

County of Clark

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By [REDACTED] (name(s) of person(s) making statement)



Notary Stamp

Signature of notarial officer





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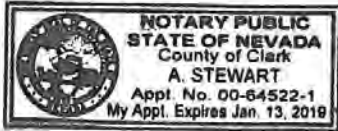

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[REDACTED] Date: 07-24-18  
Signature of Requestor/Applicant or Designee

State of Nevada	
County of Clark	
Signed and sworn to (or affirmed) before me on July 24, 2018 (date)	
By [REDACTED] (name(s) of person(s) making statement)	
	
Notary Stamp	Signature of notarial officer



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

# STATE OF NEVADA DEPARTMENT OF TAXATION

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

1550 College Parkway, Suite 115  
Carson City, Nevada 89706-7937  
Phone: (775) 684-2000 Fax: (775) 684-2020

LAS VEGAS OFFICE  
Grant Sawyer Office Building, Suite 1300  
555 E. Washington Avenue  
Las Vegas, Nevada 89101  
Phone: (702) 486-2300 Fax: (702) 486-2373

RENO OFFICE  
4600 Kietzke Lane  
Building L, Suite 235  
Reno, Nevada 89502  
Phone: (775) 687-9999  
Fax: (775) 688-1303

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

## ATTACHMENT D REQUEST AND CONSENT TO RELEASE APPLICATION FORM RECREATIONAL MARIJUANA ESTABLISHMENT LICENSE

I, [REDACTED], am the duly authorized representative of

TGIG, LLC

to represent and interact with the Department of Taxation (Department) on all matters and questions in relation to the Nevada Recreational Marijuana Establishment License(s) Application. I understand that R092-17, Sec. 242 makes all applications submitted to the Department confidential but that local government authorities, including but not limited to the licensing or zoning departments of cities, towns or counties, may need to review this application in order to authorize the operation of an establishment under local requirements. Therefore, I consent to the release of this application to any local governmental authority in the jurisdiction where the address listed on this application is located.

By signing this Request and Consent to Release Application Form, I hereby acknowledge and agree that the State of Nevada, its sub-departments including the Department of Taxation and its employees are not responsible for any consequences related to the release of the information identified in this consent. I further acknowledge and agree that the State and its sub-departments and its employees cannot make any guarantees or be held liable related to the confidentiality and safe keeping of this information once it is released.

[REDACTED] Date: 7-24-18

Signature of Requestor/Applicant or Designee

State of ~~Nevada~~ WASHINGTON

County of KING

Signed and sworn to (or affirmed) before me on 7-24-2018 (date)

By [REDACTED] (name(s) of person(s) making statement)

Notary Public  
State of Washington  
Arturo Garcidueñas  
Commission Expires 10/04/2021

Notary Stamp

Signature of notarial officer



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

# STATE OF NEVADA DEPARTMENT OF TAXATION

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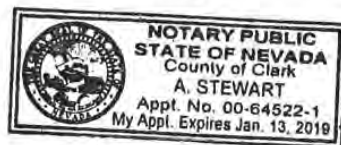
[REDACTED] Date: 7.24.18  
Signature of Requestor/Applicant or Designee

State of Nevada

County of Clark

Signed and sworn to (or affirmed) before me on 7/24/2018 (date)

By [REDACTED] (name(s) of person(s) making statement)



Notary Stamp

Signature of notarial officer





BRIAN SANDOVAL  
Governor  
JAMES DEVOLLO  
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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Phone: (775) 687-9999  
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HENDERSON OFFICE  
2550 Paseo Verde Parkway, Suite 180  
Henderson, Nevada 89074  
Phone: (702) 486-2300  
Fax: (702) 486-3377

ATTACHMENT D  
REQUEST AND CONSENT TO RELEASE APPLICATION FORM  
RECREATIONAL MARIJUANA ESTABLISHMENT LICENSE

I, [REDACTED] am the duly authorized representative of

TGIG LLC to represent and interact with the Department of Taxation (Department) on all matters and questions in relation to the Nevada Recreational Marijuana Establishment License(s) Application. I understand that R092-17, Sec. 242 makes all applications submitted to the Department confidential but that local government authorities, including but not limited to the licensing or zoning departments of cities, towns or counties, may need to review this application in order to authorize the operation of an establishment under local requirements. Therefore, I consent to the release of this application to any local governmental authority in the jurisdiction where the address listed on this application is located.

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Signature of Requestor/Applicant or Designee

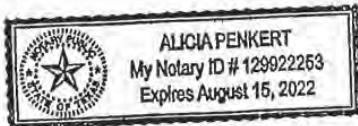
Date: 8/15/18

State of Nevada Texas

County of Tom Green

Signed and sworn to (or affirmed) before me on August 15, 2018 (date)

By [REDACTED] (name(s) of person(s) making statement)



Notary Stamp

Alicia Penkert

Signature of notarial officer

**5.2.10.7**  
***Fingerprint Submission Forms***

5.2.10. Tab X Page 204 of 261  
DOT-TGIG009054

0019-00968

SA002776



# Nevada Marijuana Enforcement Division

## Agent Applicant Fingerprint Submission Form

Provide this form to the fingerprint technician at the time fingerprints are taken. Submit the completed, stamped form with your agent card application.

Fingerprint technician: Please ensure that you see a photo ID for identity verification purposes prior to fingerprinting. Also, please enter the required information in the lower right hand corner and return this form to the applicant for submission to the Marijuana Enforcement Division.

### ■ Instructions

Please type or print legibly. All fingerprints must go to DPS for processing. Electronic submission to DPS is REQUIRED unless being fingerprinted outside of Nevada.

### ■ Applicant

N [REDACTED]		SOCIAL SECURITY NUMBER (optional)
PH [REDACTED]	GOVERNMENT ID)	CITIZENSHIP US
PHYSICAL ADDRESS LINE 2		MOBILE PHONE NUMBER
PHYSICAL CITY, STATE ZIP CODE (TOWN, CITY, PROVINCE, POSTAL CODE) Yuma, AZ 85364		HOME PHONE NUMBER
EYE COLOR Brown	HAIR COLOR Grey	WEIGHT (LBS) 178
ETHNICITY Hispanic	GENDER Male	HEIGHT (INCHES) 71
RACE		
PLACE OF BIRTH Colombia, South America		DA [REDACTED]

### ■ Establishment Information (If owner, officer or board member)

ESTABLISHMENT NAME TGIG, LLC	ESTABLISHMENT CODE C041, D045, D048, P025
CERTIFICATE 15746787020481348783, 13780932467124103722, 30874613240466723894, 82520430841834014810	ESTABLISHMENT TYPE Cultivation, Dispensary & Production

### ■ Reason Fingerprinted

MNU (Account #): 152108 ORI: NV0131700

#### Medical Marijuana Establishments (Check one)

- |                                     |  |              |
|-------------------------------------|--|--------------|
| <input checked="" type="checkbox"/> | Current Owner/Officer/Board Member     | NRS 453A.322 |
| <input type="checkbox"/>            | Prospective Owner/Officer/Board Member | NRS 453A.334 |
| <input type="checkbox"/>            | Employee/Contractor/Volunteer          | NRS 453A.332 |

#### Recreational Marijuana Establishments (Check one box if establishment is both Recreational and Medical, or for Distributors)

- |                                     |  |          |
|-------------------------------------|--|----------|
| <input checked="" type="checkbox"/> | Current Owner/Officer/Board Member     | NRS 453D |
| <input type="checkbox"/>            | Prospective Owner/Officer/Board Member | NRS 453D |
| <input type="checkbox"/>            | Employee/Contractor/Volunteer          | NRS 453D |

**NOTE:** If you work, or will work for a "Dual Licensee" establishment (Medical and Recreational) you must submit two fingerprint cards; one with the "Reason Fingerprinted" of NRS 453A, and one with NRS 453D. You will also have to pay DPS's processing fee for each card.

FINGERPRINT AGENCY STAMP Accurate Legal Support 2554 W. 116TH ST. # 518 Yuma, AZ 85364
FINGERPRINT REPRESENTATIVE SIGNATURE 
TCN# 928-343-9071
DATE 8-1-18



0019-00970  
SA002778



# Nevada Marijuana Enforcement Division

## Agent Applicant Fingerprint Submission Form

Provide this form to the fingerprint technician at the time fingerprints are taken. Submit the completed, stamped form with your agent card application.

Fingerprint technician: Please ensure that you see a photo ID for identity verification purposes prior to fingerprinting. Also, please enter the required information in the lower right hand corner and return this form to the applicant for submission to the Marijuana Enforcement Division.

### Instructions

Please type or print legibly. All fingerprints must go to DPS for processing. Electronic submission to DPS is REQUIRED unless being fingerprinted outside of Nevada.

### Applicant

[REDACTED]		SOCIAL SECURITY NUMBER (optional)
[REDACTED]		CITIZENSHIP U.S.
[REDACTED]		MOBILE PHONE NUMBER
PHYSICAL ADDRESS LINE 2 Las Vegas, NV. 89131		HOME PHONE NUMBER 702 [REDACTED]
PHYSICAL CITY, STATE, ZIP CODE (TOWN, CITY, PROVINCE, POSTAL CODE) Las Vegas, NV. 89131		WEIGHT (LBS) 145#
EYE COLOR Blue	HAIR COLOR Brown-gray	HEIGHT (INCHES) 5'2"
ETHNICITY	GENDER	
RACE White		
PLACE OF BIRTH Brooklyn S.D.		

### Establishment Information (If owner, officer or board member)

ESTABLISHMENT NAME TGIG, LLC	ESTABLISHMENT CODE C041, D045, D048, P025
CERTIFICATE 15746787020481348783, 13780932467124103722, 30874613240466723894, 82520430841834014810	ESTABLISHMENT TYPE

### Reason Fingerprinted

MNU (Account #): 152108 ORI: NV0131700

#### Medical Marijuana Establishments (Check one)

- |                                     |  |              |
|-------------------------------------|--|--------------|
| <input checked="" type="checkbox"/> | Current Owner/Officer/Board Member     | NRS 453A.322 |
| <input type="checkbox"/>            | Prospective Owner/Officer/Board Member | NRS 453A.334 |
| <input type="checkbox"/>            | Employee/Contractor/Volunteer          | NRS 453A.332 |

#### Recreational Marijuana Establishments (Check one box if establishment is both Recreational and Medical, or for Distributors)

- |                                     |  |          |
|-------------------------------------|--|----------|
| <input checked="" type="checkbox"/> | Current Owner/Officer/Board Member     | NRS 453D |
| <input type="checkbox"/>            | Prospective Owner/Officer/Board Member | NRS 453D |
| <input type="checkbox"/>            | Employee/Contractor/Volunteer          | NRS 453D |

**NOTE:** If you work, or will work for a "Dual Licensee" establishment (Medical and Recreational) you must submit two fingerprint cards; one with the "Reason Fingerprinted" of NRS 453A, and one with NRS 453D. You will also have to pay DPS's processing fee for each card.

NVPS1E0024380A

FINGERPRINT AGENCY STAMP  
B&D Fingerprinting Services, LLC  
800 N Rainbow Blvd #175  
Las Vegas, NV 89107

FINGERPRINT REPRESENTATIVE SIGNATURE

*Amber Cross*

TCN#  
NVPS1E0024381A

DATE  
7.24.2018





# Nevada Marijuana Enforcement Division

## Agent Applicant Fingerprint Submission Form

Provide this form to the fingerprint technician at the time fingerprints are taken. Submit the completed, stamped form with your agent card application.

Fingerprint technician: Please ensure that you see a photo ID for identity verification purposes prior to fingerprinting. Also, please enter the required information in the lower right hand corner and return this form to the applicant for submission to the Marijuana Enforcement Division.

### Instructions

Please type or print legibly. All fingerprints must go to DPS for processing. Electronic submission to DPS is REQUIRED unless being fingerprinted outside of Nevada.

### Applicant

NAME (FIRST MIDDLE LAST)		SOCIAL SECURITY NUMBER (optional)
[REDACTED]		[REDACTED]
PHYSICAL ADDRESS LINE 1 (ADDRESS ON GOVERNMENT ID)		CITIZENSHIP
[REDACTED]		US
PHYSICAL ADDRESS LINE 2		MOBILE PHONE NUMBER
[REDACTED]		[REDACTED]
PHYSICAL CITY, STATE ZIP CODE (TOWN, CITY, PROVINCE, POSTAL CODE)		HOME PHONE NUMBER
Las Vegas, Nevada 89121		[REDACTED]
EYE COLOR	HAIR COLOR	WEIGHT (LBS)
Brown	Brown	
ETHNICITY	GENDER	HEIGHT (INCHES)
White	Male	5 10
RACE		
PLACE OF BIRTH		DATE OF BIRTH
Las Vegas, Nevada		[REDACTED]

### Establishment Information (If owner, officer or board member)

ESTABLISHMENT NAME	ESTABLISHMENT CODE
CERTIFICATE	ESTABLISHMENT TYPE

### Reason Fingerprinted

MNU (Account #): 152108 ORI: NV0131700

#### Medical Marijuana Establishments (Check one)

- |   |              |
|---|--------------|
| <input type="checkbox"/> Current Owner/Officer/Board Member.    | NRS 453A.322 |
| <input type="checkbox"/> Prospective Owner/Officer/Board Member | NRS 453A.334 |
| <input type="checkbox"/> Employee/Contractor/Volunteer          | NRS 453A.332 |

#### Recreational Marijuana Establishments (Check one box if establishment is both Recreational and Medical, or for Distributors)

- |  |          |
|--|----------|
| <input checked="" type="checkbox"/> Current Owner/Officer/Board Member | NRS 453D |
| <input type="checkbox"/> Prospective Owner/Officer/Board Member        | NRS 453D |
| <input type="checkbox"/> Employee/Contractor/Volunteer                 | NRS 453D |

**NOTE:** If you work, or will work for a "Dual Licensee" establishment (Medical and Recreational) you must submit two fingerprint cards; one with the "Reason Fingerprinted" of NRS 453A, and one with NRS 453D. You will also have to pay DPS's processing fee for each card.

FINGERPRINT AGENCY STAMP	
American Fingerprint, LLC.	
1201 S. Jones Blvd. Suite 103	
Las Vegas, Nevada 89146	
Phone: (702) 822-1590	
Fax: (702) 822-1591	
FINGERPRINT REPRESENTATIVE SIGNATURE	
[Signature]	
TCNR	15710032200A
DATE	AUG 01 2018





# Nevada Marijuana Enforcement Division

## Agent Applicant Fingerprint Submission Form

Provide this form to the fingerprint technician at the time fingerprints are taken. Submit the completed, stamped form with your agent card application.

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### Instructions

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### Applicant

NAME (FIRST MIDDLE LAST)		SOCIAL SECURITY NUMBER (optional)
[REDACTED]		[REDACTED]
PHYSICAL ADDRESS LINE 1 (ADDRESS ON GOVERNMENT ID)		CITIZENSHIP
[REDACTED]		US
PHYSICAL ADDRESS LINE 2		MOBILE PHONE NUMBER
[REDACTED]		[REDACTED]
PHYSICAL CITY, STATE ZIPCODE (TOWN, CITY, PROVINCE, POSTAL CODE)		HOME PHONE NUMBER
Las Vegas, Nevada 89121		
EYE COLOR	HAIR COLOR	WEIGHT (LBS)
Brown	Brown	
ETHNICITY	GENDER	HEIGHT (INCHES)
White	Male	5 10
RACE		
PLACE OF BIRTH		DATE OF BIRTH
Las Vegas, Nevada		[REDACTED]

### Establishment Information (If owner, officer or board member)

ESTABLISHMENT NAME	ESTABLISHMENT CODE
CERTIFICATE	ESTABLISHMENT TYPE

### Reason Fingerprinted

MNU (Account #): 152108 ORI: NV0131700

#### Medical Marijuana Establishments (Check one)

- ☒ Current Owner/Officer/Board Member NRS 453A.322  
☐ Prospective Owner/Officer/Board Member NRS 453A.334  
☐ Employee/Contractor/Volunteer NRS 453A.332

#### Recreational Marijuana Establishments (Check one box if establishment is both Recreational and Medical, or for Distributors)

- ☐ Current Owner/Officer/Board Member NRS 453D  
☐ Prospective Owner/Officer/Board Member NRS 453D  
☐ Employee/Contractor/Volunteer NRS 453D

**NOTE:** If you work, or will work for a "Dual Licensee" establishment (Medical and Recreational) you must submit two fingerprint cards; one with the "Reason Fingerprinted" of NRS 453A, and one with NRS 453D. You will also have to pay DPS's processing fee for each card.

FINGERPRINT AGENCY **Sprint, LLC.**  
01 S. Jones Blvd. Suite 103  
Las Vegas, Nevada 89146  
Phone: (702) 822-1590  
Fax: (702) 822-1591

FINGERPRINT REPRESENTATIVE SIGNATURE

*[Signature]*  
DATE **AUG 01 2018**







# Nevada Marijuana Enforcement Division

## Agent Applicant Fingerprint Submission Form

Provide this form to the fingerprint technician at the time fingerprints are taken. Submit the completed, stamped form with your agent card application.

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### ■ Instructions

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### ■ Applicant

NAME (FIRST MIDDLE LAST)		SOCIAL SECURITY NUMBER (optional)
[REDACTED]		[REDACTED]
PHYSICAL ADDRESS LINE 1 (ADDRESS ON GOVERNMENT ID)		CITIZENSHIP
[REDACTED]		US
PHYSICAL CITY, STATE ZIPCODE (TOWN, CITY, PROVINCE, POSTAL CODE)		MOBILE PHONE NUMBER
Henderson, NV 89052		
EYE COLOR	HAIR COLOR	WEIGHT (LBS)
Hazel	Brown	190
ETHNICITY	GENDER	HEIGHT (INCHES)
Caucasian	Male	67
RACE		
White		
PLACE OF BIRTH		DATE OF BIRTH
		[REDACTED]

### ■ Establishment Information (If owner, officer or board member)

ESTABLISHMENT NAME	ESTABLISHMENT CODE
TGIG, LLC	C041, D045, D048, P025
CERTIFICATE	ESTABLISHMENT TYPE
15746787020481348783, 13780932467124103722, 30874613240466723894, 82520430841834014810	

### ■ Reason Fingerprinted

MNU (Account #): 152108 ORI: NV0131700

#### Medical Marijuana Establishments (Check one)

- |                                     |  |              |
|-------------------------------------|--|--------------|
| <input checked="" type="checkbox"/> | Current Owner/Officer/Board Member     | NRS 453A.322 |
| <input type="checkbox"/>            | Prospective Owner/Officer/Board Member | NRS 453A.334 |
| <input type="checkbox"/>            | Employee/Contractor/Volunteer          | NRS 453A.332 |

#### Recreational Marijuana Establishments (Check one box if establishment is both Recreational and Medical, or for Distributors)

- |                                     |  |          |
|-------------------------------------|--|----------|
| <input checked="" type="checkbox"/> | Current Owner/Officer/Board Member     | NRS 453D |
| <input type="checkbox"/>            | Prospective Owner/Officer/Board Member | NRS 453D |
| <input type="checkbox"/>            | Employee/Contractor/Volunteer          | NRS 453D |

**NOTE:** If you work, or will work for a "Dual Licensee" establishment (Medical and Recreational) you must submit two fingerprint cards; one with the "Reason Fingerprinted" of NRS 453A, and one with NRS 453D. You will also have to pay DPS's processing fee for each card.

FINGERPRINT AGENCY STAMP	
B&D Fingerprinting Services, LLC 800 N Rainbow Blvd #175 Las Vegas, NV 89107	
FINGERPRINT REPRESENTATIVE SIGNATURE	
<i>Amelia Crane</i>	
TCNR	NVPS1E0024397A
DATE	7.24.2018







## Nevada Marijuana Enforcement Division

### Agent Applicant Fingerprint Submission Form

Provide this form to the fingerprint technician at the time fingerprints are taken. Submit the completed, stamped form with your agent card application.

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#### ■ Applicant

NAME (FIRST MIDDLE LAST)		SOCIAL SECURITY NUMBER (optional)
[REDACTED]		[REDACTED]
PHYSICAL ADDRESS LINE 1		MOBILE PHONE NUMBER
Las Vegas Nevada 89138		[REDACTED]
PHYSICAL CITY, STATE ZIP CODE (TOWN, CITY, PROVINCE, POSTAL CODE)		
EYE COLOR	HAIR COLOR	WEIGHT (LBS)
Brown	Brown	190
ETHNICITY	GENDER	HEIGHT (INCHES)
White	Male	6'2"
RACE		
PLACE OF BIRTH		DATE OF BIRTH
Salt Lake City		[REDACTED]

#### ■ Establishment Information (If owner, officer or board member)

ESTABLISHMENT NAME	ESTABLISHMENT CODE
TGIG, LLC	C041, D045, D048, P025
CERTIFICATE 15746787020481348783, 13780932467124103722, 30874613240466723894, 82520430841834014810	ESTABLISHMENT TYPE

#### ■ Reason Fingerprinted

MNU (Account #): 152108 ORI: NV0131700

<b>Medical Marijuana Establishments (Check one)</b>	
<input checked="" type="checkbox"/> Current Owner/Officer/Board Member	NRS 453A.322
<input type="checkbox"/> Prospective Owner/Officer/Board Member	NRS 453A.334
<input type="checkbox"/> Employee/Contractor/Volunteer	NRS 453A.332
<b>Recreational Marijuana Establishments (Check one box if establishment is both Recreational and Medical, or for Distributors)</b>	
<input checked="" type="checkbox"/> Current Owner/Officer/Board Member	NRS 453D
<input type="checkbox"/> Prospective Owner/Officer/Board Member	NRS 453D
<input type="checkbox"/> Employee/Contractor/Volunteer	NRS 453D
<b>NOTE:</b> If you work, or will work for a "Dual Licensee" establishment (Medical and Recreational) you must submit two fingerprint cards; one with the "Reason Fingerprinted" of NRS 453A, and one with NRS 453D. You will also have to pay DPS's processing fee for each card.	

*NVPS1E0024378A*

FINGERPRINT AGENCY STAMP

B&D Fingerprinting Services, LLC  
800 N Rainbow Blvd #175  
Las Vegas, NV 89107

FINGERPRINT REPRESENTATIVE SIGNATURE

*Amber Cronine*

TCN#  
*NVPS1E0024379A*

DATE  
*7.24.2018*





## Nevada Marijuana Enforcement Division

### Agent Applicant Fingerprint Submission Form

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#### ■ Applicant

NAME (FIRST,MIDDLE, LAST) [REDACTED]		SOCIAL SECURITY NUMBER (optional)
PHY	[REDACTED]	CITIZENSHIP USA
PHY	[REDACTED]	MOBILE PHONE NUMBER [REDACTED]
PHYSICAL CITY, STATE ZIP CODE (TOWN, CITY, PROVINCE, POSTAL CODE) Las Vegas NV 89117		
EYE COLOR Blue	HAIR COLOR Blonde	HEIGHT (INCHES) 170
ETHNICITY White	GENDER Female Polish	5.9
RACE Caucasian		
PLACE OF BIRTH Chicago ILL		DATE OF BIRTH [REDACTED]

#### ■ Establishment Information (If owner, officer or board member)

ESTABLISHMENT NAME TAIG, LLC	ESTABLISHMENT CODE
CERTIFICATE	ESTABLISHMENT TYPE

#### ■ Reason Fingerprinted

MNU (Account #): 152108 ORI: NV0131700

#### Medical Marijuana Establishments (Check one)

- ☒ Current Owner/Officer/Board Member NRS 453A.322  
☐ Prospective Owner/Officer/Board Member NRS 453A.334  
☐ Employee/Contractor/Volunteer NRS 453A.332

#### Recreational Marijuana Establishments (Check one box if establishment is both Recreational and Medical, or for Distributors)

- ☒ Current Owner/Officer/Board Member NRS 453D  
☐ Prospective Owner/Officer/Board Member NRS 453D  
☐ Employee/Contractor/Volunteer NRS 453D

NOTE: If you work, or will work for a "Dual Licensee" establishment (Medical and Recreational) you must submit two fingerprint cards; one with the "Reason Fingerprinted" of NRS 453A, and one with NRS 453D. You will also have to pay DPS's processing fee for each card.

NVPSIE00243924

FINGERPRINT AGENCY STAMP

B&D Fingerprinting Services, LLC  
800 N Rainbow Blvd #175  
Las Vegas, NV 89107

FINGERPRINT REPRESENTATIVE SIGNATURE

*[Signature]*

TCN#

NVPSIE0024393A

DATE

7-24-2018





## Nevada Marijuana Enforcement Division

### Agent Applicant Fingerprint Submission Form

Provide this form to the fingerprint technician at the time fingerprints are taken. Submit the completed, stamped form with your agent card application.

Fingerprint technician: Please ensure that you see a photo ID for identity verification purposes prior to fingerprinting. Also, please enter the required information in the lower right hand corner and return this form to the applicant for submission to the Marijuana Enforcement Division.

#### ■ Instructions

Please type or print legibly. All fingerprints must go to DPS for processing. Electronic submission to DPS is REQUIRED unless being fingerprinted outside of Nevada.

#### ■ Applicant

NAME (FIRST MIDDLE LAST)		SOCIAL SECURITY NUMBER (optional)
[REDACTED]		
PHY		CITIZENSHIP
[REDACTED]		USA
PHY		MOBILE PHONE NUMBER
[REDACTED]		
PHYSICAL CITY, STATE ZIP CODE (TOWN, CITY, PROVINCE, POSTAL CODE)		
Las Vegas NV 89117		
EYE COLOR	HAIR COLOR	W
Brown	Brown	175
ETHNICITY	GENDER	HEIGHT (INCHES)
white	Male / Polish	5.10
RACE		
Caucasian		
PLACE OF BIRTH		DATE OF BIRTH
Rosenheim Germany		[REDACTED]

#### ■ Establishment Information (If owner, officer or board member)

ESTABLISHMENT NAME	ESTABLISHMENT CODE
TATG, LLC	
CERTIFICATE	ESTABLISHMENT TYPE

#### ■ Reason Fingerprinted

MNU (Account #): 152108 ORI: NV0131700

#### Medical Marijuana Establishments (Check one)

- |                                     |  |              |
|-------------------------------------|--|--------------|
| <input checked="" type="checkbox"/> | Current Owner/Officer/Board Member     | NRS 453A.322 |
| <input type="checkbox"/>            | Prospective Owner/Officer/Board Member | NRS 453A.334 |
| <input type="checkbox"/>            | Employee/Contractor/Volunteer          | NRS 453A.332 |

#### Recreational Marijuana Establishments (Check one box if establishment is both Recreational and Medical, or for Distributors)

- |                                     |  |          |
|-------------------------------------|--|----------|
| <input checked="" type="checkbox"/> | Current Owner/Officer/Board Member     | NRS 453D |
| <input type="checkbox"/>            | Prospective Owner/Officer/Board Member | NRS 453D |
| <input type="checkbox"/>            | Employee/Contractor/Volunteer          | NRS 453D |

**NOTE:** If you work, or will work for a "Dual Licensee" establishment (Medical and Recreational) you must submit two fingerprint cards; one with the "Reason Fingerprinted" of NRS 453A, and one with NRS 453D. You will also have to pay DPS's processing fee for each card.

NVPS1E0024394A  
FINGERPRINT AGENCY STAMP  
B&B Fingerprinting Services, LLC  
800 N Rainbow Blvd #175  
Las Vegas, NV 89107

FINGERPRINT REPRESENTATIVE SIGNATURE  
*Amber C...*  
TCN#  
NVPS1E0024395A  
DATE  
7.25.2018





## Nevada Marijuana Enforcement Division

### Agent Applicant Fingerprint Submission Form

Provide this form to the fingerprint technician at the time fingerprints are taken. Submit the completed, stamped form with your agent card application.

Fingerprint technician: Please ensure that you see a photo ID for identity verification purposes prior to fingerprinting. Also, please enter the required information in the lower right hand corner and return this form to the applicant for submission to the Marijuana Enforcement Division.

#### ■ Instructions

Please type or print legibly. All fingerprints must go to DPS for processing. Electronic submission to DPS is REQUIRED unless being fingerprinted outside of Nevada.

#### ■ Applicant

NAME (FIRST MIDDLE LAST)		SOCIAL SECURITY NUMBER (optional)
[REDACTED]		[REDACTED]
PHYSICAL ADDRESS LINE 1 (ADDRESS ON GOVERNMENT ID)		CITIZENSHIP
[REDACTED]		US
PHYSICAL ADDRESS LINE 2		MOBILE PHONE NUMBER
[REDACTED]		[REDACTED]
PHYSICAL CITY, STATE ZIP CODE (TOWN, CITY, PROVINCE, POSTAL CODE)		HOME PHONE NUMBER
LAS VEGAS, NV 89144		
EYE COLOR	HAIR COLOR	WEIGHT (LBS)
HAZEL	BROWN	215 lbs.
ETHNICITY	GENDER	HEIGHT (INCHES)
NON-HISPANIC	M	73 in.
RACE		
WHITE		
PLACE OF BIRTH		DATE OF BIRTH
OAKLAND, CA		[REDACTED]

#### ■ Establishment Information (If owner, officer or board member)

ESTABLISHMENT NAME	ESTABLISHMENT CODE
TGIG, LLC	
CERTIFICATE	ESTABLISHMENT TYPE

#### ■ Reason Fingerprinted

MNU (Account #): 152108 ORI: NV0131700

#### Medical Marijuana Establishments (Check one)

- ☒ Current Owner/Officer/Board Member NRS 453A.322  
☐ Prospective Owner/Officer/Board Member NRS 453A.334  
☐ Employee/Contractor/Volunteer NRS 453A.332

#### Recreational Marijuana Establishments (Check one box if establishment is both Recreational and Medical, or for Distributors)

- ☒ Current Owner/Officer/Board Member NRS 453D  
☐ Prospective Owner/Officer/Board Member NRS 453D  
☐ Employee/Contractor/Volunteer NRS 453D

**NOTE:** If you work, or will work for a "Dual Licensee" establishment (Medical and Recreational) you must submit two fingerprint cards; one with the "Reason Fingerprinted" of NRS 453A, and one with NRS 453D. You will also have to pay DPS's processing fee for each card.

FINGERPRINT AGENCY STAMP	
Fingerprinting Pros Inc	
2620 S Maryland Pkwy Ste 17	
Las Vegas NV 89109	
702-734-2665	
LVEP@FINGERPRINTINGPROS.COM	
FINGERPRINT REPRESENTATIVE SIGNATURE	
[Signature]	
TCN#	NV0131700145DA
DATE	AUG 03 2018





## Nevada Marijuana Enforcement Division

### Agent Applicant Fingerprint Submission Form

Provide this form to the fingerprint technician at the time fingerprints are taken. Submit the completed, stamped form with your agent card application.

Fingerprint technician: Please ensure that you see a photo ID for identity verification purposes prior to fingerprinting. Also, please enter the required information in the lower right hand corner and return this form to the applicant for submission to the Marijuana Enforcement Division.

#### Instructions

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#### Applicant

NAME (FIRST MIDDLE LAST)		SOCIAL SECURITY NUMBER (optional)
[REDACTED]		[REDACTED]
PHYSICAL ADDRESS LINE 1 (ADDRESS ON GOVERNMENT ID)		CITIZENSHIP
[REDACTED]		US
PHYSICAL ADDRESS LINE 2		MOBILE PHONE NUMBER
[REDACTED]		[REDACTED]
PHYSICAL CITY, STATE ZIP CODE (TOWN, CITY, PROVINCE, POSTAL CODE)		HOME PHONE NUMBER
LAS VEGAS, NV 89144		
EYE COLOR	HAIR COLOR	WEIGHT (LBS)
HAZEL	BROWN	215 lbs.
ETHNICITY	GENDER	HEIGHT (INCHES)
NON-HISPANIC	M	73 in.
RACE		
WHITE		
PLACE OF BIRTH		DATE OF BIRTH
OAKLAND, CA		[REDACTED]

#### Establishment Information (If owner, officer or board member)

ESTABLISHMENT NAME	ESTABLISHMENT CODE
TGIG, LLC	
CERTIFICATE	ESTABLISHMENT TYPE

#### Reason Fingerprinted

MNU (Account #): 152108 ORI: NV0131700

#### Medical Marijuana Establishments (Check one)

- ☒ Current Owner/Officer/Board Member NRS 453A.322  
☐ Prospective Owner/Officer/Board Member NRS 453A.334  
☐ Employee/Contractor/Volunteer NRS 453A.332

#### Recreational Marijuana Establishments (Check one box if establishment is both Recreational and Medical, or for Distributors)

- ☒ Current Owner/Officer/Board Member NRS 453D  
☐ Prospective Owner/Officer/Board Member NRS 453D  
☐ Employee/Contractor/Volunteer NRS 453D

**NOTE:** If you work, or will work for a "Dual Licensee" establishment (Medical and Recreational) you must submit two fingerprint cards; one with the "Reason Fingerprinted" of NRS 453A, and one with NRS 453D. You will also have to pay DPS's processing fee for each card.

FINGERPRINTING STAMP	
2620 S Maryland Pkwy Ste 17 Las Vegas NV 89109 702-734-2665 LVFPFPROS@GMAIL.COM	
FINGERPRINT REPRESENTATIVE SIGNATURE	
[Signature]	
TCN#	DATE
NVPS0A0081900	AUG 03 2018





# Nevada Marijuana Enforcement Division

## Agent Applicant Fingerprint Submission Form

Provide this form to the fingerprint technician at the time fingerprints are taken. Submit the completed, stamped form with your agent card application.

Fingerprint technician: Please ensure that you see a photo ID for identity verification purposes prior to fingerprinting. Also, please enter the required information in the lower right hand corner and return this form to the applicant for submission to the Marijuana Enforcement Division.

### ■ Instructions

Please type or print legibly. All fingerprints must go to DPS for processing. Electronic submission to DPS is REQUIRED unless being fingerprinted outside of Nevada.

### ■ Applicant

NAME (Last, First, Middle Initial)	[REDACTED]		SOCIAL SECURITY NUMBER (optional)	
PH	[REDACTED]		CITIZENSHIP	US
PH	[REDACTED]		MOBILE PHONE NUMBER	
PHYSICAL CITY, STATE ZIP CODE (TOWN, CITY, PROVINCE, POSTAL CODE)			[REDACTED]	
Las Vegas NV 89131				
EYE COLOR	HAIR COLOR	[REDACTED]		
Hazel	Brown			
ETHNICITY	GENDER	HEIGHT (INCHES)		
White	Caucasian Female	137 lbs		
RACE	5'07"			
Caucasian				
PLACE OF BIRTH	DATE OF BIRTH		[REDACTED]	

### ■ Establishment Information (If owner, officer or board member)

ESTABLISHMENT NAME	ESTABLISHMENT CODE
TGIG, LLC (15746787020481348783) Code: C041 TGIG, LLC (13780932467124103722) Code: D045 TGIG, LLC (30874613240466723894) Code: D048 TGIG, LLC (82520430841834014810) Code: P025	

### ■ Reason Fingerprinted

MNU (Account #): 152108 ORI: NV0131700

#### Medical Marijuana Establishments (Check one)

- |                                     |  |              |
|-------------------------------------|--|--------------|
| <input checked="" type="checkbox"/> | Current Owner/Officer/Board Member     | NRS 453A.322 |
| <input type="checkbox"/>            | Prospective Owner/Officer/Board Member | NRS 453A.334 |
| <input type="checkbox"/>            | Employee/Contractor/Volunteer          | NRS 453A.332 |

#### Recreational Marijuana Establishments (Check one box if establishment is both Recreational and Medical, or for Distributors)

- |                                     |  |          |
|-------------------------------------|--|----------|
| <input checked="" type="checkbox"/> | Current Owner/Officer/Board Member     | NRS 453D |
| <input type="checkbox"/>            | Prospective Owner/Officer/Board Member | NRS 453D |
| <input type="checkbox"/>            | Employee/Contractor/Volunteer          | NRS 453D |

NOTE: If you work, or will work for a "Dual Licensee" establishment (Medical and Recreational) you must submit two fingerprint cards; one with the "Reason Fingerprinted" of NRS 453A, and one with NRS 453D. You will also have to pay DPS's processing fee for each card.

NVPS1E0024388A  
FINGERPRINT AGENCY STAMP  
B&D Fingerprinting Services, LLC  
800 N Rainbow Blvd #175  
Las Vegas, NV 89107

FINGERPRINT REPRESENTATIVE SIGNATURE

*Amber Crane*

TCN#  
NVPS1E0024389A

DATE  
7.24.2018







# Nevada Marijuana Enforcement Division

## Agent Applicant Fingerprint Submission Form

Provide this form to the fingerprint technician at the time fingerprints are taken. Submit the completed, stamped form with your agent card application.

Fingerprint technician: Please ensure that you see a photo ID for identity verification purposes prior to fingerprinting. Also, please enter the required information in the lower right hand corner and return this form to the applicant for submission to the Marijuana Enforcement Division.

### ■ Instructions

Please type or print legibly. All fingerprints must go to DPS for processing. Electronic submission to DPS is REQUIRED unless being fingerprinted outside of Nevada.

### ■ Applicant

NAME (FIRST MIDDLE LAST)		SOCIAL SECURITY NUMBER (optional)
[REDACTED]		[REDACTED]
PHYSICAL CITY, STATE ZIP CODE (TOWN, CITY, PROVINCE, POSTAL CODE)		COUNTRY
[REDACTED]		USA
MOBILE PHONE NUMBER		[REDACTED]
PHYSICAL CITY, STATE ZIP CODE (TOWN, CITY, PROVINCE, POSTAL CODE)		
HENDERSON, NV 89052		
EYE COLOR	HAIR COLOR	WEIGHT (LBS)
BROWN	BROWN	
ETHNICITY	GENDER	HEIGHT (INCHES)
CAUCASIAN	FEMALE	
RACE		
WHITE		
PLACE OF BIRTH		DATE OF BIRTH
MIAMI BEACH, FL		[REDACTED]

### ■ Establishment Information (If owner, officer or board member)

ESTABLISHMENT NAME	ESTABLISHMENT CODE
TGIG, LLC	C041, D045, D048, P025
CERTIFICATE 15746787020481348783, 13780932467124103722, 30874613240466723894, 82520430841834014810	ESTABLISHMENT TYPE

### ■ Reason Fingerprinted

MNU (Account #): 152108 ORI: NV0131700

#### Medical Marijuana Establishments (Check one)

- |                                     |  |              |
|-------------------------------------|--|--------------|
| <input checked="" type="checkbox"/> | Current Owner/Officer/Board Member     | NRS 453A.322 |
| <input type="checkbox"/>            | Prospective Owner/Officer/Board Member | NRS 453A.334 |
| <input type="checkbox"/>            | Employee/Contractor/Volunteer          | NRS 453A.332 |

#### Recreational Marijuana Establishments (Check one box if establishment is both Recreational and Medical, or for Distributors)

- |                                     |  |          |
|-------------------------------------|--|----------|
| <input checked="" type="checkbox"/> | Current Owner/Officer/Board Member     | NRS 453D |
| <input type="checkbox"/>            | Prospective Owner/Officer/Board Member | NRS 453D |
| <input type="checkbox"/>            | Employee/Contractor/Volunteer          | NRS 453D |

**NOTE:** If you work, or will work for a "Dual Licensee" establishment (Medical and Recreational) you must submit two fingerprint cards; one with the "Reason Fingerprinted" of NRS 453A, and one with NRS 453D. You will also have to pay DPS's processing fee for each card.

FINGERPRINTS PROCESSED BY	
B&D Fingerprinting Services, LLC	
800 N Rainbow Blvd., Ste 175, Las Vegas, NV 89107 (702) 485-5256 info@bdfingerprinting.com	
FINGERPRINT REPRESENTATIVE SIGNATURE	
<i>Amber Crowe</i>	
TCN#	NVP31ES013476A
DATE	8-7-18









# Nevada Marijuana Enforcement Division

## Agent Applicant Fingerprint Submission Form

Provide this form to the fingerprint technician at the time fingerprints are taken. Submit the completed, stamped form with your agent card application.

Fingerprint technician: Please ensure that you see a photo ID for identity verification purposes prior to fingerprinting. Also, please enter the required information in the lower right hand corner and return this form to the applicant for submission to the Marijuana Enforcement Division.

### Instructions

Please type or print legibly. All fingerprints must go to DPS for processing. Electronic submission to DPS is REQUIRED unless being fingerprinted outside of Nevada.

### Applicant

NAME (FIRST, MIDDLE, LAST) [REDACTED]		SOCIAL SECURITY NUMBER (optional)
PHYSICAL ADDRESS LINE 2 Pahrump Nevada 89048		CITIZENSHIP USA
PHYSICAL CITY, STATE ZIPCODE (TOWN, CITY, PROVINCE, POSTAL CODE)		MOBILE PHONE NUMBER [REDACTED]
EYE COLOR Brown	HAIR COLOR Brown	WEIGHT (LBS) 230
ETHNICITY American	GENDER Male	HEIGHT (INCHES) 6-2
RACE White	DATE OF BIRTH [REDACTED]	
PLACE OF BIRTH Fresno Cal.f		

### Establishment Information (If owner, officer or board member)

ESTABLISHMENT NAME TGIG, LLC	ESTABLISHMENT CODE C041, D045, D048, P025
CERTIFICATE 15746787020481348783, 13780932467124103722, 30874613240466723894, 82520430841834014810	ESTABLISHMENT TYPE

### Reason Fingerprinted

MNU (Account #): 152108 ORI: NV0131700

#### Medical Marijuana Establishments (Check one)

- ☒ Current Owner/Officer/Board Member NRS 453A.322  
☐ Prospective Owner/Officer/Board Member NRS 453A.334  
☐ Employee/Contractor/Volunteer NRS 453A.332

#### Recreational Marijuana Establishments (Check one box if establishment is both Recreational and Medical, or for Distributors)

- ☒ Current Owner/Officer/Board Member NRS 453D  
☐ Prospective Owner/Officer/Board Member NRS 453D  
☐ Employee/Contractor/Volunteer NRS 453D

**NOTE:** If you work, or will work for a "Dual Licensee" establishment (Medical and Recreational) you must submit two fingerprint cards; one with the "Reason Fingerprinted" of NRS 453A, and one with NRS 453D. You will also have to pay DPS's processing fee for each card.

NVPS1E5013231A  
FINGERPRINT AGENCY STAMP  
B&D Fingerprinting Services, LLC  
800 N Rainbow Blvd., Ste 175.  
Las Vegas, NV 89107  
(702) 485-5256  
info@bdfingerprinting.com  
FINGERPRINT REPRESENTATIVE SIGNATURE  
[Signature]  
TCN# NVPS1E5013232A  
DATE 8-1-18





# Nevada Marijuana Enforcement Division

## Agent Applicant Fingerprint Submission Form

Provide this form to the fingerprint technician at the time fingerprints are taken. Submit the completed, stamped form with your agent card application.

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### Instructions

Please type or print legibly. All fingerprints must go to DPS for processing. Electronic submission to DPS is REQUIRED unless being fingerprinted outside of Nevada.

### Applicant

NAME (FIRST, MIDDLE, LAST)		SOCIAL SECURITY NUMBER (optional)
[REDACTED]		
PHYSICAL ADDRESS LINE 1		CITIZENSHIP
[REDACTED]		USA
PHYSICAL ADDRESS LINE 2		MOBILE PHONE NUMBER
[REDACTED]		[REDACTED]
PHYSICAL CITY, STATE ZIP CODE (TOWN, CITY, PROVINCE, POSTAL CODE)		
LAS VEGAS NV 89149		
EYE COLOR	HAIR COLOR	WEIGHT (LBS)
Blue	Blonde	105
ETHNICITY	GENDER	HEIGHT (INCHES)
American	F	63"
RACE		
Caucasian		
PLACE OF BIRTH		DATE OF BIRTH
Pasadena, CA		[REDACTED]

### Establishment Information (If owner, officer or board member)

ESTABLISHMENT NAME	ESTABLISHMENT CODE
TGIG, LLC	C041, D045, D048, P025
CERTIFICATE 15746787020481348783, 13780932467124103722, 30874613240466723894, 82520430841834014810	ESTABLISHMENT TYPE

### Reason Fingerprinted

MNU (Account #): 152108 ORI: NV0131700

### Medical Marijuana Establishments (Check one)

- |                                     |  |              |
|-------------------------------------|--|--------------|
| <input checked="" type="checkbox"/> | Current Owner/Officer/Board Member     | NRS 453A.322 |
| <input type="checkbox"/>            | Prospective Owner/Officer/Board Member | NRS 453A.334 |
| <input type="checkbox"/>            | Employee/Contractor/Volunteer          | NRS 453A.332 |

### Recreational Marijuana Establishments (Check one box if establishment is both Recreational and Medical, or for Distributors)

- |                                     |  |          |
|-------------------------------------|--|----------|
| <input checked="" type="checkbox"/> | Current Owner/Officer/Board Member     | NRS 453D |
| <input type="checkbox"/>            | Prospective Owner/Officer/Board Member | NRS 453D |
| <input type="checkbox"/>            | Employee/Contractor/Volunteer          | NRS 453D |

**NOTE:** If you work, or will work for a "Dual Licensee" establishment (Medical and Recreational) you must submit two fingerprint cards; one with the "Reason Fingerprinted" of NRS 453A, and one with NRS 453D. You will also have to pay DPS's processing fee for each card.

Fingerprints Processed by	
B&D Fingerprinting Services, LLC	
800 N Rainbow Blvd., Ste 175.	
Las Vegas, NV 89107	
(702) 485-5256	
info@bdfingerprinting.com	
FINGERPRINT REPRESENTATIVE SIGNATURE	
[Signature]	
TCN#	NVPSIE5013527A
DATE	8-9-18
NVPSIE5013528A	





# Nevada Marijuana Enforcement Division

## Agent Applicant Fingerprint Submission Form

Provide this form to the fingerprint technician at the time fingerprints are taken. Submit the completed, stamped form with your agent card application.

Fingerprint technician: Please ensure that you see a photo ID for identity verification purposes prior to fingerprinting. Also, please enter the required information in the lower right hand corner and return this form to the applicant for submission to the Marijuana Enforcement Division.

### Instructions

Please type or print legibly. All fingerprints must go to DPS for processing. Electronic submission to DPS is REQUIRED unless being fingerprinted outside of Nevada.

### Applicant

NAME (Last, First, Middle Initial)		SOCIAL SECURITY NUMBER (optional)
[REDACTED]		[REDACTED]
PHYSICAL ADDRESS LINE 1 (ADDRESS ON GOVERNMENT ID)		CITIZENSHIP
[REDACTED]		USA
PHYSICAL ADDRESS LINE 2		MOBILE PHONE NUMBER
[REDACTED]		[REDACTED]
PHYSICAL CITY, STATE, ZIP CODE (TOWN, CITY, PROVINCE, POSTAL CODE)		
Las Vegas, NV 89149		
EYE COLOR	HAIR COLOR	WEIGHT (LBS)
Blue	Blonde	105
ETHNICITY	GENDER	HEIGHT (INCHES)
American	F	63"
RACE		
Caucasian		
PLACE OF BIRTH		DATE OF BIRTH
Pasadena, CA		[REDACTED]

### Establishment Information (If owner, officer or board member)

ESTABLISHMENT NAME	ESTABLISHMENT CODE
TGIG, LLC	C041, D045, D048, P025
CERTIFICATE 15746787020481348783, 13780932467124103722, 30874613240466723894, 82520430841834014810	ESTABLISHMENT TYPE

### Reason Fingerprinted

MNU (Account #): 152108 ORI: NV0131700

### Medical Marijuana Establishments (Check one)

- |                                     |  |              |
|-------------------------------------|--|--------------|
| <input checked="" type="checkbox"/> | Current Owner/Officer/Board Member     | NRS 453A.322 |
| <input type="checkbox"/>            | Prospective Owner/Officer/Board Member | NRS 453A.334 |
| <input type="checkbox"/>            | Employee/Contractor/Volunteer          | NRS 453A.332 |

### Recreational Marijuana Establishments (Check one box if establishment is both Recreational and Medical, or for Distributors)

- |                                     |  |          |
|-------------------------------------|--|----------|
| <input checked="" type="checkbox"/> | Current Owner/Officer/Board Member     | NRS 453D |
| <input type="checkbox"/>            | Prospective Owner/Officer/Board Member | NRS 453D |
| <input type="checkbox"/>            | Employee/Contractor/Volunteer          | NRS 453D |

**NOTE:** If you work, or will work for a "Dual Licensee" establishment (Medical and Recreational) you must submit two fingerprint cards; one with the "Reason Fingerprinted" of NRS 453A, and one with NRS 453D. You will also have to pay DPS's processing fee for each card.

FINGERPRINTS PROCESSED BY	
B&D Fingerprinting Services, LLC	
800 N Rainbow Blvd., Ste 175.	
Las Vegas, NV 89107	
(702) 485-5256	
info@bdfingerprinting.com	
FINGERPRINT REPRESENTATIVE SIGNATURE	
[Signature]	
TCN#	NVPSIE5013529A
DATE	8-9-18

NVPSIE5013530A





## Nevada Marijuana Enforcement Division

### Agent Applicant Fingerprint Submission Form

Provide this form to the fingerprint technician at the time fingerprints are taken. Submit the completed, stamped form with your agent card application.

Fingerprint technician: Please ensure that you see a photo ID for identity verification purposes prior to fingerprinting. Also, please enter the required information in the lower right hand corner and return this form to the applicant for submission to the Marijuana Enforcement Division.

#### ■ Instructions

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#### ■ Applicant

NAME (FIRST MIDDLE LAST)		SOCIAL SECURITY NUMBER (optional)
[REDACTED]		
PHYSICAL ADDRESS (LINE 1)		CITIZENSHIP
[REDACTED]		USA
PHYSICAL CITY, STATE ZIP CODE (TOWN, CITY, PROVINCE, POSTAL CODE)		MOBILE PHONE NUMBER
LAS VEGAS, NV 89141		[REDACTED]
EYE COLOR	HAIR COLOR	WEIGHT (LBS)
Brown	Black	N/A
ETHNICITY	GENDER	HEIGHT (INCHES)
Non-Hispanic	Male	195
RACE		5'05"
ASIAN		
PLACE OF BIRTH	DATE OF BIRTH	
Busan, South Korea	[REDACTED]	

#### ■ Establishment Information (If owner, officer or board member)

ESTABLISHMENT NAME	ESTABLISHMENT CODE
TGIG, LLC	C041, D045, D048, P025
CERTIFICATE 15746787020481348783, 13780932467124103722, 30874613240466723894, 82520430841834014810	ESTABLISHMENT TYPE

#### ■ Reason Fingerprinted

MNU (Account #): 152108 ORI: NV0131700

#### Medical Marijuana Establishments (Check one)

- |                                     |  |              |
|-------------------------------------|--|--------------|
| <input checked="" type="checkbox"/> | Current Owner/Officer/Board Member     | NRS 453A.322 |
| <input type="checkbox"/>            | Prospective Owner/Officer/Board Member | NRS 453A.334 |
| <input type="checkbox"/>            | Employee/Contractor/Volunteer          | NRS 453A.332 |

#### Recreational Marijuana Establishments (Check one box if establishment is both Recreational and Medical, or for Distributors)

- |                                     |  |          |
|-------------------------------------|--|----------|
| <input checked="" type="checkbox"/> | Current Owner/Officer/Board Member     | NRS 453D |
| <input type="checkbox"/>            | Prospective Owner/Officer/Board Member | NRS 453D |
| <input type="checkbox"/>            | Employee/Contractor/Volunteer          | NRS 453D |

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NVPS1E0024376A	
FINGERPRINT AGENCY STAMP	
B&D Fingerprinting Services, LLC 800 N Rainbow Blvd #175 Las Vegas, NV 89107	
FINGERPRINT REPRESENTATIVE SIGNATURE	
[Signature]	
TCN#	NVPS1E0024377A
DATE	7.24.2018





# Nevada Marijuana Enforcement Division

## Agent Applicant Fingerprint Submission Form

Provide this form to the fingerprint technician at the time fingerprints are taken. Submit the completed, stamped form with your agent card application.

Fingerprint technician: Please ensure that you see a photo ID for identity verification purposes prior to fingerprinting. Also, please enter the required information in the lower right hand corner and return this form to the applicant for submission to the Marijuana Enforcement Division.

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Please type or print legibly. All fingerprints must go to DPS for processing. Electronic submission to DPS is REQUIRED unless being fingerprinted outside of Nevada.

### ■ Applicant

NAME (Last, First, Middle Initial)		SOCIAL SECURITY NUMBER (optional)
[REDACTED]		[REDACTED]
PHYSICAL ADDRESS LINE 1 (ADDRESS ON GOVERNMENT ID)		CITIZENSHIP
[REDACTED]		USA
PHYSICAL ADDRESS LINE 2 (ADDRESS ON GOVERNMENT ID)		MOBILE PHONE NUMBER
[REDACTED]		[REDACTED]
PHYSICAL CITY, STATE ZIP CODE (TOWN, CITY, PROVINCE, POSTAL CODE)		
LAS VEGAS, NV. 89117		
EYE COLOR	HAIR COLOR	WEIGHT (LBS)
BROWN	BROWN	180
ETHNICITY	GENDER	HEIGHT (INCHES)
E	MALE	5'11"
RACE		
WHITE		
PLACE OF BIRTH	DATE OF BIRTH	
SAN JOSE, CALIFORNIA, USA	[REDACTED]	

### ■ Establishment Information (If owner, officer or board member)

ESTABLISHMENT NAME	ESTABLISHMENT CODE
TGIG, LLC	C041, D045, D048, P025
CERTIFICATE 15746787020481348783, 13780932467124103722, 30874613240466723894, 82520430841834014810	ESTABLISHMENT TYPE

### ■ Reason Fingerprinted

MNU (Account #): 152108 ORI: NV0131700

#### Medical Marijuana Establishments (Check one)

- |                                     |  |              |
|-------------------------------------|--|--------------|
| <input checked="" type="checkbox"/> | Current Owner/Officer/Board Member     | NRS 453A.322 |
| <input type="checkbox"/>            | Prospective Owner/Officer/Board Member | NRS 453A.334 |
| <input type="checkbox"/>            | Employee/Contractor/Volunteer          | NRS 453A.332 |

#### Recreational Marijuana Establishments (Check one box if establishment is both Recreational and Medical, or for Distributors)

- |                                     |  |          |
|-------------------------------------|--|----------|
| <input checked="" type="checkbox"/> | Current Owner/Officer/Board Member     | NRS 453D |
| <input type="checkbox"/>            | Prospective Owner/Officer/Board Member | NRS 453D |
| <input type="checkbox"/>            | Employee/Contractor/Volunteer          | NRS 453D |

**NOTE:** If you work, or will work for a "Dual Licensee" establishment (Medical and Recreational) you must submit two fingerprint cards; one with the "Reason Fingerprinted" of NRS 453A, and one with NRS 453D. You will also have to pay DPS's processing fee for each card.

NVPS1E0024386A	
FINGERPRINT AGENCY STAMP	
B&D Fingerprinting Services, LLC 800 N Rainbow Blvd #175 Las Vegas, NV 89107	
FINGERPRINT REPRESENTATIVE SIGNATURE	
[Signature]	
TCN#	NVPS1E0024387A
DATE	7.24.2018







# Nevada Marijuana Enforcement Division

## Agent Applicant Fingerprint Submission Form

Provide this form to the fingerprint technician at the time fingerprints are taken. Submit the completed, stamped form with your agent card application.

Fingerprint technician: Please ensure that you see a photo ID for identity verification purposes prior to fingerprinting. Also, please enter the required information in the lower right hand corner and return this form to the applicant for submission to the Marijuana Enforcement Division.

### Instructions

Please type or print legibly. All fingerprints must go to DPS for processing. Electronic submission to DPS is REQUIRED unless being fingerprinted outside of Nevada.

### Applicant

NAME (FIRST MIDDLE LAST)		SOCIAL SECURITY NUMBER (optional)
[REDACTED]		
PHYSICAL ADDRESS LINE 1 (ADDRESS ON GOVERNMENT ID)		CITIZENSHIP
[REDACTED]		US
PHYSICAL ADDRESS LINE 2		MOBILE PHONE NUMBER
PHYSICAL CITY, STATE ZIP CODE (TOWN, CITY, PROVINCE, POSTAL CODE)		HOME PHONE NUMBER
Las Vegas, NV 89149		
EYE COLOR	HAIR COLOR	WEIGHT (LBS)
Hazel	Grey	155
ETHNICITY	GENDER	HEIGHT (INCHES)
Caucasian	Male	70
RACE		
White		
PLACE OF BIRTH		DATE OF BIRTH
Aurora, IL		[REDACTED]

### Establishment Information (If owner, officer or board member)

ESTABLISHMENT NAME	ESTABLISHMENT CODE
TGIG, LLC	C041, D045, D048, P025
CERTIFICATE	ESTABLISHMENT TYPE
15746787020481348783, 13780932467124103722, 30874613240466723894, 82520430841834014810	

### Reason Fingerprinted

MNU (Account #): 152108 ORI: NV0131700

### Medical Marijuana Establishments (Check one)

- |                                     |  |              |
|-------------------------------------|--|--------------|
| <input checked="" type="checkbox"/> | Current Owner/Officer/Board Member     | NRS 453A.322 |
| <input type="checkbox"/>            | Prospective Owner/Officer/Board Member | NRS 453A.334 |
| <input type="checkbox"/>            | Employee/Contractor/Volunteer          | NRS 453A.332 |

### Recreational Marijuana Establishments (Check one box if establishment is both Recreational and Medical, or for Distributors)

- |                                     |  |          |
|-------------------------------------|--|----------|
| <input checked="" type="checkbox"/> | Current Owner/Officer/Board Member     | NRS 453D |
| <input type="checkbox"/>            | Prospective Owner/Officer/Board Member | NRS 453D |
| <input type="checkbox"/>            | Employee/Contractor/Volunteer          | NRS 453D |














**NOTE:** If you work, or will work for a "Dual Licensee" establishment (Medical and Recreational) you must submit two fingerprint cards; one with the "Reason Fingerprinted" of NRS 453A, and one with NRS 453D. You will also have to pay DPS's processing fee for each card.

FINGERPRINT AGENCY STAMP
The UPS Store
303 E. Gurley St.
Prescott, AZ 86301
FINGERPRINT REPRESENTATIVE SIGNATURE
[Signature]
TCN#
DATE 7/26/2018





<b>APPLICANT</b> <small>See Privacy Act Notice on Back</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
FD-258 (REV. 12-10-07)		SIGNATURE		LAST NAME: NAM		FIRST NAME: [REDACTED]		MIDDLE NAME: [REDACTED]		DATE OF BIRTH: [REDACTED]	
RESIDENCE: [REDACTED]		ALIASES: AKA		CITIZENSHIP: CTZ US		SEX: M		RACE: W		DATE OF BIRTH: [REDACTED]	
DATE: 20180726		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS: [Signature]		YOUR ID: OCA		HGT: 510		WGT: 155		EYES: HAZ	
EMPLOYER AND ADDRESS:		FBI NO: FBI		ARMED FORCES NO: MNU		HAIR: GRY		PLACE OF BIRTH: IL		POB: IL	
REASON FINGERPRINTED:		SOCIAL SECURITY NO: [REDACTED]		MISCELLANEOUS NO: MNU		LEAVE BLANK					

				
1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
				
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE
				
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB

5.2.10. Tar Y Page 229 of 261

DOI-TIG009075

0019-00989  
SA002797

<b>APPLICANT</b> <small>See Instructions on Form and in Each</small>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK				FBI		LEAVE BLANK	
FD-258 (REV 12-10-07)		SIGNATURE OF APPLICANT 		LAST NAME [REDACTED]		FIRST NAME [REDACTED]		MIDDLE NAME [REDACTED]		DATE OF BIRTH Month Day Year [REDACTED]	
RESIDENCE OF PERSON FINGERPRINTED [REDACTED]		ALIASES AKA [REDACTED]		CITIZENSHIP CTZ US		SEX M		RACE W		DATE OF BIRTH DOB [REDACTED]	
DATE 20180726		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS 		FOUN NO. QCA		HGT 510		WGT 155		EYES HAZ	
EMPL. CATER AND ADDRESS Arizona Livescan		FBI NO. FBI		ARMED FORCES NO. MNU		HAIR GRY		PLACE OF BIRTH PLC IL		LEAVE BLANK	
REASON FINGERPRINTED		SOCIAL SECURITY NO. SOC [REDACTED]		MISCELLANEOUS NO. MNU		CLASS		REF		LEAVE BLANK	

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE	
6. L. THUMB	7. L. INDEX	8. L. MIDDLE	9. L. RING	10. L. LITTLE	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY	



## Nevada Marijuana Enforcement Division

### Agent Applicant Fingerprint Submission Form

Provide this form to the fingerprint technician at the time fingerprints are taken. Submit the completed, stamped form with your agent card application.

Fingerprint technician: Please ensure that you see a photo ID for identity verification purposes prior to fingerprinting. Also, please enter the required information in the lower right hand corner and return this form to the applicant for submission to the Marijuana Enforcement Division.

#### ■ Instructions

Please type or print legibly. All fingerprints must go to DPS for processing. Electronic submission to DPS is REQUIRED unless being fingerprinted outside of Nevada.

#### ■ Applicant

NAME (FIRST MIDDLE LAST)		SOCIAL SECURITY NUMBER (optional)
[REDACTED]		
PHYSICAL ADDRESS LINE 1 (ADDRESS ON GOVERNMENT ID)		CITIZENSHIP
[REDACTED]		USA
PHYSICAL ADDRESS LINE 2 (ADDRESS ON GOVERNMENT ID)		MOBILE PHONE NUMBER
[REDACTED]		[REDACTED]
PHYSICAL CITY, STATE ZIP CODE (TOWN, CITY, PROVINCE, POSTAL CODE)		
Las Vegas NV 89129		
EYE COLOR	HAIR COLOR	
BLU	BLN	
ETHNICITY	GENDER	HEIGHT (INCHES)
White	F	130
RACE		65
Caucasian		
PLACE OF BIRTH	DATE OF BIRTH	
Clarksville, TN	[REDACTED]	

#### ■ Establishment Information (If owner, officer or board member)

ESTABLISHMENT NAME	ESTABLISHMENT CODE
TGIG, LLC	C041, D045, D048, P025
CERTIFICATE 15746787020481348783, 13780932467124103722, 30874613240466723894, 82520430841834014810	ESTABLISHMENT TYPE

#### ■ Reason Fingerprinted

MNU (Account #): 152108 ORI: NV0131700

#### Medical Marijuana Establishments (Check one)

- ☒ Current Owner/Officer/Board Member NRS 453A.322  
☐ Prospective Owner/Officer/Board Member NRS 453A.334  
☐ Employee/Contractor/Volunteer NRS 453A.332

#### Recreational Marijuana Establishments (Check one box if establishment is both Recreational and Medical, or for Distributors)

- ☒ Current Owner/Officer/Board Member NRS 453D  
☐ Prospective Owner/Officer/Board Member NRS 453D  
☐ Employee/Contractor/Volunteer NRS 453D

**NOTE:** If you work, or will work for a "Dual Licensee" establishment (Medical and Recreational) you must submit two fingerprint cards; one with the "Reason Fingerprinted" of NRS 453A, and one with NRS 453D. You will also have to pay DPS's processing fee for each card.

NVPS1E0024390A

FINGERPRINT AGENCY STAMP

B&D Fingerprinting Services, LLC  
800 N Rainbow Blvd #175  
Las Vegas, NV 89107

FINGERPRINT REPRESENTATIVE SIGNATURE

*[Signature]*

TCN#

NVPS1E0024391A

DATE

7.24.2018





# Nevada Marijuana Enforcement Division

## Agent Applicant Fingerprint Submission Form

Provide this form to the fingerprint technician at the time fingerprints are taken. Submit the completed, stamped form with your agent card application.

Fingerprint technician: Please ensure that you see a photo ID for identity verification purposes prior to fingerprinting. Also, please enter the required information in the lower right hand corner and return this form to the applicant for submission to the Marijuana Enforcement Division.

### ■ Instructions

Please type or print legibly. All fingerprints must go to DPS for processing. Electronic submission to DPS is REQUIRED unless being fingerprinted outside of Nevada.

### ■ Applicant

NAME (FIRST MIDDLE LAST)		SOCIAL SECURITY NUMBER (optional)
[REDACTED]		[REDACTED]
PHYSICAL ADDRESS LINE 1 (ADDRESS ON GOVERNMENT ID)		CITIZENSHIP
[REDACTED]		US
PHYSICAL ADDRESS LINE 2		MOBILE PHONE NUMBER
[REDACTED]		[REDACTED]
PHYSICAL CITY, STATE ZIPCODE (TOWN, CITY, PROVINCE, POSTAL CODE)		HOME PHONE NUMBER
[REDACTED]		[REDACTED]
EYE COLOR	HAIR COLOR	WEIGHT (LBS)
HAZEL	GRAY	220
ETHNICITY	GENDER	HEIGHT (INCHES)
CHRISTIAN	MALE	5'10"
RACE		
WHITE		
PLACE OF BIRTH		DATE OF BIRTH
DAYTON, OH		[REDACTED]

### ■ Establishment Information (If owner, officer or board member)

ESTABLISHMENT NAME	ESTABLISHMENT CODE
TGIG, LLC	
CERTIFICATE	ESTABLISHMENT TYPE

### ■ Reason Fingerprinted

MNU (Account #): 152108 ORI: NV0131700

#### Medical Marijuana Establishments (Check one)

- |   |              |
|---|--------------|
| <input type="checkbox"/> Current Owner/Officer/Board Member     | NRS 453A.322 |
| <input type="checkbox"/> Prospective Owner/Officer/Board Member | NRS 453A.334 |
| <input type="checkbox"/> Employee/Contractor/Volunteer          | NRS 453A.332 |

#### Recreational Marijuana Establishments (Check one box if establishment is both Recreational and Medical, or for Distributors)

- |   |          |
|---|----------|
| <input type="checkbox"/> Current Owner/Officer/Board Member     | NRS 453D |
| <input type="checkbox"/> Prospective Owner/Officer/Board Member | NRS 453D |
| <input type="checkbox"/> Employee/Contractor/Volunteer          | NRS 453D |

**NOTE:** If you work, or will work for a "Dual Licensee" establishment (Medical and Recreational) you must submit two fingerprint cards; one with the "Reason Fingerprinted" of NRS 453A, and one with NRS 453D. You will also have to pay DPS's processing fee for each card.

FINGERPRINT AGENCY STAMP  
BELLEVUE FINGERPRINTING SERVICE  
11900 NE 1ST STREET, SUITE  
300 BELLEVUE, WA 98005

FINGERPRINT REPRESENTATIVE SIGNATURE

TCN#

DATE

07/24/2018



# APPLICANT

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LEAVE BLANK

SIGNATURE OF PERSON FINGERPRINTED

[Redacted Signature]

ALIASES (AAA)

U  
R  
I

NV0131700

DATE OF BIRTH - DOB

DATE  
7-24-18

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

[Signature]

EMPLOYER AND ADDRESS

CITIZENSHIP CTZ

US

SEX

M

RACE

W

HGT

5'10"

WGT

220

EYES

HAZ GRN

HAIR

BRN

PLACE OF BIRTH - POB

DAYTON, OH

YOUR NO. QCA

FBI NO. FBI

ARMED FORCES NO. AFNU

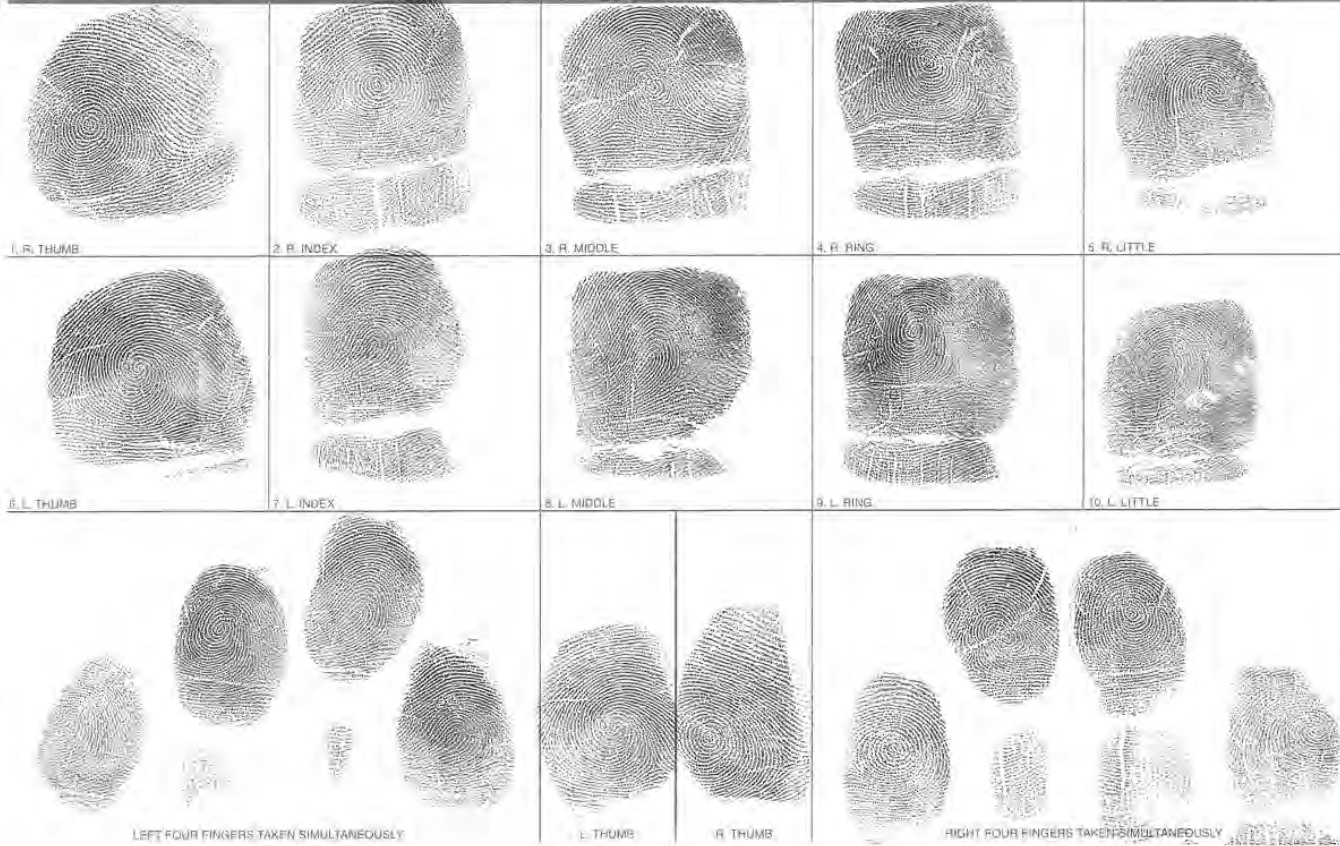
MISCELLANEOUS NO. MNUI

152108

CLASS

REF

REASON FINGERPRINTED





# APPLICANT

LEAVE BLANK

LAST NAME (NAM)

TYPE OR PRINT ALL INFORMATION IN BLACK  
FIRST NAME MIDDLE NAME

DOB

LEAVE BLANK

RESIDENCE OF PERSON FINGERPRINTED

NV 0131700

DATE OF BIRTH DOB

DATE

SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

7-24-18

EMPLOYER AND ADDRESS

326P

3

CITIZENSHIP Q12

US

SEX

RACE

HGT

WGT

EYES

HAIR

M

W

5'10

120

HAZ

GRY

DAYTON, OH

YOUR NO. QCA

FBING. FBI

ARMED FORCES NO. (MMU)

CLASS

REF

REASON FINGERPRINTED

MARIJUANA LICENSE

S

MISCELLANEOUS NO. (MMU)

152108



1. R. THUMB



2. R. INDEX



3. R. MIDDLE



4. R. RING



5. R. LITTLE



6. L. THUMB



7. L. INDEX



8. L. MIDDLE



9. L. RING



10. L. LITTLE



LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY



L. THUMB



R. THUMB



RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY



## FINGERPRINT IDENTIFICATION VERIFICATION FORM

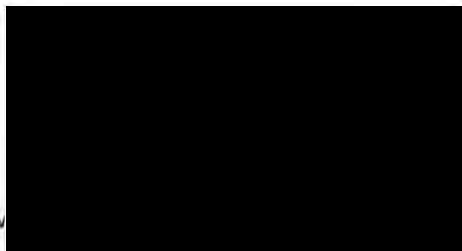
### Applicant Information

Applicant's Name: \_\_\_\_\_  
Applicant ID Type: \_\_\_\_\_  
ID Number: \_\_\_\_\_ Exp: 01/24/2021

### Fingerprint Technician Information

Technician Name: Megan Glynn  
Technician Signature: \_\_\_\_\_  
Date: 07/24/2018

### Agency Information:







## Nevada Marijuana Enforcement Division

### Agent Applicant Fingerprint Submission Form

Provide this form to the fingerprint technician at the time fingerprints are taken. Submit the completed, stamped form with your agent card application.

Fingerprint technician: Please ensure that you see a photo ID for identity verification purposes prior to fingerprinting. Also, please enter the required information in the lower right hand corner and return this form to the applicant for submission to the Marijuana Enforcement Division.

#### ■ Instructions

Please type or print legibly. All fingerprints must go to DPS for processing. Electronic submission to DPS is REQUIRED unless being fingerprinted outside of Nevada.

#### ■ Applicant

NAME (FIRST MIDDLE LAST) [REDACTED]		SOCIAL SECURITY NUMBER (optional) [REDACTED]
PHYSICAL CITY, STATE ZIP CODE (TOWN, CITY, PROVINCE, POSTAL CODE) LAS VEGAS, NV 89149		CITIZENSHIP UNITED STATE OF AMERICA
EYE COLOR GREEN		MOBILE PHONE NUMBER [REDACTED]
HAIR COLOR BROWN		HOME PHONE NUMBER [REDACTED]
ETHNICITY CAUCASIAN		WEIGHT (LBS) 205
GENDER MALE		HEIGHT (INCHES) 74"
RACE WHITE		DATE OF BIRTH [REDACTED]
PLACE OF BIRTH LAS VEGAS, NV		

#### ■ Establishment Information (If owner, officer or board member)

ESTABLISHMENT NAME TGIG, LLC	ESTABLISHMENT CODE
CERTIFICATE	ESTABLISHMENT TYPE

#### ■ Reason Fingerprinted

MNU (Account #): 152108 ORI: NV0131700

#### Medical Marijuana Establishments (Check one)

- ☒ Current Owner/Officer/Board Member NRS 453A.322  
☐ Prospective Owner/Officer/Board Member NRS 453A.334  
☐ Employee/Contractor/Volunteer NRS 453A.332

#### Recreational Marijuana Establishments (Check one box if establishment is both Recreational and Medical, or for Distributors)

- ☒ Current Owner/Officer/Board Member NRS 453D  
☐ Prospective Owner/Officer/Board Member NRS 453D  
☐ Employee/Contractor/Volunteer NRS 453D

**NOTE:** If you work, or will work for a "Dual Licensee" establishment (Medical and Recreational) you must submit two fingerprint cards; one with the "Reason Fingerprinted" of NRS 453A, and one with NRS 453D. You will also have to pay DPS's processing fee for each card.

*NVPS1E0024384A*

FINGERPRINT AGENCY STAMP  
B&D Fingerprinting Services, LLC  
800 N Rainbow Blvd #175  
Las Vegas, NV 89107

FINGERPRINT REPRESENTATIVE SIGNATURE

*[Signature]*

TCN# *NVPS1E0024385A*

DATE *7.24.2018*





## Nevada Marijuana Enforcement Division

### Agent Applicant Fingerprint Submission Form

Provide this form to the fingerprint technician at the time fingerprints are taken. Submit the completed, stamped form with your agent card application.

Fingerprint technician: Please ensure that you see a photo ID for identity verification purposes prior to fingerprinting. Also, please enter the required information in the lower right hand corner and return this form to the applicant for submission to the Marijuana Enforcement Division.

#### ■ Instructions

Please type or print legibly. All fingerprints must go to DPS for processing. Electronic submission to DPS is REQUIRED unless being fingerprinted outside of Nevada.

#### ■ Applicant

NAME (FIRST MIDDLE LAST)		SOCIAL SECURITY NUMBER (optional)	
[REDACTED]		[REDACTED]	
CITIZENSHIP		USA	
PHYSICAL CITY, STATE ZIP CODE (TOWN, CITY, PROVINCE, POSTAL CODE)		[REDACTED]	
San Angelo, Tx 76904		[REDACTED]	
EYE COLOR	HAIR COLOR	HEIGHT (INCHES)	
Brown	Brown	210	
ETHNICITY	GENDER	6'7	
Caucasian	Male	[REDACTED]	
PLACE OF BIRTH		DATE OF BIRTH	
Chicago, IL		[REDACTED]	

#### ■ Establishment Information (If owner, officer or board member)

ESTABLISHMENT NAME	ESTABLISHMENT CODE
CERTIFICATE	ESTABLISHMENT TYPE

#### ■ Reason Fingerprinted

MNU (Account #): 152108 ORI: NV0131700

#### Medical Marijuana Establishments (Check one)

- |  |              |
|--|--------------|
| <input checked="" type="checkbox"/> Current Owner/Officer/Board Member | NRS 453A.322 |
| <input type="checkbox"/> Prospective Owner/Officer/Board Member        | NRS 453A.334 |
| <input type="checkbox"/> Employee/Contractor/Volunteer                 | NRS 453A.332 |

#### Recreational Marijuana Establishments (Check one box if establishment is both Recreational and Medical, or for Distributors)

- |  |          |
|--|----------|
| <input checked="" type="checkbox"/> Current Owner/Officer/Board Member | NRS 453D |
| <input type="checkbox"/> Prospective Owner/Officer/Board Member        | NRS 453D |
| <input type="checkbox"/> Employee/Contractor/Volunteer                 | NRS 453D |

**NOTE:** If you work, or will work for a "Dual Licensee" establishment (Medical and Recreational) you must submit two fingerprint cards; one with the "Reason Fingerprinted" of NRS 453A, and one with NRS 453D. You will also have to pay DPS's processing fee for each card.

#### Prints, Pics, N More

3520 E. Tropicana Ave. Ste. D-1

FINGERPRINT AGENCY STAMP  
Las Vegas, NV 89121

(702) 476-6900 Fax (702) 476-6999

FINGERPRINT REPRESENTATIVE SIGNATURE

TCN#

NVRS1000029984

DATE

8/8/18





## Nevada Marijuana Enforcement Division

### Agent Applicant Fingerprint Submission Form

Provide this form to the fingerprint technician at the time fingerprints are taken. Submit the completed, stamped form with your agent card application.

Fingerprint technician: Please ensure that you see a photo ID for identity verification purposes prior to fingerprinting. Also, please enter the required information in the lower right hand corner and return this form to the applicant for submission to the Marijuana Enforcement Division.

#### ■ Instructions

Please type or print legibly. All fingerprints must go to DPS for processing. Electronic submission to DPS is REQUIRED unless being fingerprinted outside of Nevada.

#### ■ Applicant

NAME (FIRST MIDDLE LAST)		SOCIAL SECURITY NUMBER (optional)	
[REDACTED]		[REDACTED]	
CITIZENSHIP		USA	
MOBILE PHONE NUMBER		[REDACTED]	
HOME PHONE NUMBER		[REDACTED]	
PHYSICAL CITY, STATE ZIP CODE (TOWN, CITY, PROVINCE, POSTAL CODE)			
San Angelo, Tx 76904			
EYE COLOR	HAIR COLOR	WEIGHT (LBS)	
Brown	Brown	210	
ETHNICITY	GENDER	HEIGHT (INCHES)	
	Male	6'7	
RACE			
Caucasian			
PLACE OF BIRTH		DATE OF BIRTH	
Chicago, ILL		[REDACTED]	

#### ■ Establishment Information (If owner, officer or board member)

ESTABLISHMENT NAME	ESTABLISHMENT CODE
CERTIFICATE	ESTABLISHMENT TYPE

#### ■ Reason Fingerprinted

MNU (Account #): 152108 ORI: NV0131700

#### Medical Marijuana Establishments (Check one)

- |  |              |
|--|--------------|
| <input checked="" type="checkbox"/> Current Owner/Officer/Board Member | NRS 453A.322 |
| <input type="checkbox"/> Prospective Owner/Officer/Board Member        | NRS 453A.334 |
| <input type="checkbox"/> Employee/Contractor/Volunteer                 | NRS 453A.332 |

#### Recreational Marijuana Establishments (Check one box if establishment is both Recreational and Medical, or for Distributors)

- |  |          |
|--|----------|
| <input checked="" type="checkbox"/> Current Owner/Officer/Board Member | NRS 453D |
| <input type="checkbox"/> Prospective Owner/Officer/Board Member        | NRS 453D |
| <input type="checkbox"/> Employee/Contractor/Volunteer                 | NRS 453D |

**NOTE:** If you work, or will work for a "Dual Licensee" establishment (Medical and Recreational) you must submit two fingerprint cards; one with the "Reason Fingerprinted" of NRS 453A, and one with NRS 453D. You will also have to pay DPS's processing fee for each card.

#### Prints, Pics, N More

3520 E. Tropicana Ave. Ste. D-1

Las Vegas, NV 89121

(702) 476-6900 Fax (702) 476-6999

FINGERPRINT REPRESENTATIVE SIGNATURE

TCN#

NV1 000029994

DATE

8/18/18





**5.2.11**

PART 1

# **FINANCIAL PLAN**

DOT-TGIG009085

0019-00999  
SA002807

### 5.2.11. Tab XI – Financial plan

A financial plan must be included in this tab which includes:

5.2.11.1. Financial statements showing the resources of the applicant, both liquid and illiquid

5.2.11.2. If the applicant is relying on funds from an owner, officer board member or any other source, evidence that such person has unconditionally committed such funds to the use of the applicant in the event the Department awards a recreational marijuana establishment license to the applicant.

5.2.11.3. Proof that the applicant has adequate funds to cover all expenses and costs of the first year of operation.

---

## FINANCIAL PLAN NARRATIVE

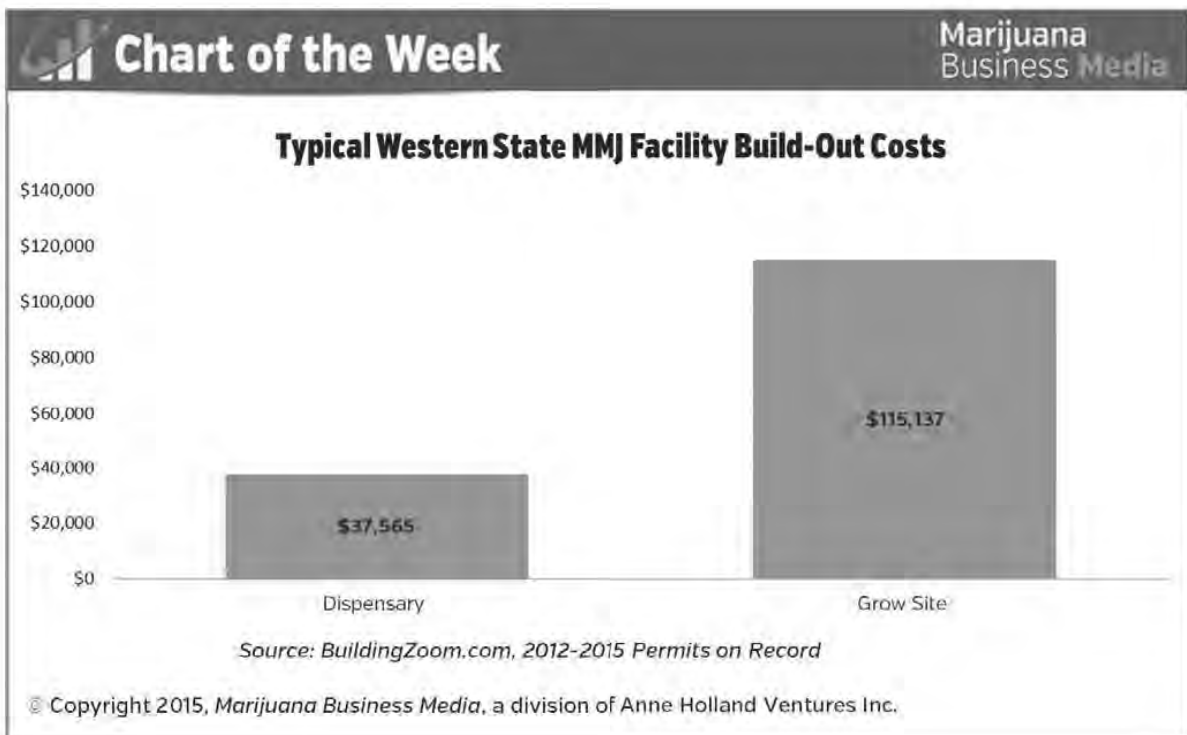
TGIG, LLC (“Company”) is applying for retail marijuana store licenses in the following jurisdictions:

- City of Las Vegas
- Clark County
- North Las Vegas
- Nye County
- Reno
- Sparks

Applicants are required to show proof of liquid funds in the amount of \$250,000 for each retail marijuana store application. The total for six applications is \$1,500,000. The applicant is also required to show proof of funds adequate to cover all expenses and costs of the first year of operation. The Company has prepared a detailed budget for a proposed retail marijuana store including pre-opening and first year operating expenses. (**Exhibit A**). That budget assumes the operating hours of the establishment will be 24/7. The Company has made the following budget assumptions:

## TENANT IMPROVEMENTS

The following is a sample retail marijuana store in the Southern Nevada area. Stores in this area would likely be the most expensive therefor we are using the higher end of expenses in terms of up-front TI costs. According to the “*Marijuana Business Media*” the typical build out for a marijuana dispensary is \$37,565. In order to maintain the quality and high standards of our dispensaries the Company projects TI costs to be \$100 per square foot. In addition to this, the Company estimates \$45 per square foot for equipment, such as computers and point of sale systems, furniture, security systems, safes, vaults, etc. (See chart below.)



## REVENUE ASSUMPTIONS

Over the last 12 months, our Las Vegas dispensary is averaging 19,121 tickets per month with an average ticket price of \$64.06. (See **Exhibit A-1**). It is our assumption that a new dispensary will average 20% less in monthly tickets. Based on this our monthly ticket assumption for the first month of operation is 15,297 with an average ticket price of \$53.94 for monthly gross revenue of \$825,120 (15,297 x \$53.94).

Month over month growth (tickets per month) is based on seasonality and the Las Vegas visitor trends. As demonstrated in the Las Vegas Visitor Trends spreadsheet (**Exhibit A-2**) we have used the monthly Las Vegas visitor projections and calculated the average monthly % change. In addition to this a month over month market growth rate of 0.5% is added after the first six months of operation. This calculation provides the projected tickets per month. The average ticket price assumption of \$53.94 is maintained as a constant.

Once the monthly gross revenue is determined revenue is broken down by category. The percentage of sales based on category is from the last 12 months sales at our Las Vegas dispensary. Revenue breakdown by category is used to calculate the cost of goods sold as well as inventory tracking.

## EXPENSE ASSUMPTIONS

The Company is a vertically integrated cannabis enterprise which includes two dispensaries, one production, one cultivation and two distribution licenses. The Company produces its own flower, concentrates, and edibles. Because of this we are able to sale our products to our dispensary for the cost of producing the product which is substantially less than purchasing from a third party.

### COGS – Cost of Goods Sold

COGS for all third-party products are calculated at 50% of gross sales. For example, if monthly edibles sales revenue is \$25,000 the corresponding expense for that product is \$12,500.

COGS for our in-house flower is calculated using the average cost to produce a pound of flower at our cultivation facility which on average is \$654.33 per pound. We have also included taxes of 15% or \$419.85 per pound based on fair market price of \$2,799. Total in house flower expense per pound is \$1,074.18 (\$654.33 + \$419.85)

COGS for our in-house concentrates are calculated based on the average cost to produce a unit. Our in-house concentrates has multiple products under its umbrella. Due to this we have determined that the average cost to produce each unit is approximately 30% of the retail unit price. The costs to produce the products include trim, labor and packaging.

COGS for our in-house edibles are calculated based on the average cost to produce a unit which is approximately \$5.39. Those costs include trim, ingredients, labor and packaging. The average cost per unit is approximately 21.77% of the retail unit price.



Based on the budget the Company must have funds in the amount of \$902,422 for each retail marijuana store to cover pre-opening expenses and first year operating expenses. The total funds required for six retail marijuana stores is \$5,414,532.

The Company has sufficient liquid funds to cover all pre-opening expenses and first year operating expenses for the six-retail marijuana stores the Company is applying for. The following details the Company resources (all supporting information found at **Exhibit B**):

**TGIG, LLC Liquid Resources:**

- Safe Harbor Bank Checking Account = \$683,000
  - Meadows Bank Money Market Account = \$6,025,000
- Total Liquid Resources = \$6,708,000**

**TGIG, LLC Projected Future Revenue:**

- The Grove Swenson Dispensary Revenue = \$3,088,361
    - o Projected revenue from Sept. 2018 – Dec. 2019
  - The Grove Pahrump Dispensary Revenue = \$1,120,766
    - o Projected revenue from Sept. 2018 – Dec. 2019
- Total Future Revenue = \$4,209,127**

**Additional TGIG, LLC Resources:**

- Unconditionally Committed Funds = \$4,049,684
- Total Additional Resources = \$4,049,684**

The evidence of the unconditional funds is attached as **Exhibit C**. These unconditional funds are for the use of pre-operational and operational costs of the new retail marijuana store if the Department awards a retail marijuana store license to TGIG, LLC.

The combined Company resources and projected future revenue total \$14,966,811 which is more than adequate to cover the \$5,414,532 pre-opening and first year operating expenses for six retail marijuana stores.

# Exhibit A

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ONS	Totals	Assumptions	BUILDOUT	BUILDOUT	Stock/Store	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Tax and discounts)	Monthly Sales Detail		-	-	-	15,297	14,518	15,181	14,509	14,255	15,177	15,943	12,732	14,493	13,864	16,393	15,341
	Monthly Sales Detail		-	-	-	493	484	506	484	475	506	451	424	483	462	546	511
	Monthly Sales Detail		\$	\$	\$	\$3.94	\$3.94	\$3.94	\$3.94	\$3.94	\$3.94	\$3.94	\$3.94	\$3.94	\$3.94	\$3.94	\$3.94
see Cultivation In House Cultivation			-	-	-	92.12	87.43	91.43	87.37	85.85	91.40	81.56	76.67	87.28	83.49	98.72	92.39
			-	-	-	92.12	87.43	91.43	87.37	85.85	91.40	81.56	76.67	87.28	83.49	98.72	92.39
			-	-	-	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
In House Cultivation rd Party			-	-	-	64.48	61.20	64.00	61.16	60.09	63.98	57.09	53.67	61.10	58.44	69.10	64.67
			-	-	-	64.48	61.20	64.00	61.16	60.09	63.98	57.09	53.67	61.10	58.44	69.10	64.67
			-	-	-	27.64	26.23	27.43	26.21	25.75	27.42	24.47	21.00	26.18	25.05	29.62	27.72
ally			-	-	-	92.12	87.43	91.43	87.37	85.85	91.40	81.56	76.67	87.28	83.49	98.72	92.39
			-	-	-	92.12	87.43	91.43	87.37	85.85	91.40	81.56	76.67	87.28	83.49	98.72	92.39
			-	-	-	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%
rowth			-	-	-	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%
			-	-	-	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%
			-	-	-	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%
Total growth rate			-	-	-	-5.09%	4.57%	-4.43%	-1.25%	5.96%	-11.26%	-6.49%	13.33%	-4.84%	17.74%	-6.92%	-0.50%
			-	-	-	-5.09%	4.57%	-4.43%	-1.25%	5.96%	-11.26%	-6.49%	13.33%	-4.84%	17.74%	-6.92%	-0.50%
			-	-	-	-5.09%	4.57%	-4.43%	-1.25%	5.96%	-11.26%	-6.49%	13.33%	-4.84%	17.74%	-6.92%	-0.50%
BUDGET			-	-	-	825,109	783,102	818,885	782,601	768,932	818,623	730,518	686,759	781,771	747,830	884,236	827,484
			-	-	-	825,109	783,102	818,885	782,601	768,932	818,623	730,518	686,759	781,771	747,830	884,236	827,484
			-	-	-	37,130	35,240	36,850	35,217	35,217	37,493	33,458	31,454	35,805	34,251	40,498	37,899
ation)			-	-	-	24,671	23,415	24,485	23,400	24,912	22,231	22,231	20,899	23,790	22,758	26,909	25,182
			-	-	-	94,888	90,057	94,172	89,999	89,999	95,815	85,503	80,381	91,502	87,529	102,495	96,852
			-	-	-	317,667	301,494	315,271	301,301	301,301	320,772	286,249	269,102	306,332	293,033	346,483	324,244
Third Party			-	-	-	41	39	41	39	39	42	37	35	40	38	45	42
			-	-	-	16,502	15,662	16,278	15,652	15,652	16,664	14,870	13,979	15,913	15,222	17,999	16,844
			-	-	-	82,511	78,310	81,889	78,260	78,260	83,318	74,350	69,897	79,567	76,112	89,995	84,219
In House Cultivation)			-	-	-	198,026	187,944	196,532	187,824	187,824	199,962	178,441	167,752	190,960	182,670	215,909	202,126
			-	-	-	198,026	187,944	196,532	187,824	187,824	199,962	178,441	167,752	190,960	182,670	215,909	202,126
			-	-	-	771,436	732,161	745,617	731,692	731,692	778,977	695,139	653,499	743,910	711,613	841,413	787,408
ONS			-	-	-	825,068	783,063	818,844	782,561	781,673	832,188	742,622	698,138	794,725	760,222	898,888	841,195
			-	-	-	825,068	783,063	818,844	782,561	781,673	832,188	742,622	698,138	794,725	760,222	898,888	841,195
			-	-	-	2,799	2,799	2,799	2,799	2,799	2,799	2,799	2,799	2,799	2,799	2,799	2,799
In House Cultivation)			-	-	-	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074
			-	-	-	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074
			-	-	-	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%
ONS			-	-	-	825,068	783,063	818,844	782,561	781,673	832,188	742,622	698,138	794,725	760,222	898,888	841,195
			-	-	-	825,068	783,063	818,844	782,561	781,673	832,188	742,622	698,138	794,725	760,222	898,888	841,195
			-	-	-	2,799	2,799	2,799	2,799	2,799	2,799	2,799	2,799	2,799	2,799	2,799	2,799
In House Cultivation)			-	-	-	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074
			-	-	-	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074	1,074
			-	-	-	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%	70%

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[illegible]

[illegible]

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### 5.2.11. Tab IX - Pa

Exhibit A-1

RETAIL MARIJUANA STORE

SEPTEMBER 2017

Date	Day of the Week	Medical Sales	Recreational Sales	Total Daily Sales	Average Ticket Price	Number of Tickets	Single Item Tickets	Multiple Item Tickets
9/1/17	Friday	\$ 3,852	\$ 38,319	\$ 42,171	\$ 65.51	754	228	526
9/2/17	Saturday	\$ 3,689	\$ 34,338	\$ 38,027	\$ 63.77	697	224	473
9/3/17	Sunday	\$ 2,911	\$ 37,176	\$ 40,087	\$ 65.51	716	206	510
9/4/17	Monday	\$ 2,678	\$ 26,668	\$ 29,346	\$ 56.72	606	218	388
9/5/17	Tuesday	\$ 3,185	\$ 24,701	\$ 27,887	\$ 57.92	562	189	373
9/6/17	Wednesday	\$ 3,291	\$ 29,433	\$ 32,724	\$ 64.09	596	205	391
9/7/17	Thursday	\$ 4,558	\$ 36,775	\$ 41,333	\$ 71.29	678	211	467
9/8/17	Friday	\$ 3,512	\$ 42,176	\$ 45,688	\$ 67.92	785	264	521
9/9/17	Saturday	\$ 3,613	\$ 41,113	\$ 44,726	\$ 68.67	759	251	508
9/10/17	Sunday	\$ 2,833	\$ 34,483	\$ 37,316	\$ 65.56	665	225	440
9/11/17	Monday	\$ 3,098	\$ 31,003	\$ 34,101	\$ 64.49	618	236	382
9/12/17	Tuesday	\$ 4,093	\$ 27,286	\$ 31,380	\$ 63.63	575	212	363
9/13/17	Wednesday	\$ 1,909	\$ 30,982	\$ 32,891	\$ 61.17	631	212	419
9/14/17	Thursday	\$ 4,339	\$ 37,950	\$ 42,289	\$ 68.97	717	206	511
9/15/17	Friday	\$ 4,438	\$ 44,583	\$ 49,021	\$ 70.63	813	207	606
9/16/17	Saturday	\$ 3,867	\$ 36,489	\$ 40,356	\$ 68.51	684	210	474
9/17/17	Sunday	\$ 3,066	\$ 34,797	\$ 37,862	\$ 64.50	687	210	477
9/18/17	Monday	\$ 3,686	\$ 31,729	\$ 35,415	\$ 61.63	671	223	448
9/19/17	Tuesday	\$ 3,290	\$ 24,076	\$ 27,366	\$ 57.10	560	193	367
9/20/17	Wednesday	\$ 5,961	\$ 33,316	\$ 39,277	\$ 67.48	678	213	465
9/21/17	Thursday	\$ 5,237	\$ 38,179	\$ 43,416	\$ 69.82	726	225	501
9/22/17	Friday	\$ 2,588	\$ 47,104	\$ 49,692	\$ 70.38	828	183	645
9/23/17	Saturday	\$ 4,746	\$ 35,978	\$ 40,723	\$ 64.76	734	222	512
9/24/17	Sunday	\$ 3,139	\$ 31,205	\$ 34,344	\$ 59.84	671	219	452
9/25/17	Monday	\$ 5,239	\$ 28,937	\$ 34,176	\$ 61.79	644	219	425
9/26/17	Tuesday	\$ 3,678	\$ 26,310	\$ 29,987	\$ 56.27	623	246	377
9/27/17	Wednesday	\$ 4,577	\$ 28,532	\$ 33,109	\$ 62.13	621	219	402
9/28/17	Thursday	\$ 3,538	\$ 39,714	\$ 43,252	\$ 67.77	748	228	520
9/29/17	Friday	\$ 5,671	\$ 44,674	\$ 50,345	\$ 68.83	854	247	607
9/30/17	Saturday	\$ 2,637	\$ 35,037	\$ 37,674	\$ 67.07	663	196	462
TOTAL SALES		\$ 112,920	\$ 1,033,061	\$ 1,145,981		20,564	6,547	14,012
AVERAGE		\$3,764	\$34,435	\$38,199	\$64.79	685	218	467

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# DISPENSARY / RETAIL MARIJUANA STORE

OCTOBER 2017

Date	Day of the Week	Medical Sales	Recreational Sales	Total Daily Sales	Average Ticket Price	Number of Tickets	Single Item Tickets	Multiple Item Tickets
10/1/17	Sunday	\$ 2,752	\$ 31,840	\$ 34,592	\$ 60.14	673	226	447
10/2/17	Monday	\$ 4,324	\$ 25,301	\$ 29,625	\$ 57.83	597	221	376
10/3/17	Tuesday	\$ 3,513	\$ 26,603	\$ 30,116	\$ 61.51	572	204	368
10/4/17	Wednesday	\$ 3,209	\$ 25,593	\$ 28,803	\$ 60.06	561	224	337
10/5/17	Thursday	\$ 4,015	\$ 36,535	\$ 40,550	\$ 66.60	711	232	479
10/6/17	Friday	\$ 3,799	\$ 42,383	\$ 46,182	\$ 67.96	795	257	538
10/7/17	Saturday	\$ 2,105	\$ 31,115	\$ 33,220	\$ 61.16	638	225	413
10/8/17	Sunday	\$ 2,149	\$ 27,059	\$ 29,208	\$ 55.79	613	256	357
10/9/17	Monday	\$ 2,641	\$ 25,019	\$ 27,659	\$ 58.84	551	218	333
10/10/17	Tuesday	\$ 2,265	\$ 25,342	\$ 27,606	\$ 58.66	552	219	333
10/11/17	Wednesday	\$ 2,604	\$ 26,674	\$ 29,278	\$ 59.58	576	226	350
10/12/17	Thursday	\$ 3,858	\$ 37,590	\$ 41,447	\$ 70.96	684	234	450
10/13/17	Friday	\$ 3,781	\$ 42,004	\$ 45,785	\$ 69.86	767	241	526
10/14/17	Saturday	\$ 3,780	\$ 38,653	\$ 42,433	\$ 67.44	736	238	498
10/15/17	Sunday	\$ 1,901	\$ 33,412	\$ 35,313	\$ 63.81	649	242	407
10/16/17	Monday	\$ 2,467	\$ 29,216	\$ 31,683	\$ 62.87	590	230	360
10/17/17	Tuesday	\$ 2,649	\$ 26,886	\$ 29,534	\$ 63.35	546	236	310
10/18/17	Wednesday	\$ 2,761	\$ 28,566	\$ 31,327	\$ 61.59	596	220	376
10/19/17	Thursday	\$ 2,238	\$ 38,664	\$ 40,902	\$ 56.04	688	217	471
10/20/17	Friday	\$ 3,028	\$ 40,339	\$ 43,367	\$ 67.99	748	229	519
10/21/17	Saturday	\$ 3,335	\$ 39,780	\$ 43,115	\$ 70.81	712	201	511
10/22/17	Sunday	\$ 3,433	\$ 30,110	\$ 33,543	\$ 66.73	587	198	389
10/23/17	Monday	\$ 1,841	\$ 27,045	\$ 28,885	\$ 62.00	547	190	357
10/24/17	Tuesday	\$ 2,888	\$ 25,048	\$ 27,936	\$ 66.91	488	173	315
10/25/17	Wednesday	\$ 2,263	\$ 28,870	\$ 31,133	\$ 61.85	590	228	362
10/26/17	Thursday	\$ 3,595	\$ 40,429	\$ 44,024	\$ 74.56	638	196	442
10/27/17	Friday	\$ 2,926	\$ 49,537	\$ 52,463	\$ 76.20	808	202	606
10/28/17	Saturday	\$ 3,504	\$ 43,711	\$ 47,216	\$ 68.30	810	241	569
10/29/17	Sunday	\$ 3,433	\$ 33,505	\$ 36,937	\$ 64.00	675	225	450
10/30/17	Monday	\$ 2,725	\$ 30,980	\$ 33,706	\$ 65.99	598	208	390
10/31/17	Tuesday	\$ 2,220	\$ 28,168	\$ 30,388	\$ 61.60	578	200	378
		\$ 92,001	\$ 1,015,977	\$ 1,107,977		19,874	6,857	13,017
		\$2,968	\$32,773	\$35,741	\$64.23	641	221	420



# DISPENSARY / RETAIL MARIJUANA STORE

NOVEMBER 2017

Date	Day of the Week	Medical Sales	Recreational Sales	Total Daily Sales	Average Ticket Price	Total Number of Tickets	Single Item Tickets	Multiple Item Tickets
11/1/17	Wednesday	\$ 4,244	\$ 30,201	\$ 34,445	\$ 66.07	608	186	422
11/2/17	Thursday	\$ 3,767	\$ 32,689	\$ 36,456	\$ 66.39	642	370	241
11/3/17	Friday	\$ 3,282	\$ 38,614	\$ 41,896	\$ 67.97	721	242	479
11/4/17	Saturday	\$ 3,718	\$ 33,344	\$ 37,062	\$ 65.36	661	224	437
11/5/17	Sunday	\$ 3,401	\$ 30,288	\$ 33,689	\$ 64.58	609	219	390
11/6/17	Monday	\$ 1,252	\$ 23,046	\$ 24,298	\$ 58.41	488	175	313
11/7/17	Tuesday	\$ 1,768	\$ 21,625	\$ 23,392	\$ 59.34	462	182	280
11/8/17	Wednesday	\$ 2,857	\$ 25,167	\$ 28,024	\$ 60.41	542	207	335
11/9/17	Thursday	\$ 4,065	\$ 31,814	\$ 35,880	\$ 65.06	643	190	453
11/10/17	Friday	\$ 2,673	\$ 36,822	\$ 39,494	\$ 66.01	699	237	462
11/11/17	Saturday	\$ 2,302	\$ 32,707	\$ 35,009	\$ 59.83	685	225	460
11/12/17	Sunday	\$ 3,043	\$ 28,678	\$ 31,721	\$ 56.90	562	180	382
11/13/17	Monday	\$ 3,512	\$ 29,263	\$ 32,774	\$ 63.75	601	197	404
11/14/17	Tuesday	\$ 3,136	\$ 31,471	\$ 34,606	\$ 75.01	294	88	206
11/15/17	Wednesday	\$ 3,059	\$ 33,043	\$ 36,102	\$ 67.55	624	189	435
11/16/17	Thursday	\$ 3,987	\$ 36,544	\$ 40,531	\$ 73.16	646	176	470
11/17/17	Friday	\$ 2,246	\$ 37,281	\$ 39,527	\$ 69.63	665	204	461
11/18/17	Saturday	\$ 3,050	\$ 31,513	\$ 34,563	\$ 66.67	606	203	403
11/19/17	Sunday	\$ 2,032	\$ 25,653	\$ 27,685	\$ 62.34	520	186	334
11/20/17	Monday	\$ 2,688	\$ 23,391	\$ 26,078	\$ 59.67	510	221	289
11/21/17	Tuesday	\$ 3,238	\$ 24,046	\$ 27,285	\$ 64.82	492	170	322
11/22/17	Wednesday	\$ 2,926	\$ 27,369	\$ 30,295	\$ 63.37	559	203	356
11/23/17	Thursday	\$ 1,299	\$ 11,011	\$ 12,310	\$ 56.07	257	107	150
11/24/17	Friday	\$ 5,219	\$ 34,918	\$ 40,137	\$ 61.30	763	268	495
11/25/17	Saturday	\$ 2,314	\$ 23,241	\$ 25,554	\$ 58.87	508	193	315
11/26/17	Sunday	\$ 1,400	\$ 21,475	\$ 22,875	\$ 57.80	464	184	280
11/27/17	Monday	\$ 2,191	\$ 24,019	\$ 26,210	\$ 67.24	456	154	302
11/28/17	Tuesday	\$ 1,371	\$ 21,020	\$ 22,391	\$ 61.06	431	160	271
11/29/17	Wednesday	\$ 2,032	\$ 24,036	\$ 26,068	\$ 61.51	497	189	308
11/30/17	Thursday	\$ 2,178	\$ 29,593	\$ 31,771	\$ 62.60	599	203	396
		\$ 84,248	\$ 853,880	\$ 938,129		16,814	5,932	10,851
		\$2,808	\$28,463	\$31,271	\$63.63	560	198	362

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# DISPENSARY / RETAIL MARIJUANA STORE

DECEMBER 2017

Date	Day of the Week	Medical Sales	Recreational Sales	Total Daily Sales	Average Ticket Price	Total Number of Tickets	Single Item Tickets	Multiple Item Tickets
12/1/17	Friday	\$ 3,513	\$ 39,542	\$ 43,055	\$ 69	727	209	518
12/2/17	Saturday	\$ 2,736	\$ 32,004	\$ 34,740	\$ 62	659	212	447
12/3/17	Sunday	\$ 2,205	\$ 24,948	\$ 27,153	\$ 57.35	555	214	341
12/4/17	Monday	\$ 1,654	\$ 26,993	\$ 28,647	\$ 64.67	519	197	322
12/5/17	Tuesday	\$ 2,373	\$ 21,285	\$ 23,659	\$ 60.92	455	188	267
12/6/17	Wednesday	\$ 2,312	\$ 25,842	\$ 28,154	\$ 61.95	533	221	312
12/7/17	Thursday	\$ 1,683	\$ 31,315	\$ 32,998	\$ 67.86	571	187	384
12/8/17	Friday	\$ 2,808	\$ 35,956	\$ 38,763	\$ 69.41	744	203	541
12/9/17	Saturday	\$ 3,251	\$ 27,582	\$ 30,833	\$ 63.55	566	194	372
12/10/17	Sunday	\$ 1,703	\$ 25,771	\$ 27,474	\$ 58.79	548	205	343
12/11/17	Monday	\$ 1,547	\$ 22,639	\$ 24,186	\$ 59.14	479	172	307
12/12/17	Tuesday	\$ 2,150	\$ 20,859	\$ 23,009	\$ 56.57	476	177	299
12/13/17	Wednesday	\$ 1,652	\$ 21,123	\$ 22,775	\$ 53.60	497	210	287
12/14/17	Thursday	\$ 2,079	\$ 31,772	\$ 33,851	\$ 63.20	626	224	402
12/15/17	Friday	\$ 2,371	\$ 34,341	\$ 36,712	\$ 63.15	680	216	464
12/16/17	Saturday	\$ 4,559	\$ 33,632	\$ 38,191	\$ 64.63	688	193	495
12/17/17	Sunday	\$ 2,008	\$ 28,081	\$ 30,089	\$ 58.55	602	229	373
12/18/17	Monday	\$ 2,235	\$ 23,775	\$ 26,009	\$ 59.58	511	187	324
12/19/17	Tuesday	\$ 1,813	\$ 21,098	\$ 22,912	\$ 57.38	466	187	279
12/20/17	Wednesday	\$ 2,644	\$ 20,679	\$ 23,324	\$ 53.64	508	198	310
12/21/17	Thursday	\$ 3,415	\$ 21,330	\$ 24,745	\$ 57.54	501	204	297
12/22/17	Friday	\$ 2,222	\$ 27,512	\$ 29,735	\$ 62.74	556	203	353
12/23/17	Saturday	\$ 1,552	\$ 25,965	\$ 27,518	\$ 64.68	498	176	322
12/24/17	Sunday	\$ 1,110	\$ 16,106	\$ 17,216	\$ 62.16	325	116	209
12/25/17	Monday							
12/26/17	Tuesday	\$ 1,804	\$ 26,629	\$ 28,432	\$ 68.71	356	161	195
12/27/17	Wednesday	\$ 2,003	\$ 26,630	\$ 28,633	\$ 66.15	507	168	339
12/28/17	Thursday	\$ 1,803	\$ 31,604	\$ 33,407	\$ 68.80	569	196	373
12/29/17	Friday	\$ 1,989	\$ 35,967	\$ 37,956	\$ 70.94	626	208	418
12/30/17	Saturday	\$ 2,265	\$ 37,619	\$ 39,884	\$ 69.42	673	153	520
12/31/17	Sunday	\$ 2,471	\$ 32,405	\$ 34,876	\$ 68.94	593	179	414
		\$ 67,930	\$ 831,003	\$ 898,933		16,614	5,787	10,827
		\$2,264	\$27,700	\$29,964	\$62.84	554	193	361

DOT-TGIG009097

0019-01011  
SA002819

# DISPENSARY / RETAIL MARIJUANA STORE

JANUARY 2018

Date	Day of the Week	Medical Sales	Recreational Sales	Total Daily Sales	Average Ticket Price	Number of Tickets	Single Item Tickets	Multiple Item Tickets
1/1/18	Monday	\$ 3,583	\$ 34,395	\$ 37,977	\$ 64.34	691	158	533
1/2/18	Tuesday	\$ 2,342	\$ 25,930	\$ 28,272	\$ 65.59	505	176	329
1/3/18	Wednesday	\$ 3,368	\$ 26,241	\$ 29,609	\$ 65.89	525	185	340
1/4/18	Thursday	\$ 2,317	\$ 28,540	\$ 30,857	\$ 66.65	542	184	358
1/5/18	Friday	\$ 2,311	\$ 32,500	\$ 34,811	\$ 67.81	601	173	428
1/6/18	Saturday	\$ 1,652	\$ 30,596	\$ 32,248	\$ 63.48	596	197	399
1/7/18	Sunday	\$ 2,591	\$ 25,646	\$ 28,236	\$ 59.22	558	181	377
1/8/18	Monday	\$ 1,936	\$ 28,587	\$ 30,523	\$ 73.84	484	154	330
1/9/18	Tuesday	\$ 1,343	\$ 22,217	\$ 23,560	\$ 65.13	423	144	279
1/10/18	Wednesday	\$ 2,330	\$ 25,800	\$ 28,130	\$ 71.13	462	162	300
1/11/18	Thursday	\$ 2,437	\$ 28,613	\$ 31,049	\$ 67.06	542	182	360
1/12/18	Friday	\$ 2,757	\$ 40,285	\$ 43,042	\$ 74.96	671	188	483
1/13/18	Saturday	\$ 2,569	\$ 32,426	\$ 34,996	\$ 61.26	669	246	423
1/14/18	Sunday	\$ 3,000	\$ 31,457	\$ 34,457	\$ 66.97	602	183	419
1/15/18	Monday	\$ 3,308	\$ 25,917	\$ 29,224	\$ 58.61	585	150	435
1/16/18	Tuesday	\$ 2,121	\$ 23,980	\$ 26,101	\$ 59.68	512	182	330
1/17/18	Wednesday	\$ 1,602	\$ 24,930	\$ 26,532	\$ 60.63	513	186	327
1/18/18	Thursday	\$ 1,753	\$ 27,634	\$ 29,387	\$ 56.24	613	210	403
1/19/18	Friday	\$ 2,542	\$ 41,834	\$ 44,376	\$ 72.42	717	223	494
1/20/18	Saturday	\$ 3,117	\$ 36,114	\$ 39,231	\$ 65.22	704	209	495
1/21/18	Sunday	\$ 2,490	\$ 32,033	\$ 34,523	\$ 62.23	650	231	419
1/22/18	Monday	\$ 2,645	\$ 29,292	\$ 31,937	\$ 66.95	558	196	362
1/23/18	Tuesday	\$ 2,554	\$ 33,013	\$ 35,568	\$ 72.43	575	193	382
1/24/18	Wednesday	\$ 3,163	\$ 30,655	\$ 33,819	\$ 65.24	605	182	423
1/25/18	Thursday	\$ 2,946	\$ 37,686	\$ 40,631	\$ 68.48	695	220	475
1/26/18	Friday	\$ 2,432	\$ 39,523	\$ 41,955	\$ 67.00	734	248	486
1/27/18	Saturday	\$ 2,647	\$ 35,335	\$ 37,982	\$ 66.74	666	253	413
1/28/18	Sunday	\$ 2,294	\$ 31,537	\$ 33,831	\$ 63.58	624	211	413
1/29/18	Monday	\$ 2,576	\$ 29,019	\$ 31,595	\$ 62.32	594	221	373
1/30/18	Tuesday	\$ 3,138	\$ 23,436	\$ 26,573	\$ 60.10	516	189	327
1/31/18	Wednesday	\$ 2,199	\$ 25,737	\$ 27,936	\$ 70.06	467	167	300
		\$ 78,064	\$ 940,908	\$ 1,018,972		18,199	5,984	12,215
		\$2,518	\$30,352	\$32,870	\$65.52	587	193	394

DOT-TGIG009098

0019-01012  
SA002820

# DISPENSARY / RETAIL MARIJUANA STORE

FEBRUARY 2018

Date	Day of the Week	Medical Sales	Recreational Sales	Total Daily Sales	Average Ticket Price	Total Number of Tickets	Single Item Tickets	Multiple Item Tickets
2/1/18	Thursday	\$ 2,557	\$ 35,253	\$ 37,810	\$ 73.13	606	199	407
2/2/18	Friday	\$ 3,427	\$ 46,356	\$ 49,783	\$ 72.48	805	249	556
2/3/18	Saturday	\$ 4,298	\$ 41,382	\$ 45,681	\$ 73.23	729	207	522
2/4/18	Sunday	\$ 2,390	\$ 28,439	\$ 30,829	\$ 63.37	569	193	376
2/5/18	Monday	\$ 2,488	\$ 29,717	\$ 32,205	\$ 68.24	553	205	348
2/6/18	Tuesday	\$ 2,102	\$ 25,067	\$ 27,169	\$ 61.59	517	200	317
2/7/18	Wednesday	\$ 2,240	\$ 25,080	\$ 27,321	\$ 61.44	521	206	315
2/8/18	Thursday	\$ 3,316	\$ 32,559	\$ 35,874	\$ 68.00	617	229	388
2/9/18	Friday	\$ 2,379	\$ 40,362	\$ 42,741	\$ 69.61	721	224	497
2/10/18	Saturday	\$ 3,621	\$ 37,858	\$ 41,479	\$ 69.40	699	242	457
2/11/18	Sunday	\$ 3,277	\$ 30,204	\$ 33,481	\$ 67.54	580	206	374
2/12/18	Monday	\$ 3,061	\$ 28,786	\$ 31,847	\$ 63.64	585	226	359
2/13/18	Tuesday	\$ 1,893	\$ 24,003	\$ 25,896	\$ 61.13	497	185	312
2/14/18	Wednesday	\$ 2,831	\$ 23,978	\$ 26,809	\$ 52.20	601	134	467
2/15/18	Thursday	\$ 2,838	\$ 31,854	\$ 34,692	\$ 65.86	617	220	397
2/16/18	Friday	\$ 2,158	\$ 37,085	\$ 39,243	\$ 67.48	681	230	451
2/17/18	Saturday	\$ 2,944	\$ 37,078	\$ 40,022	\$ 68.60	683	231	452
2/18/18	Sunday	\$ 4,916	\$ 34,412	\$ 39,328	\$ 70.89	647	198	449
2/19/18	Monday	\$ 2,352	\$ 30,768	\$ 33,121	\$ 68.00	571	211	360
2/20/18	Tuesday	\$ 2,571	\$ 24,704	\$ 27,275	\$ 57.63	554	257	297
2/21/18	Wednesday	\$ 2,573	\$ 28,955	\$ 31,528	\$ 66.32	555	211	344
2/22/18	Thursday	\$ 2,501	\$ 33,350	\$ 35,851	\$ 69.78	601	218	383
2/23/18	Friday	\$ 3,824	\$ 41,687	\$ 45,510	\$ 75.57	703	200	503
2/24/18	Saturday	\$ 3,217	\$ 35,858	\$ 39,075	\$ 70.25	650	202	448
2/25/18	Sunday	\$ 2,010	\$ 32,814	\$ 34,824	\$ 67.54	988	383	605
2/26/18	Monday	\$ 3,433	\$ 23,792	\$ 27,225	\$ 62.28	511	203	308
2/27/18	Tuesday	\$ 1,391	\$ 22,536	\$ 23,928	\$ 58.98	475	178	297
2/28/18	Wednesday	\$ 1,856	\$ 27,238	\$ 29,094	\$ 61.95	550	221	329
		\$ 78,464	\$ 891,176	\$ 969,640		17,386	6,068	11,318
		\$2,802	\$31,828	\$34,630	\$66.29	621	217	404

DOT-TGIG009099

0019-01013  
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# DISPENSARY / RETAIL MARIJUANA STORE

MARCH 2018

Date	Day of the Week	Medical Sales	Recreational Sales	Total Daily Sales	Average Ticket Price	Total Number of Tickets	Single Item Tickets	Multiple Item Tickets
3/1/18	Thursday	\$ 871	\$ 34,281	\$ 35,152	\$ 75.16	550	183	367
3/2/18	Friday	\$ 2,781	\$ 39,432	\$ 42,213	\$ 69.58	711	211	500
3/3/18	Saturday	\$ 2,306	\$ 35,915	\$ 38,221	\$ 71.53	626	211	415
3/4/18	Sunday	\$ 2,599	\$ 33,316	\$ 35,915	\$ 64.16	656	218	438
3/5/18	Monday	\$ 2,033	\$ 27,137	\$ 29,170	\$ 63.89	535	208	327
3/6/18	Tuesday	\$ 1,515	\$ 23,928	\$ 25,443	\$ 60.00	498	194	304
3/7/18	Wednesday	\$ 1,778	\$ 31,747	\$ 33,525	\$ 70.33	559	181	378
3/8/18	Thursday	\$ 1,967	\$ 37,501	\$ 39,468	\$ 66.06	702	244	458
3/9/18	Friday	\$ 2,488	\$ 40,915	\$ 43,404	\$ 66.33	768	249	519
3/10/18	Saturday	\$ 4,283	\$ 42,067	\$ 46,350	\$ 68.27	794	277	517
3/11/18	Sunday	\$ 3,153	\$ 33,725	\$ 36,879	\$ 67.06	643	213	430
3/12/18	Monday	\$ 2,059	\$ 30,132	\$ 32,191	\$ 60.71	622	226	396
3/13/18	Tuesday	\$ 2,202	\$ 31,972	\$ 34,174	\$ 65.16	614	228	386
3/14/18	Wednesday	\$ 2,341	\$ 43,366	\$ 45,707	\$ 73.91	726	223	503
3/15/18	Thursday	\$ 2,087	\$ 50,183	\$ 52,270	\$ 78.58	781	249	532
3/16/18	Friday	\$ 2,472	\$ 54,410	\$ 56,882	\$ 78.35	852	264	588
3/17/18	Saturday	\$ 2,960	\$ 37,363	\$ 40,324	\$ 66.81	707	259	448
3/18/18	Sunday	\$ 2,665	\$ 33,802	\$ 36,468	\$ 64.64	661	228	433
3/19/18	Monday	\$ 2,361	\$ 31,087	\$ 33,448	\$ 65.39	599	212	387
3/20/18	Tuesday	\$ 1,392	\$ 22,749	\$ 24,141	\$ 58.60	484	198	286
3/21/18	Wednesday	\$ 1,826	\$ 28,005	\$ 29,831	\$ 63.92	547	193	354
3/22/18	Thursday	\$ 2,367	\$ 36,106	\$ 38,473	\$ 71.72	629	224	405
3/23/18	Friday	\$ 2,445	\$ 41,703	\$ 44,149	\$ 72.20	717	238	479
3/24/18	Saturday	\$ 2,136	\$ 38,522	\$ 40,658	\$ 66.89	712	236	476
3/25/18	Sunday	\$ 2,052	\$ 34,197	\$ 36,249	\$ 64.67	657	244	413
3/26/18	Monday	\$ 1,399	\$ 26,675	\$ 28,075	\$ 61.95	532	198	334
3/27/18	Tuesday	\$ 2,558	\$ 25,975	\$ 28,533	\$ 67.75	493	174	319
3/28/18	Wednesday	\$ 1,636	\$ 24,834	\$ 26,470	\$ 65.11	477	177	300
3/29/18	Thursday	\$ 2,773	\$ 31,007	\$ 33,780	\$ 68.83	575	216	359
3/30/18	Friday	\$ 1,793	\$ 39,933	\$ 41,726	\$ 69.34	707	217	490
3/31/18	Saturday	\$ 2,699	\$ 29,671	\$ 32,370	\$ 62.31	608	242	366
		\$ 69,999	\$ 1,071,656	\$ 1,141,655		19,742	6,835	12,907
		\$ 2,258	\$ 34,570	\$ 36,828	\$ 67.39	637	220	416

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# DISPENSARY / RETAIL MARIJUANA STORE

APRIL 2018

Date	Day of the Week	Medical Sales	Recreational Sales	Total Daily Sales	Average Ticket Price	Total Number of Tickets	Single Item Tickets	Multiple Item Tickets
4/1/18	Sunday	\$ 1,856	\$ 28,687	\$ 30,543	\$ 62.14	576	208	368
4/2/18	Monday	\$ 1,280	\$ 26,410	\$ 27,690	\$ 59.60	546	214	332
4/3/18	Tuesday	\$ 2,007	\$ 24,386	\$ 26,393	\$ 61.03	507	195	312
4/4/18	Wednesday	\$ 1,859	\$ 26,964	\$ 28,823	\$ 63.01	537	192	345
4/5/18	Thursday	\$ 2,214	\$ 38,554	\$ 40,768	\$ 67.67	707	251	456
4/6/18	Friday	\$ 3,170	\$ 42,308	\$ 45,478	\$ 66.97	796	275	521
4/7/18	Saturday	\$ 3,088	\$ 34,721	\$ 37,809	\$ 61.69	717	260	457
4/8/18	Sunday	\$ 2,471	\$ 28,854	\$ 31,326	\$ 60.71	603	220	383
4/9/18	Monday	\$ 2,136	\$ 25,524	\$ 27,660	\$ 61.24	529	211	318
4/10/18	Tuesday	\$ 2,272	\$ 20,375	\$ 22,647	\$ 56.27	471	194	277
4/11/18	Wednesday	\$ 1,818	\$ 26,626	\$ 28,443	\$ 62.21	537	200	337
4/12/18	Thursday	\$ 1,759	\$ 39,467	\$ 41,226	\$ 70.00	691	264	427
4/13/18	Friday	\$ 3,758	\$ 46,006	\$ 49,765	\$ 76.64	761	225	536
4/14/18	Saturday	\$ 2,394	\$ 33,988	\$ 36,382	\$ 66.04	645	240	405
4/15/18	Sunday	\$ 811	\$ 28,009	\$ 28,820	\$ 62.33	544	199	345
4/16/18	Monday	\$ 3,680	\$ 27,300	\$ 30,980	\$ 60.86	597	230	367
4/17/18	Tuesday	\$ 3,637	\$ 24,015	\$ 27,652	\$ 65.16	497	188	309
4/18/18	Wednesday	\$ 2,114	\$ 32,623	\$ 34,737	\$ 67.91	599	226	373
4/19/18	Thursday	\$ 2,788	\$ 42,928	\$ 45,716	\$ 73.04	734	229	505
4/20/18	Friday	\$ 5,771	\$ 54,674	\$ 60,444	\$ 79.75	887	216	671
4/21/18	Saturday	\$ 3,516	\$ 40,865	\$ 44,381	\$ 67.53	770	257	513
4/22/18	Sunday	\$ 1,924	\$ 33,080	\$ 35,004	\$ 66.13	621	227	394
4/23/18	Monday	\$ 247	\$ 10,809	\$ 11,056	\$ 64.89	200	83	117
4/24/18	Tuesday	\$ 1,709	\$ 43,741	\$ 45,450	\$ 67.48	790	306	484
4/25/18	Wednesday	\$ 1,635	\$ 30,961	\$ 32,596	\$ 70.26	545	206	339
4/26/18	Thursday	\$ 2,572	\$ 38,393	\$ 40,965	\$ 70.06	686	248	438
4/27/18	Friday	\$ 3,455	\$ 43,304	\$ 46,759	\$ 69.93	783	247	536
4/28/18	Saturday	\$ 2,771	\$ 35,843	\$ 38,614	\$ 67.15	674	247	427
4/29/18	Sunday	\$ 1,844	\$ 31,192	\$ 33,036	\$ 60.35	642	245	397
4/30/18	Monday	\$ 2,060	\$ 29,449	\$ 31,509	\$ 63.05	586	252	334
		\$ 72,616	\$ 990,057	\$ 1,062,672		18,778	6,755	12,023
		\$2,421	\$33,002	\$35,422	\$65.70	626	225	401

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0019-01015  
SA002823

# DISPENSARY / RETAIL MARIJUANA STORE

MAY 2018

Date	Day of the Week	Medical Sales	Recreational Sales	Total Daily Sales	Average Ticket Price	Number of Tickets	Single Item Tickets	Multiple Item Tickets
5/1/18	Tuesday	\$ 2,143	\$ 25,411	\$ 27,554	\$ 59.46	543	237	306
5/2/18	Wednesday	\$ 1,756	\$ 25,812	\$ 27,568	\$ 60.67	533	219	314
5/3/18	Thursday	\$ 1,753	\$ 37,436	\$ 39,189	\$ 66.92	688	271	417
5/4/18	Friday	\$ 3,287	\$ 42,701	\$ 45,987	\$ 65.31	826	252	574
5/5/18	Saturday	\$ 1,783	\$ 33,717	\$ 35,500	\$ 58.21	716	280	436
5/6/18	Sunday	\$ 1,910	\$ 29,216	\$ 31,126	\$ 54.33	672	297	375
5/7/18	Monday	\$ 1,570	\$ 26,759	\$ 28,329	\$ 58.15	572	242	330
5/8/18	Tuesday	\$ 1,330	\$ 21,795	\$ 23,125	\$ 56.56	480	212	268
5/9/18	Wednesday	\$ 2,096	\$ 31,607	\$ 33,703	\$ 69.16	570	244	326
5/10/18	Thursday	\$ 2,139	\$ 36,305	\$ 38,444	\$ 63.37	712	269	443
5/11/18	Friday	\$ 2,500	\$ 39,768	\$ 42,268	\$ 66.11	750	251	499
5/12/18	Saturday	\$ 2,387	\$ 34,144	\$ 36,531	\$ 60.90	704	259	445
5/13/18	Sunday	\$ 1,779	\$ 34,147	\$ 35,926	\$ 63.97	659	241	418
5/14/18	Monday	\$ 1,576	\$ 28,541	\$ 30,117	\$ 61.32	577	234	343
5/15/18	Tuesday	\$ 1,393	\$ 32,001	\$ 33,394	\$ 65.56	598	245	353
5/16/18	Wednesday	\$ 1,616	\$ 36,133	\$ 37,748	\$ 67.04	662	231	431
5/17/18	Thursday	\$ 3,183	\$ 58,939	\$ 62,122	\$ 83.13	876	229	647
5/18/18	Friday	\$ 3,406	\$ 53,357	\$ 56,763	\$ 73.40	906	251	655
5/19/18	Saturday	\$ 2,533	\$ 45,404	\$ 47,937	\$ 68.01	827	271	556
5/20/18	Sunday	\$ 2,469	\$ 40,252	\$ 42,721	\$ 66.10	757	232	525
5/21/18	Monday	\$ 2,000	\$ 33,476	\$ 35,476	\$ 62.24	669	250	419
5/22/18	Tuesday	\$ 2,229	\$ 32,836	\$ 35,064	\$ 66.86	614	247	367
5/23/18	Wednesday	\$ 1,699	\$ 30,237	\$ 31,937	\$ 60.37	622	240	382
5/24/18	Thursday	\$ 2,271	\$ 41,078	\$ 43,349	\$ 68.71	740	264	476
5/25/18	Friday	\$ 2,622	\$ 48,534	\$ 51,156	\$ 68.16	880	311	569
5/26/18	Saturday	\$ 2,063	\$ 45,920	\$ 47,983	\$ 66.27	849	281	568
5/27/18	Sunday	\$ 1,363	\$ 42,106	\$ 43,469	\$ 61.61	829	290	539
5/28/18	Monday	\$ 2,613	\$ 37,593	\$ 40,206	\$ 59.71	789	334	455
5/29/18	Tuesday	\$ 1,808	\$ 32,403	\$ 34,211	\$ 58.24	689	263	426
5/30/18	Wednesday	\$ 696	\$ 29,099	\$ 29,795	\$ 58.23	602	241	361
5/31/18	Thursday	\$ 775	\$ 34,658	\$ 35,433	\$ 65.89	633	233	400
		\$ 62,749	\$ 1,121,382	\$ 1,184,131		21,544	7,921	13,623
		\$2,024	\$36,174	\$38,198	\$64.00	695	256	439

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0019-01016  
SA002824



# DISPENSARY / RETAIL MARIJUANA STORE

JUNE 2018

Date	Day of the Week	Medical Sales	Recreational Sales	Total Daily Sales	Average Ticket Price	Total Number of Tickets	Single Item Tickets	Multiple Item Tickets
6/1/18	Friday	\$ 5,404	\$ 41,565	\$ 46,970	\$ 71.42	771	275	496
6/2/18	Saturday	\$ 2,899	\$ 33,153	\$ 36,053	\$ 61.43	690	267	423
6/3/18	Sunday	\$ 3,393	\$ 30,983	\$ 34,376	\$ 59.38	680	249	431
6/4/18	Monday	\$ 3,539	\$ 24,866	\$ 28,404	\$ 57.70	577	226	351
6/5/18	Tuesday	\$ 3,189	\$ 23,846	\$ 27,035	\$ 57.74	537	228	309
6/6/18	Wednesday	\$ 3,465	\$ 29,741	\$ 33,206	\$ 65.04	599	218	381
6/7/18	Thursday	\$ 4,263	\$ 34,256	\$ 38,519	\$ 67.12	783	240	543
6/8/18	Friday	\$ 4,590	\$ 40,193	\$ 44,783	\$ 59.50	734	291	443
6/9/18	Saturday	\$ 4,568	\$ 32,689	\$ 37,257	\$ 58.07	961	423	538
6/10/18	Sunday	\$ 3,505	\$ 32,654	\$ 36,159	\$ 62.42	576	223	353
6/11/18	Monday	\$ 2,439	\$ 28,137	\$ 30,576	\$ 61.07	554	231	323
6/12/18	Tuesday	\$ 3,048	\$ 25,774	\$ 28,822	\$ 58.26	580	231	349
6/13/18	Wednesday	\$ 3,422	\$ 25,403	\$ 28,825	\$ 64.14	700	263	437
6/14/18	Thursday	\$ 3,760	\$ 34,483	\$ 38,243	\$ 68.28	778	269	509
6/15/18	Friday	\$ 3,404	\$ 41,748	\$ 45,152	\$ 68.28	778	269	509
6/16/18	Saturday	\$ 3,357	\$ 31,579	\$ 34,935	\$ 57.63	712	293	419
6/17/18	Sunday	\$ 4,147	\$ 32,532	\$ 36,679	\$ 63.09	682	260	422
6/18/18	Monday	\$ 3,800	\$ 23,623	\$ 27,423	\$ 57.44	559	223	336
6/19/18	Tuesday	\$ 2,634	\$ 22,130	\$ 24,764	\$ 59.32	490	192	298
6/20/18	Wednesday	\$ 3,008	\$ 22,447	\$ 25,455	\$ 61.63	484	181	303
6/21/18	Thursday	\$ 3,485	\$ 31,994	\$ 35,478	\$ 67.04	621	207	414
6/22/18	Friday	\$ 4,254	\$ 38,226	\$ 42,480	\$ 66.23	753	265	488
6/23/18	Saturday	\$ 4,150	\$ 28,334	\$ 32,484	\$ 55.47	686	251	435
6/24/18	Sunday	\$ 3,752	\$ 29,348	\$ 33,100	\$ 59.28	655	242	413
6/25/18	Monday	\$ 3,737	\$ 25,325	\$ 29,062	\$ 56.96	598	217	381
6/26/18	Tuesday	\$ 1,573	\$ 20,284	\$ 21,857	\$ 48.19	534	221	313
6/27/18	Wednesday	\$ 3,576	\$ 26,513	\$ 30,089	\$ 59.60	592	221	371
6/28/18	Thursday	\$ 4,999	\$ 28,269	\$ 33,268	\$ 53.88	722	256	466
6/29/18	Friday	\$ 4,917	\$ 35,979	\$ 40,895	\$ 57.74	830	315	515
6/30/18	Saturday	\$ 3,898	\$ 32,710	\$ 36,608	\$ 66.79	643	219	424
		\$ 110,174	\$ 908,783	\$ 1,018,957		19,859	7,466	12,393
		\$3,672	\$30,293	\$33,965	\$61.00	662	249	413

DOT-TGIG009103

0019-01017  
SA002825

# DISPENSARY / RETAIL MARIJUANA STORE

JULY 2018

Date	Day of the Week	Medical Sales	Recreational Sales	Total Daily Sales	Average Ticket Price	Total Number of Tickets	Single Item Tickets	Multiple Item Tickets
7/1/18	Sunday	\$ 3,198	\$ 30,686	\$ 33,884	\$ 62.51	637	255	382
7/2/18	Monday	\$ 3,207	\$ 27,069	\$ 30,275	\$ 60.86	584	234	350
7/3/18	Tuesday	\$ 3,281	\$ 31,958	\$ 35,239	\$ 65.05	636	213	423
7/4/18	Wednesday	\$ 4,017	\$ 32,364	\$ 36,381	\$ 59.34	719	261	458
7/5/18	Thursday	\$ 5,152	\$ 36,940	\$ 42,092	\$ 60.79	811	283	528
7/6/18	Friday	\$ 5,355	\$ 42,614	\$ 47,969	\$ 63.85	881	272	609
7/7/18	Saturday	\$ 3,976	\$ 40,043	\$ 44,019	\$ 64.48	802	267	535
7/8/18	Sunday	\$ 3,340	\$ 32,690	\$ 36,031	\$ 61.10	693	277	416
7/9/18	Monday	\$ 1,955	\$ 20,866	\$ 22,821	\$ 51.69	519	200	319
7/10/18	Tuesday	\$ 3,485	\$ 28,442	\$ 31,927	\$ 58.24	643	261	382
7/11/18	Wednesday	\$ 3,561	\$ 27,263	\$ 30,824	\$ 58.75	615	267	348
7/12/18	Thursday	\$ 3,482	\$ 34,890	\$ 38,372	\$ 65.05	693	262	431
7/13/18	Friday	\$ 4,213	\$ 41,097	\$ 45,310	\$ 61.10	871	337	534
7/14/18	Saturday	\$ 3,548	\$ 33,085	\$ 36,633	\$ 59.33	725	288	437
7/15/18	Sunday	\$ 3,206	\$ 29,632	\$ 32,838	\$ 59.22	651	253	398
7/16/18	Monday	\$ 3,583	\$ 25,744	\$ 29,327	\$ 60.39	569	237	332
7/17/18	Tuesday	\$ 2,006	\$ 24,181	\$ 26,186	\$ 58.92	523	217	306
7/18/18	Wednesday	\$ 2,619	\$ 20,159	\$ 22,778	\$ 57.98	461	194	267
7/19/18	Thursday	\$ 4,156	\$ 26,214	\$ 30,370	\$ 65.82	540	181	359
7/20/18	Friday	\$ 4,957	\$ 37,565	\$ 42,522	\$ 61.54	810	314	496
7/21/18	Saturday	\$ 3,090	\$ 31,835	\$ 34,925	\$ 58.81	698	277	421
7/22/18	Sunday	\$ 3,693	\$ 28,905	\$ 32,599	\$ 57.91	660	256	404
7/23/18	Monday	\$ 2,383	\$ 26,592	\$ 28,975	\$ 58.45	583	240	343
7/24/18	Tuesday	\$ 3,233	\$ 23,088	\$ 26,321	\$ 57.04	541	226	315
7/25/18	Wednesday	\$ 2,859	\$ 25,601	\$ 28,459	\$ 60.31	554	218	336
7/26/18	Thursday	\$ 3,905	\$ 32,613	\$ 36,518	\$ 62.81	682	262	420
7/27/18	Friday	\$ 4,653	\$ 38,868	\$ 43,521	\$ 61.96	824	311	513
7/28/18	Saturday	\$ 3,354	\$ 31,762	\$ 35,117	\$ 61.10	675	264	411
7/29/18	Sunday	\$ 3,842	\$ 31,904	\$ 35,746	\$ 62.40	672	253	419
7/30/18	Monday	\$ 3,521	\$ 22,250	\$ 25,772	\$ 55.67	542	231	311
7/31/18	Tuesday	\$ 2,841	\$ 23,747	\$ 26,303	\$ 61.54	507	202	305
		\$ 109,671	\$ 940,666	\$ 1,050,051		20,321	7,813	12,508
		\$3,538	\$30,344	\$33,873	\$60.45	656	252	403

DOT-TGIG009104

0019-01018  
SA002826

# DISPENSARY / RETAIL MARIJUANA STORE

AUGUST 2018

Date	Day of the Week	Medical Sales	Recreational Sales	Total Daily Sales	Average Ticket Price	Total Number of Tickets	Single Item Tickets	Multiple Item Tickets
8/1/18	Wednesday	3,016	25,099	28,115	59.65	553	223	330
8/2/18	Thursday	3,470	35,473	38,943	63.27	723	277	446
8/3/18	Friday	3,698	38,242	41,940	65.37	754	276	478
8/4/18	Saturday	3,418	30,207	33,625	56.53	698	262	436
8/5/18	Sunday	3,735	29,343	33,078	58.52	663	271	392
8/6/18	Monday	2,829	24,749	27,579	59.29	546	223	323
8/7/18	Tuesday	2,712	25,896	28,608	57.53	584	251	333
8/8/18	Wednesday	4,050	24,838	28,888	59.30	570	244	326
8/9/18	Thursday	2,839	30,302	33,141	60.32	646	269	377
8/10/18	Friday	5,203	35,906	41,109	64.44	747	276	471
8/11/18	Saturday	3,933	26,069	30,002	59.75	588	253	335
8/12/18	Sunday	3,709	33,762	37,471	72.11	610	220	390
8/13/18	Monday	3,429	26,662	30,091	62.88	561	246	315
8/14/18	Tuesday	2,425	22,303	24,727	57.38	506	222	284
8/15/18	Wednesday	3,299	30,281	33,580	63.00	626	250	376
8/16/18	Thursday	5,846	40,401	46,246	70.34	770	248	522
8/17/18	Friday	5,149	45,790	50,939	66.65	897	290	607
8/18/18	Saturday	5,667	37,267	42,934	66.15	760	294	466
8/19/18	Sunday	4,251	33,094	37,345	67.38	650	235	415
8/20/18	Monday	3,186	26,182	29,368	62.22	554	212	342
8/21/18	Tuesday	3,033	25,454	28,487	61.70	542	223	319
8/22/18	Wednesday	2,742	25,487	28,228	61.22	542	214	328
8/23/18	Thursday	4,047	36,126	40,173	66.98	704	252	452
8/24/18	Friday	5,849	42,771	48,620	71.12	801	262	539
8/25/18	Saturday	4,603	34,537	39,140	63.64	721	268	453
8/26/18	Sunday	3,133	32,468	35,601	65.45	639	244	395
8/27/18	Monday	2,356	20,934	23,290	57.10	479	219	260
8/28/18	Tuesday	3,377	19,382	22,760	60.08	443	184	259
8/29/18	Wednesday	1,932	21,014	22,946	55.21	489	193	296
8/30/18	Thursday	3,299	32,652	35,951	66.93	631	206	425
8/31/18	Friday	4,404	38,552	42,956	66.08	763	243	520
		<b>\$ 114,638</b>	<b>\$ 951,243</b>	<b>\$ 1,065,881</b>		<b>19,760</b>	<b>7,550</b>	<b>12,210</b>
		<b>\$3,698</b>	<b>\$30,685</b>	<b>\$34,383</b>	<b>\$62.83</b>	<b>637</b>	<b>244</b>	<b>394</b>

DOT-TGIG009105

0019-01019  
SA002827

<b>3,393,900</b>	<b>3,130,400</b>	<b>3,749,800</b>	<b>3,548,000</b>	<b>3,630,400</b>	<b>3,565,400</b>	<b>3,659,600</b>			
6.23%	-7.76%	19.79%	-5.38%	2.32%	-1.79%	2.64%			
<b>3,508,800</b>	<b>3,144,500</b>	<b>3,783,900</b>	<b>3,545,100</b>	<b>3,602,100</b>	<b>3,605,700</b>	<b>3,788,800</b>	<b>3,562,900</b>	<b>3,566,700</b>	<b>3,604,300</b>
7.04%	-10.38%	20.33%	-6.31%	1.61%	0.10%	5.08%	-5.96%	0.11%	1.05%
<b>3,471,734</b>	<b>3,328,116</b>	<b>3,730,413</b>	<b>3,544,497</b>	<b>3,592,067</b>	<b>3,680,286</b>	<b>3,827,636</b>	<b>3,636,584</b>	<b>3,657,797</b>	<b>3,762,420</b>
7.53%	-4.14%	12.09%	-4.98%	1.34%	2.46%	4.00%	-4.99%	0.58%	2.86%
<b>3,391,719</b>	<b>3,160,569</b>	<b>3,624,587</b>	<b>3,540,229</b>	<b>3,739,029</b>	<b>3,552,124</b>	<b>3,735,327</b>	<b>3,599,868</b>	<b>3,544,505</b>	<b>3,784,056</b>
8.71%	-6.82%	14.68%	-2.33%	5.62%	-5.00%	5.16%	-3.63%	-1.54%	6.76%
<b>3,388,296</b>	<b>3,131,305</b>	<b>3,688,357</b>	<b>3,456,703</b>	<b>3,566,741</b>	<b>3,468,069</b>	<b>3,547,986</b>	<b>3,542,124</b>	<b>3,345,180</b>	<b>3,583,142</b>
14.61%	-7.58%	17.79%	-6.28%	3.18%	-2.77%	2.30%	-0.17%	-5.56%	7.11%
<b>3,132,122</b>	<b>3,028,920</b>	<b>3,536,569</b>	<b>3,339,657</b>	<b>3,456,479</b>	<b>3,363,895</b>	<b>3,470,056</b>	<b>3,370,056</b>	<b>3,298,198</b>	<b>3,471,816</b>
3.01%	-3.29%	16.76%	-5.57%	3.50%	-2.68%	3.16%	-2.88%	-2.13%	5.26%
<b>3,154,639</b>	<b>3,069,954</b>	<b>3,531,994</b>	<b>3,324,459</b>	<b>3,451,394</b>	<b>3,392,798</b>	<b>3,443,486</b>	<b>3,340,826</b>	<b>3,353,330</b>	<b>3,521,430</b>
<b>7.85%</b>	<b>-6.66%</b>	<b>16.91%</b>	<b>-5.14%</b>	<b>3.05%</b>	<b>-1.58%</b>	<b>3.94%</b>	<b>-3.53%</b>	<b>-1.71%</b>	<b>4.61%</b>
<b>12.52%</b>	<b>-3.36%</b>	<b>16.79%</b>	<b>-6.91%</b>	<b>11.41%</b>	<b>-13.95%</b>	<b>3.10%</b>	<b>-0.992%</b>	<b>4.859%</b>	<b>-3.577%</b>
<b>3,348,744</b>	<b>\$ 3,141,966</b>	<b>\$ 3,663,660</b>	<b>\$ 3,471,235</b>	<b>\$ 3,567,968</b>	<b>\$ 3,510,479</b>	<b>\$ 3,635,549</b>	<b>\$ 3,508,726</b>	<b>\$ 3,460,952</b>	<b>\$ 3,621,194</b>

DOT-TGIG009106

# Exhibit B



September 10, 2018

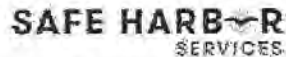
To Whom it May Concern:

TGIG, LLC has funds in the amount of \$682,661.25 available in its Safe Harbor checking account that can be liquidated within 30 days. Please contact me at 303-431-3444 if you have any questions

Thank you,

A handwritten signature in cursive script that reads "Sheila Irsik".

Sheila Irsik



[sheilai@safeharborforbusiness.com](mailto:sheilai@safeharborforbusiness.com)

Direct: 303-431-3444

Cell: 720-951-6108



September 19, 2018

Clark County Department of Business License  
500 South Grand Central Parkway  
Las Vegas, Nevada 89155

RE: TGIG, LLC [REDACTED]

Dear Sirs,

The above referenced business account is open and, as of September 19, 2018, currently has funds on deposit in the amount of \$6,025,000. available for immediate withdrawal. This information is provided at the request of our depositor, TGIG, LLC.

Please contact me at (702) 471-2060 with questions or concerns.

Sincerely,

Linda Kuhn

EVP, Branch Administrator

ORGANIZERS/  
DIRECTORS

Andre Agassi

Daniel Ayala

Thomas Breitling

William Bullard

Roger Bulloch

Lorenzo Fertitta

Brian Greenspun

Paul Huygens

Jim King

Arvind Menon

Steve Miller

Timothy Poster

Key Reid

Perry Rogers



SWENSON DISPENSARY (3.200qH)  
CASH FLOW PROJECTIONS  
Revised: 9/18/2018

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Consolidated Revenue	\$985,995	\$1,044,784	\$927,113	\$866,943	\$986,883	\$944,038	\$1,116,232	\$1,044,589	\$1,169,204	\$1,115,524	\$1,172,075	\$1,126,001	\$1,111,965	\$1,183,824	\$1,056,413	\$993,133	\$16,844,717
<b>EXPENSES</b>																	
Clark County Business License (MME)	\$0	\$91,201	\$0	\$0	\$85,165	\$0	\$0	\$91,415	\$0	\$0	\$99,880	\$0	\$0	\$102,301	\$0	\$0	\$469,962
Annual Renewal Fee - State of Nevada	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Cost of Goods Sold Flower (Third Party)	183,381	176,650	141,079	117,265	116,802	95,770	113,238	105,570	118,512	113,467	118,903	114,229	112,805	120,095	107,170	100,750	1,952,889
Cost of Goods Sold Flower (Cultivation)	150,039	176,650	172,480	175,897	216,919	223,463	254,223	247,694	276,762	264,055	277,441	266,535	253,213	280,222	250,063	235,084	3,740,261
Cost of Goods Sold Flower (Production)	25,107	26,604	23,668	22,076	25,130	24,039	28,324	26,589	29,773	28,006	29,846	28,673	28,315	30,145	26,901	25,289	429,934
Cost of Goods Sold Concentrates	12,811	13,575	12,046	11,264	12,822	12,266	14,503	13,572	15,191	14,494	15,228	14,610	14,447	15,381	13,726	12,903	218,859
Cost of Goods Sold Edibles - VERT and District	73,086	77,444	68,722	64,262	73,152	69,976	82,740	77,330	86,667	82,688	86,880	83,464	82,424	87,750	78,306	73,616	1,248,607
Cost of Goods Sold Merchandise	1,198	1,269	1,126	1,053	1,199	1,147	1,356	1,269	1,420	1,355	1,424	1,368	1,351	1,438	1,283	1,206	20,461
Cost of Goods Sold Paraphernalia	3,981	4,218	3,743	3,500	3,984	3,811	4,507	4,217	4,721	4,504	4,732	4,546	4,489	4,780	4,265	4,010	68,009
Cost of Goods Sold Packaging	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	50,000
Office Expense-supplies, cleaning, postage, etc	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	64,000
Insurance Expense	2,697	2,697	2,697	2,697	2,697	2,697	2,697	2,697	2,697	2,697	2,697	2,697	2,697	2,697	2,697	2,697	50,975
Marketing Expense	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	76,000
Marketing Subscriptions/Text Rewards Program	2,150	2,150	2,150	2,150	2,150	2,150	2,150	2,150	2,150	2,150	2,150	2,150	2,150	2,150	2,150	2,150	34,400
Contingency	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	3,000	48,000
Payroll	130,270	130,270	130,270	130,270	130,770	130,770	130,770	130,770	130,770	145,460	145,460	145,460	145,460	145,460	130,770	130,770	2,163,773
Rent	16,602	16,602	16,602	16,602	16,602	16,602	16,602	16,602	16,602	16,602	16,602	16,602	16,602	16,602	16,602	16,602	265,632
Security Guard	14,760	14,760	14,760	14,760	14,760	14,760	14,760	14,760	14,760	14,760	14,760	14,760	14,760	14,760	14,760	14,760	236,160
Utilities - Power, Internet, phone, etc.	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	32,000
<b>Total Expenses</b>	\$783,165	\$903,787	\$759,332	\$764,887	\$865,671	\$774,041	\$858,842	\$911,238	\$893,875	\$888,131	\$1,000,073	\$884,071	\$866,112	\$1,009,155	\$829,927	\$784,049	\$13,756,355
<b>Net Income</b>	\$202,830	\$140,997	\$167,782	\$102,056	\$121,212	\$169,997	\$257,390	\$133,352	\$275,329	\$227,394	\$172,003	\$241,930	\$245,852	\$174,669	\$226,486	\$209,084	\$3,088,361

PAHRUNIP DISPENSARY (2.500sqft)  
CASH FLOW PROJECTIONS  
Revised: 9/18/2018

	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total
Consolidated Revenue	\$470,898	\$442,174	\$429,776	\$424,895	\$395,776	\$387,575	\$452,459	\$456,984	\$461,553	\$466,169	\$470,831	\$475,539	\$480,294	\$485,097	\$489,948	\$494,848	\$7,284,816
<b>EXPENSES</b>																	
Annual Application Renewal Fee- Nye County	\$0	\$0	\$0	\$0	\$7,500	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$15,000
Annual Renewal Fee- State of Nevada	110,955	94,715	82,854	72,811	59,344	49,812	58,151	58,732	59,320	59,913	60,512	61,117	61,728	62,346	62,969	63,599	1,078,678
Cost of Goods Sold Flower (Cultivation)	32,428	30,544	29,686	29,351	27,339	26,775	31,256	31,567	31,883	32,202	32,520	32,849	33,177	33,506	33,834	34,163	503,456
Cost of Goods Sold Flower (Production)	11,885	11,254	10,938	10,814	10,073	9,864	11,515	11,631	11,747	11,864	11,983	12,103	12,224	12,346	12,470	12,594	185,404
Cost of Goods Sold Edibles - Vert and District	10,837	10,176	9,891	9,778	9,108	8,920	10,413	10,517	10,622	10,728	10,836	10,944	11,053	11,164	11,276	11,388	167,651
Cost of Goods Sold Concentrates	19,378	18,196	17,686	17,485	16,287	15,949	18,619	18,806	18,994	19,184	19,375	19,569	19,765	19,963	20,162	20,364	299,782
Cost of Goods Sold Paraphernalia	865	812	789	780	727	712	831	839	847	856	864	873	882	891	900	909	13,375
Cost of Goods Sold Packaging	0	10,000	0	10,000	0	10,000	0	10,000	89	10,000	91	10,000	92	10,000	94	10,000	80,000
Marketing	5,407	4,973	5,357	10,876	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	1,403
Office Expense - Cleaning, postage, supplies	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	35,265
Insurance Expense	2,697	2,697	2,697	2,697	2,697	10,524	2,697	2,697	2,697	2,697	2,697	2,697	2,697	2,697	2,697	2,697	50,975
Monthly License Tax - Nye County	9,418	8,843	8,596	8,498	7,916	7,751	9,049	9,140	9,231	9,323	9,417	9,511	9,606	9,702	9,799	9,897	145,696
Monthly Subscriptions/Text Rewards Program	2,150	2,150	2,150	2,150	2,150	2,150	2,150	2,150	2,150	2,150	2,150	2,150	2,150	2,150	2,150	2,150	34,400
Contingency	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	32,000
Payroll	68,143	68,143	68,143	68,143	72,295	72,295	72,295	72,295	72,295	72,295	72,295	72,295	72,295	72,295	72,295	72,295	1,140,106
Rent	4,193	4,193	4,193	4,193	4,361	4,361	4,361	4,361	4,361	4,361	4,361	4,361	4,361	4,361	4,361	4,361	69,101
Security Expense	9,225	9,225	9,225	9,225	9,225	9,225	9,225	9,225	9,225	9,225	9,225	9,225	9,225	9,225	9,225	9,225	147,600
Utilities - Power/Gas, water, trash, internet	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	1,500	24,000
<b>Total Expenses</b>	<b>\$384,152</b>	<b>\$376,221</b>	<b>\$359,054</b>	<b>\$371,599</b>	<b>\$353,071</b>	<b>\$355,137</b>	<b>\$381,833</b>	<b>\$396,189</b>	<b>\$389,873</b>	<b>\$395,184</b>	<b>\$388,024</b>	<b>\$400,892</b>	<b>\$393,788</b>	<b>\$406,714</b>	<b>\$399,669</b>	<b>\$412,653</b>	<b>\$6,164,050</b>
<b>Net Income</b>	<b>\$86,746</b>	<b>\$65,953</b>	<b>\$70,723</b>	<b>\$53,296</b>	<b>\$42,705</b>	<b>\$32,438</b>	<b>\$70,626</b>	<b>\$60,795</b>	<b>\$71,681</b>	<b>\$70,985</b>	<b>\$82,807</b>	<b>\$74,647</b>	<b>\$86,506</b>	<b>\$78,384</b>	<b>\$90,280</b>	<b>\$82,195</b>	<b>\$1,120,766</b>

# Exhibit C

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STATE OF Nevada )  
 ) ss.  
COUNTY OF Clark )

The undersigned, [REDACTED] after first being duly sworn on oath states:

1. As demonstrated in the financial statement attached as Exhibit A to this affidavit, I am in control of \$117,000 in assets.
2. In the event the Department of Taxation issues a retail marijuana establishment license to the applicant TGIG, LLC, I unconditionally commit \$117,000 to the use of the applicant.

[REDACTED]

Subscribed and sworn to before me this 17<sup>th</sup> day of September, 2018 by

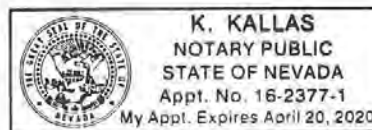
[REDACTED]

My Commission Expires:

4-20-20

NOTARY PUBLIC

K Kallas



[My Accounts](#) [Transfers](#) [Bill Payments](#) [Send Money](#) [Deposits](#) [Customer Service](#) [Products & Services](#)[Choose an Account](#) [My Documents](#) [My Rewards](#)

I'd Like to...

**View**[Account Information](#)  
[Full Account & Routing Number](#)  
[Online Statements](#)**Take Action**[Overdraft Options](#)  
[U.S. Bank Simple Loan](#)  
[Set Up Account Alerts](#)  
[Set Up Automatic Transfer](#)  
[Set up cards for travel](#)  
[Deposit a Check](#)  
[Find Past Check or Deposit Slip Images](#)  
[Order/Review Checks](#)  
[Lost or Stolen Card/Check](#)**Transfer Money**

From Account

To Account

\$  mm/dd/yyyy[Continue](#)[Pay a U.S. Bank Account](#)[Pay Bills](#)[Send Money with](#)[Get a Cash Advance](#)

## ISB Checking (Checking)

[Manage Nickname](#)**Account Summary****Account Balance** **\$117,926.68**  
**Available Balance** **\$117,926.68**You may be able to borrow \$100 - \$1,000 from the comfort of your home.  
Apply for a U.S. Bank Simple Loan and you may receive your funds in minutes.[Get started](#)**Account Activity****Transactions** **Search**[Print Transactions](#) | [Download Transactions](#)

Show The Past		Per page		1 of 5	
90 days		30			
Date	Description	Check #	Deposits	Withdrawals	Acct Balance
<b>Completed Transactions</b>					
09/14/2018	Electronic Deposit 09/14 Bogatz & Associa		\$3,477.44		\$117,926.68
09/13/2018	Zelle Standard Pmt To Kerry Kleiman Usdbnmfjx6c			\$50.00	\$114,449.24
09/11/2018	Zelle Instant Pmt To Matthew Bogatz Usdbnmf50iq			\$20.00	\$114,499.24
09/10/2018	Check <a href="#">View Image</a>	6050		\$2,500.00	\$114,519.24
09/10/2018	Zelle Instant Pmt To Matthew Bogatz Usdbnm0uxrld			\$50.00	\$117,019.24
09/07/2018	Check <a href="#">View Image</a>	6052		\$260.00	\$117,069.24
09/07/2018	Check <a href="#">View Image</a>	6051		\$400.00	\$117,329.24
09/07/2018	Zelle Instant Pmt To Matthew Bogatz Usdbnmymh66b			\$175.00	\$117,729.24
09/05/2018	Check <a href="#">View Image</a>	1474		\$2,551.60	\$117,804.24
09/04/2018	Web Authorized Pmt Barclaycard			\$19,500.00	\$120,455.64
09/04/2018	Electronic Check Chase Credit Crd	1875		\$2,762.93	\$139,955.84
09/04/2018	Web Authorized Pmt Suntrust Mtge			\$1,250.00	\$142,718.77
09/04/2018	Web Authorized Pmt Firstservice Res			\$618.15	\$143,866.77
09/04/2018	Web Authorized Pmt Bmw Financial Se			\$431.61	\$144,566.92
09/04/2018	Web Authorized Pmt Bank Of America			\$230.00	\$145,018.83
09/04/2018				\$115.62	\$145,268.83

Answers

Date	Description	Check #	Deposits	Withdrawals	Acct Balance
	Web Authorized Pmt Firstservice Res				
09/04/2018	Zelle Instant Pmt To Matthew Bogatz Usbbimoebsi			\$40.00	\$145,384.45
09/04/2018	Internet Banking Transfer Withdrawal 5430			\$1,500.00	\$145,424.45
09/04/2018	Internet Banking Transfer Withdrawal 6389			\$4,766.23	\$145,924.45
09/04/2018	Zelle Instant Pmt To Sydney Bogatz Usbbiasmms3			\$308.00	\$151,690.68
09/04/2018	Zelle Instant Pmt To Matthew Bogatz Usbbijonver7			\$360.00	\$151,998.68
08/31/2018	Internet Banking Transfer Deposit 4873		\$12,000.00		\$152,358.68
08/31/2018	Zelle Instant Pmt To Matthew Bogatz Usbbikjw37dop			\$200.00	\$140,358.68
08/31/2018	Electronic Deposit Bogatz & Associa		\$3,514.80		\$140,558.68
08/29/2018	Zelle Instant Pmt To Matthew Bogatz Usbbkbacmjwf			\$26.00	\$137,043.88
08/27/2018	Zelle Instant Pmt To Matthew Bogatz Usbbimnizmk			\$38.00	\$137,069.88
08/24/2018	Check <a href="#">View Image</a>	1473		\$835.54	\$137,107.66
08/24/2018	Check <a href="#">View Image</a>	1472		\$210.52	\$137,743.42
08/24/2018	Zelle Instant Pmt To Matthew Bogatz Usbbijyyedam			\$200.00	\$137,954.34
08/21/2018	Zelle Instant Pmt To Matthew Bogatz Usbbhtkxxti			\$177.00	\$138,154.34

30

Per page

1 of 5

Connection Secured

[Privacy Pledge](#) [Legal Agreements](#) [CoBrowse](#)© 2018 U.S. Bank  
DLB, MN-APE 51 018 08 9114 |For U.S. Bank:  
Equal Housing Lender. Deposit products offered by U.S. Bank National Association. Member FDIC.  
U.S. Bank is not responsible for and does not guarantee the products, services or performance of U.S. Bank's affiliates.

Answers

[https://onlinebanking.usbank.com/USB/af\(e9G6GPWKHoE4H5dTqDOJ\)/AccountDashbo...](https://onlinebanking.usbank.com/USB/af(e9G6GPWKHoE4H5dTqDOJ)/AccountDashbo...) 9/14/20185.2.11. Total Page 89 of 55  
DOT-FCID0091150019-01029  
SA002837

0019-01030  
SA002838





wellsfargo.com

09/07/2018

Town Center

1900 Village Center Circle  
Las Vegas, NV 89134

Dear To Whom It May Concern:

This letter is verification that the Customer named above has the following deposit accounts with Wells Fargo.

Account Number	Date Opened	Current Balance*
	04/20/2016	\$307,992.87
	02/12/2007	\$182,320.91
	03/30/2016	\$24,712.35
N/A	N/A	N/A
N/A	N/A	N/A

\*The Balance is the opening available balance as of the date of this letter but such balance does not include any uncollected items and/or amounts that have not yet been posted to such account as of the date hereof. The foregoing is not, and should not at any time or in any way be construed as a guaranty of future account balances.

This letter is strictly confidential and the information herein is solely for Customer's lawful use. This letter is given in good faith, without legal liability. Wells Fargo does not represent and warrant that this information is complete or accurate and any errors or omissions in the information shall not be a basis for a claim against Wells Fargo. Wells Fargo does not undertake or accept any duty, responsibility, liability or obligation that may arise from providing this letter and/or for any reliance being placed upon information in this letter or for any loss or damage that may result from reliance being placed upon it. Wells Fargo does not assume any duty or obligation to you or any other person or entity by providing this information and this information is subject to change without notice to you. Wells Fargo does not undertake any duty to update you in the event any deposit account relationship referenced above is, or is the process of being, modified, terminated or cancelled. By requesting and utilizing this information, you agree to indemnify, defend, and hold Wells Fargo harmless from and against any claim resulting from the disclosure and use of the information by you, or from the breach by you of any agreement, representation or warranty herein.

If you have any questions, please contact me at: 702 341-0900.

A representative will be happy to assist you, as follows:

Monday – Thursday: 9:00 AM - 5:00 PM Pacific  
Friday: 9:00 AM - 6:00 PM Pacific  
Saturday: 10:00 AM - 2:00 PM Pacific

Thank you. We appreciate your business.

Sincerely, *Kathryn Caceres*

Kathryn Caceres

Personal Banker

Together we'll go far



1  
2 STATE OF Nevada )  
3 COUNTY OF Clark ) ss.  
4

5 The undersigned, [REDACTED] after first being duly sworn on oath  
6 states:  
7

- 8 1. As demonstrated in the financial statement attached as Exhibit A to this  
9 affidavit, I am in control of \$1,288,000 in assets.  
10 2. In the event the Department of Taxation issues a retail marijuana  
11 establishment license to the applicant TGIG, LLC, I unconditionally  
12 commit \$1,288,000 to the use of the applicant.  
13

14 [REDACTED]  
15  
16  
17 Subscribed and sworn to before me this 11<sup>th</sup> day of September, 2018 by  
18 [REDACTED]  
19

20 My Commission Expires:

02/05/2019

NOTARY PUBLIC

Kelly Hermanson



1  
2 STATE OF Nevada )  
3 COUNTY OF Clark ) ss.  
4

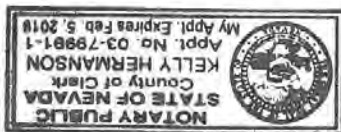
5 The undersigned, [REDACTED] after first being duly sworn on oath  
6 states:  
7

- 8 1. As demonstrated in the financial statement attached as Exhibit A to this  
9 affidavit, I am in control of \$1,288,000.<sup>00</sup>/<sub>100</sub> in assets.  
10 2. In the event the Department of Taxation issues a retail marijuana  
11 establishment license to the applicant TGIG, LLC, I unconditionally  
12 commit \$1,288,000.<sup>00</sup>/<sub>100</sub> to the use of the applicant.  
13 [REDACTED]  
14  
15  
16

17 Subscribed and sworn to before me this 11<sup>th</sup> day of September, 2018 by  
18 [REDACTED]  
19

20 My Commission Expires:  
21 02/05/2019

22 NOTARY PUBLIC  
23 Kelly Hermanson  
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Patricia Green  
U.S. Bank Wealth Management  
400 North Third Street, Suite 1500  
Minneapolis, MN 55401  
Phone: 612.344.1500  
Fax: 612.344.1501  
www.usbank.com

09/10/2018

To whom it may concern,

This letter is being written on behalf of our valued clients [REDACTED]. The intent of this letter is to verify the total combined funds in all accounts per the request from [REDACTED]. Our overall relationship totals an amount of approximately \$1,288,000 as of September 10, 2018. These funds can be liquidated within 30 days upon request.

This letter is valid based on the current account relationship and cannot be guaranteed beyond the date listed above. If you have any further questions please direct them to [REDACTED] directly.

Thank you,

Patrick V Cimini

Assistant Vice President

Wealth Management Group at U.S. Bank



1  
2 STATE OF Nevada )  
3 COUNTY OF Clark ) ss.  
4 )

5 The undersigned, [REDACTED] after first being duly sworn on oath  
6 states:  
7

- 8 1. As demonstrated in the financial statement attached as Exhibit A to this  
9 affidavit, I am in control of 383,018.00 in assets.  
10 2. In the event the Department of Taxation issues a retail marijuana  
11 establishment license to the applicant TGIG, LLC, I unconditionally  
12 commit 383,018.00 to the use of the applicant.  
13 [REDACTED]  
14 [REDACTED]  
15 [REDACTED]  
16 [REDACTED]

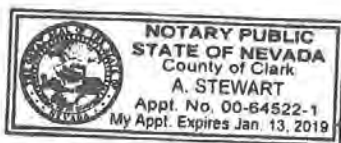
17 Subscribed and sworn to before me this 11th day of September, 2018 by  
18 [REDACTED]  
19

20 My Commission Expires:

1/13/2019

NOTARY PUBLIC

A. Stewart



1  
2 STATE OF Nevada )  
3 COUNTY OF Clark ) ss.  
4

5 The undersigned [REDACTED], after first being duly sworn on oath  
6 states:  
7

- 8 1. As demonstrated in the financial statement attached as Exhibit A to this  
9 affidavit, I am in control of 383,018.72 in assets.  
10 2. In the event the Department of Taxation issues a retail marijuana  
11 establishment license to the applicant TGIG, LLC, I unconditionally  
12 commit 383,018.72 to the use of the applicant.  
13

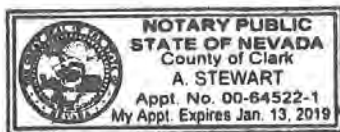
14  
15  
16  
17 Subscribed and sworn to before me this 14 day of September, 2018 by  
18 [REDACTED]  
19

20 My Commission Expires:

1/13/2019

NOTARY PUBLIC

[Signature]





800-823-2835  
TD AMERITRADE  
DIVISION OF TD AMERITRADE INC.  
PO BOX 2209  
OMAHA, NE 68103-2208  
TD Ameritrade Clearing, Inc., Member SIPC

Statement Reporting Period:  
08/01/18 - 08/31/18

Statement for Account # [REDACTED]

### Portfolio Summary

Investment	Current Value	Prior Value	Period Change	% Change	Estimated Income	Estimated Yield	Portfolio Allocation
Cash	\$ -	\$ -	\$ -	-	\$ -	-	
Instr Dep Acct (IDA)	148,717.58	134,576.32	14,141.26	10.5%	-	0.08%	52.4%
Money Market	-	-	-	-	-	-	
Short Balance	-	-	-	-	-	-	
Stocks	26,452.65	25,038.30	1,414.35	5.6%	556.93	2.1%	9.3%
Short Stocks	-	-	-	-	-	-	
Fixed Income	-	-	-	-	-	-	
Options	108,869.17	43,716.72	65,152.45	149.0%	-	-	38.3%
Short Options	-	-	-	-	-	-	
Mutual Funds	-	-	-	-	-	-	
Other	-	-	-	-	-	-	
Total	\$284,039.40	\$203,331.34	\$80,708.06	39.7%	\$556.93	0.2%	
Margin Equity	100.0%						



### Cash Activity Summary

	Current	YTD
Opening Balance	\$ 0.00	\$ -
Securities Purchased	(15,474.67)	(160,480.98)
Securities Sold	29,606.17	256,983.22
Funds Deposited	-	-
Funds Disbursed	-	-
Income	-	-
Expense	-	296.15
Other	(14,131.50)	(96,798.39)
Closing Balance	\$ 0.00	\$0.00

### Income & Expense Summary

	Reportable	Non Reportable	YTD
Income			
Dividends	\$ -	\$ -	\$296.15
Interest	-	-	-
Other	-	-	-
Expense			
Interest	-	-	-
Fees	-	-	-
Other	-	-	-
Net	\$0.00	\$0.00	\$296.15

### Performance Summary

Cost Basis As Of - 08/31/18 **	\$70,689.84
Unrealized Gains	65,969.00
Unrealized Losses	(1,337.02)
Funds Deposited/(Disbursed) ytd	-
Income/(Expense) ytd	296.15
Securities Received/(Delivered) ytd	0.00

\*\*To view realized gains and losses for your account, login at [www.tdameritrade.com](http://www.tdameritrade.com) and visit My Account > Gain/Loss.



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

July 11, 2018 through August 08, 2018

Account Number: [REDACTED]

#### CUSTOMER SERVICE INFORMATION

Web site: Chase.com  
Service Center: 1-800-935-9935  
Deaf and Hard of Hearing: 1-800-242-7383  
Para Espanol: 1-877-312-4273  
International Calls: 1-713-262-1679

00044153 DRE 703 210 22118 NNNNNNNNNN 1 000000000 26 0000



00441530101000000021

#### SAVINGS SUMMARY

Chase Plus Savings

	AMOUNT
Beginning Balance	\$107,896.84
Deposits and Additions	4,078.82
Electronic Withdrawals	-12,995.67
Ending Balance	\$98,979.99
Annual Percentage Yield Earned This Period	0.01%
Interest Paid This Period	\$0.82
Interest Paid Year-to-Date	\$24.82

The monthly service fee for this account was waived as an added feature of Chase Premier Plus Checking account.

#### TRANSACTION DETAIL

DATE	DESCRIPTION	AMOUNT	BALANCE
	Beginning Balance		\$107,896.84
07/27	Fedwire Credit Via: U.S. Bank/121201694 B/O: South Gibson Holdings LLC Las Vegas,NV,89134 Ref: Chase Nyc/Ctr/Bnf=Thomas James Devore, Trustee Leslie Henderson, NV 89 0522370/Ac-000000093485 Rfb=1807270 31717 Obi=Dist Imad: 0727J1Q5040C002907 Trn: 4977809208Ff	4,078.00	111,974.84
07/30	American Express ACH Pmt W0064 Web ID: 2005032111	-12,127.27	99,847.57
08/03	Ace American Prs 8004446161 77614044124153 Web ID: 1952371728	-868.40	98,979.17
08/08	Interest Payment	0.82	98,979.99
	Ending Balance		\$98,979.99

You could earn an even higher interest rate on your Chase Plus Savings account when you have activity on your primary checking account each month. Visit any of our branches for details or call us at the telephone number on your statement.



1  
2 STATE OF Nevada )  
3 COUNTY OF Clark ) ss.  
4 )

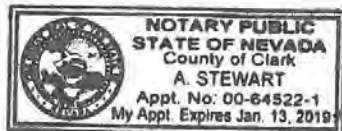
5 The undersigned, [REDACTED], after first being duly sworn on oath  
6 states:  
7

- 8 1. As demonstrated in the financial statement attached as Exhibit A to this  
9 affidavit, I am in control of \$1,010,848. in assets.  
10 2. In the event the Department of Taxation issues a retail marijuana  
11 establishment license to the applicant TGIG, LLC, I unconditionally  
12 commit \$1,010,848 to the use of the applicant.  
13

14  
15  
16  
17 Subscribed and sworn to before me this 11th day of September, 2018 by  
18 [REDACTED]  
19

20 My Commission Expires:

1/13/2019



21  
22  
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28  
NOTARY PUBLIC

[Signature]

1  
2 STATE OF Nevada )  
3 COUNTY OF Clark ) ss.  
4

5 The undersigned [REDACTED], after first being duly sworn on oath  
6 states:  
7

- 8 1. As demonstrated in the financial statement attached as Exhibit A to this  
9 affidavit, I am in control of \$845,000 in assets.  
10 2. In the event the Department of Taxation issues a retail marijuana  
11 establishment license to the applicant TGIG, LLC, I unconditionally  
12 commit \$845,000 to the use of the applicant.  
13 [REDACTED]  
14  
15  
16

17 Subscribed and sworn to before me this 11<sup>th</sup> day of September, 2018 by  
18 [REDACTED]  
19

20 My Commission Expires:

02/05/2019

NOTARY PUBLIC

Kelly Hermanson





PAGE 1

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03

03

ACCOUNT NUMBER		ACCOUNT TYPE			STATEMENT PERIOD	
[REDACTED]		USAA CLASSIC CHECKING			08/02/18 - 09/04/18	
BALANCE LAST STATEMENT	NO OF DEBITS PAID	TOTAL AMOUNT OF DEBITS PAID	NO. OF DEP	TOTAL AMOUNT OF DEPOSITS MADE	SERVICE CHARGES	BALANCE THIS STATEMENT
86,326.50	10	4,039.51	6	5,254.38	.00	87,541.37
Please examine immediately and report if incorrect. If no report is received within 60 days, the account will be considered correct.						
			TOTAL NONSUFFICIENT FUNDS (NSF) FEES		TOTAL OVERDRAFT (OD) FEES	
THIS STATEMENT						
THIS YEAR'S STATEMENTS			0.00		0.00	
			0.00		0.00	
Note: For reversals/funds made by USAA will not reduce the totals on this chart.						

5.2.11. Tax ID Page 49 of 55  
DOT-TGIC009127

0019-01041  
SA002849



PAGE 1

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E4

E4

ACCOUNT NUMBER		ACCOUNT TYPE			STATEMENT PERIOD	
[REDACTED]		USAA SAVINGS			07/31/18 - 08/31/18	
BALANCE LAST STATEMENT	NO OF DEBITS PAID	TOTAL AMOUNT OF DEBITS PAID	NO. OF DEP	TOTAL AMOUNT OF DEPOSITS MADE	SERVICE CHARGES	BALANCE THIS STATEMENT
27,250.62	0	0.00	2	703.49	.00	27,954.11
Please examine immediately and report if incorrect. If no report is received within 60 days, the account will be considered correct.						
			TOTAL NONSUFFICIENT FUNDS (NSF)		TOTAL OVERDRAFT (OD)	
THIS STATEMENT			0.00		0.00	
THIS YEAR'S STATEMENTS			0.00		0.00	
Note: Fee reversals/refunds made by USAA will not reduce the totals on this chart.						

P.O. Box 2460 - Cranberry Township, PA 16066

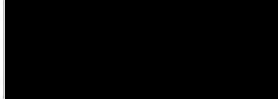
Account Statement For:

Carla J Snyder

Statement Period : August 1, 2018 - August 31, 2018

Page 1 of 3

0001353 01 SP 89129 MPARD000118074025 TS709011 01



Deposit Accounts

Deposit Accounts	Account Number	Balance
Online Savings		\$38,596.32
Total Balance		\$38,596.32

Contact Information

Customer Care:

888-710-8756

Monday - Sunday, 8am to 8pm ET

Online:

BarclaysUS.com/Deposits

Written Inquiries:

PO Box 2460

Cranberry Township, PA 16066

Online Savings History

Date	Transactions	Amount
08/01/2018	Balance Last Statement	\$38,536.28
	Total Debits This Period	-\$0.00
	Total Credits This Period	+\$0.00
	Interest Paid This Period	+\$60.04
08/31/2018	Closing Balance	\$38,596.32
	Annual Percentage Yield Earned	1.85%

# Wells Fargo® Preferred Checking

Account number: [REDACTED] ■ August 1, 2018 - August 31, 2018 ■ Page 1 of 4



## Questions?

Available by phone 24 hours a day, 7 days a week.  
Telecommunications Relay Services calls accepted

**1-800-TO-WELLS** (1-800-869-3557)

TTY: 1-800-877-4833

En español: 1-877-727-2932

言語 1-800-288-2288 (6 am to 7 pm PT, M-F)

Online: wells Fargo.com

Write: Wells Fargo Bank, N.A. (825)  
P.O. Box 6995  
Portland, OR 97228-6995

## Activity summary

Beginning balance on 8/1	\$6,541.33
Deposits/Additions	0.06
Withdrawals/Subtractions	- 0.00
Ending balance on 8/31	\$6,541.39

## Overdraft Protection

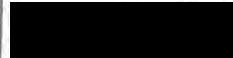
Your account is linked to the following for Overdraft Protection:

■ Savings - [REDACTED]

## Interest summary

Interest paid this statement	\$0.06
Average collected balance	\$6,541.33
Annual percentage yield earned	0.01%
Interest earned this statement period	\$0.06
Interest paid this year	\$0.53

Account number: 34538447



Nevada account terms and conditions apply

For Direct Deposit use

Routing Number (RTN): 321270742

5.2.11. Tab X Page 46 of 56  
DOT-TGIC009130

0019-01044  
SA002852

# Wells Fargo Money Market Savings<sup>SM</sup>

Account number: [REDACTED] ■ August 1, 2018 - August 31, 2018 ■ Page 1 of 3



## Questions?

Available by phone 24 hours a day, 7 days a week:  
Telecommunications Relay Services calls accepted

**1-800-TO-WELLS** (1-800-869-3557)

TTY: 1-800-877-4833

En español: 1-877-727-2932

電話 1-800-288-2288 (6 am to 7 pm PT, M-F)

Online: wells Fargo.com

Write: Wells Fargo Bank, N.A. (825)  
P.O. Box 6995  
Portland, OR 97228-6995

## Activity summary

Beginning balance on 8/1	\$5,257.58
Deposits/Additions	0.04
Withdrawals/Subtractions	- 0.00
Ending balance on 8/31	\$5,257.62

## Interest summary

Interest paid this statement	\$0.04
Average collected balance	\$5,257.58
Annual percentage yield earned	0.01%
Interest earned this statement period	\$0.04
Interest paid this year	\$0.35

Account number: 7432949170

Nevada account terms and conditions apply

For Direct Deposit use

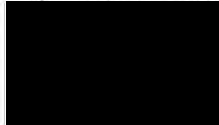
Routing Number (RTN): 321270742



P.O. Box 2460 · Cranberry Township, PA 16066

Account Statement For:

0002847 01 SP 89129 MBARDS080118032238 TST08011 01



Statement Period : July 1, 2018 - July 31, 2018  
Page 1 of 5

### Summary of Accounts

Deposit Accounts	Account Number	Balance
Online Certificate of Deposit	[REDACTED]	\$245,937.52
Online Certificate of Deposit		\$153,890.12
Online Certificate of Deposit		\$153,890.12
Online Certificate of Deposit		\$153,890.12
Online Savings		\$136,502.05
Total Balance		\$844,109.93

### Contact Information

**Customer Care:**  
888-710-8756  
Monday - Sunday, 8am to 8pm ET

**Online:**  
BarclaysUS.com/Deposits

**Written Inquiries:**  
PO Box 2460  
Cranberry Township, PA 16066

### Online Certificate of Deposit (xxxxxxx9039)

Maturing on 06/06/2022 Account Term 60 Months

Date	Transactions	Amount
07/01/2018	Balance Last Statement	\$245,473.19
	Total Debits This Period	-\$0.00
	Total Credits This Period	+\$0.00
	Interest Paid This Period	+\$464.33
07/31/2018	Closing Balance	\$245,937.52
	Annual Percentage Yield Earned	2.25%

Date	Transactions	Debits	Credits	Balance
07/01/2018	Beginning Balance			245,473.19
07/31/2018	CD Increase Int Paid		\$464.33	245,937.52
07/31/2018	Closing Balance			245,937.52

5.2.11. Total Page 47 of 55  
DOT-TCR0009132

0019-01046  
SA002854



1  
2 STATE OF Nevada )  
3 COUNTY OF Clark ) ss.  
4

5 The undersigned, [REDACTED], after first being duly sworn on oath  
6 states:  
7

- 8 1. As demonstrated in the financial statement attached as Exhibit A to this  
9 affidavit, I am in control of 759,578.00 in assets.  
10 2. In the event the Department of Taxation issues a retail marijuana  
11 establishment license to the applicant TGIG, LLC, I unconditionally  
12 commit 759,578.00 to the use of the applicant.  
13

14 [REDACTED]  
15  
16  
17 Subscribed and sworn to before me this 10<sup>th</sup> day of September, 2018 by  
18 [REDACTED]  
19

20 My Commission Expires:

21 02/05/2019  
22

23 NOTARY PUBLIC

24 Kelly Hermanson  
25  
26  
27  
28





1079 E. Riverside Drive #102  
St. George, UT 84790

Tel (435) 674-3601  
Toll Free (855) 674-3601  
Fax (435) 674-3774  
www.schofieldwm.com

September 13, 2018

To Whom It May Concern,

Please use this letter for verification of assets in the amount of \$759,578 for [REDACTED] as of 09/13/18. All current assets could be liquidated within 30 days if necessary.

Thank you, and feel free to contact me with any questions you may have at (855) 674-3601.

Respectfully,

A handwritten signature in dark ink, appearing to read "Dustin W. Schofield", enclosed within a hand-drawn oval.

Dustin W. Schofield  
Senior Wealth Advisor  
Managing Partner

*Investment products and services are offered through Wells Fargo Advisors Financial Network, LLC (WFAFN),  
Schofield Wealth Management is a registered advisor from WFAFN*

5.2.11. Tel: (435) 674-3601 Page 49 of 50  
DOT-FCID009134

0019-01048  
SA002856



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JAMES DEVOLLO  
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WILLIAM D. ANDERSON  
Executive Director

STATE OF NEVADA  
DEPARTMENT OF TAXATION

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

1550 College Parkway, Suite 115  
Carson City, Nevada 89706-7937  
Phone: (775) 684-2000 Fax: (775) 684-2020

LAS VEGAS OFFICE  
Grant Sawyer Office Building, Suite 1300  
555 E. Washington Avenue  
Las Vegas, Nevada 89101  
Phone: (702) 486-2300 Fax: (702) 486-2373

RENO OFFICE  
4600 Kietzke Lane  
Building L, Suite 235  
Reno, Nevada 89502  
Phone: (775) 687-9999  
Fax: (775) 688-1303

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

ATTACHMENT E  
PROPOSED ESTABLISHMENT PROPERTY ADDRESS

<i>To be completed by the applicant for the physical address of the proposed marijuana establishment if the applicant owns property or has secured a lease or other property agreement.</i>			
Name of Individual or Entity Applying for a Marijuana Establishment License: TGIG, LLC			
Physical Address of Proposed Marijuana Establishment (must be a Nevada address, not a P.O. Box): 9030 W. Sahara Ave. #90			
City: Las Vegas	County: Clark	State: NV	Zip Code: 89117
Legal Description of the Property: Lot 3 of Township 21, Range 60, Section 5; Book 63 Page 44			



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<i>To be completed by the applicant for the physical address of the proposed marijuana establishment if the applicant owns property or has secured a lease or other property agreement.</i>			
Name of Individual or Entity Applying for a Marijuana Establishment License: TGIG, LLC			
Physical Address of Proposed Marijuana Establishment (must be a Nevada address, not a P.O. Box): 5130 S. Fort Apache Road., Suite 215-144			
City: Las Vegas	County: Clark	State: NV	Zip Code: 89148
Legal Description of the Property: PT Lot 1 of SEC Tropicana Avenue Fort Apaches Road - Phase 1; Plat Book 104 Page 83			



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<i>To be completed by the applicant for the physical address of the proposed marijuana establishment if the applicant owns property or has secured a lease or other property agreement.</i>			
Name of Individual or Entity Applying for a Marijuana Establishment License: TGIG, LLC			
Physical Address of Proposed Marijuana Establishment (must be a Nevada address, not a P.O. Box): 6462 Losee Road, Suite 110 #20			
City:	County:	State:	Zip Code:
North Las Vegas	Clark	NV	89086
Legal Description of the Property: Centennial & Losee Subdivision, Township 19, Range 61, Section 24; Book 136 Page 15			



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ATTACHMENT E  
PROPOSED ESTABLISHMENT PROPERTY ADDRESS

<i>To be completed by the applicant for the physical address of the proposed marijuana establishment if the applicant owns property or has secured a lease or other property agreement.</i>			
Name of Individual or Entity Applying for a Marijuana Establishment License: TGIG, LLC			
Physical Address of Proposed Marijuana Establishment (must be a Nevada address, not a P.O. Box): 150 S. Highway 160, Suite 8-255			
City: Pahrump	County: Nye	State: NV	Zip Code: 89048
Legal Description of the Property: T20S R53E S14 F#486226 L. 1 1.47ac Calvada Valley			



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PROPOSED ESTABLISHMENT PROPERTY ADDRESS

<i>To be completed by the applicant for the physical address of the proposed marijuana establishment if the applicant owns property or has secured a lease or other property agreement.</i>			
Name of Individual or Entity Applying for a Marijuana Establishment License: TGIG, LLC			
Physical Address of Proposed Marijuana Establishment (must be a Nevada address, not a P.O. Box): 561 Keystone Ave. #257			
City: Reno	County: Washoe	State: NV	Zip Code: 89503
Legal Description of the Property: Parcel 1 of Parcel Map No. 2387 for Keystone Square Ltd., According to the map thereof, Filed in the Office of the County Recorder of Washoe County, State of Nevada, on October 4, 1989 as File No. 1353829			



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ATTACHMENT E  
PROPOSED ESTABLISHMENT PROPERTY ADDRESS

<i>To be completed by the applicant for the physical address of the proposed marijuana establishment if the applicant owns property or has secured a lease or other property agreement.</i>			
Name of Individual or Entity Applying for a Marijuana Establishment License: TGIG, LLC			
Physical Address of Proposed Marijuana Establishment (must be a Nevada address, not a P.O. Box): 1285 Baring Blvd. #805			
City: Sparks	County: Washoe	State: NV	Zip Code: 89434
Legal Description of the Property: FR NW4 SE4 SEC 34 TWP 20 RGE 20			





**5.2.12**

PART 1

# **NAME, SIGNAGE AND ADVERTISING PLAN**

DOT-TGIG009141

0019-01055  
SA002863



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ATTACHMENT G  
NAME, SIGNAGE, AND ADVERTISING PLAN FORM

A recreational marijuana establishment must have all advertising plans approved by the Department as a requirement for approval to operate a recreational marijuana establishment. A recreational marijuana establishment shall not use:

- A name or logo unless the name or logo has been approved by the Department; or
- Any sign of advertisement unless the sign or advertisement has been approved by the Department.

Please demonstrate the Name, Signage and Advertising Plans for the proposed marijuana establishment. Additional pages and documents can be included to demonstrate the full advertising plans of the proposed establishment.



## **THE GROVE MARKETING PLAN**

The Grove is a sophisticated brand that has generated positive and significant awareness of Nevada's regulated marijuana industry and has successfully positioned the company as a market leader.

### **BRAND DEVELOPMENT**

The Grove brand will continue to be developed in both breadth and depth. The Grove brand is both vibrant and comfortable, illustrating an experience that is equally balanced between fun and excitement, safe and educational.

The Grove believes strongly in fulfilling its brand promise. What we express in our marketing will match the actual experience for the customer when they walk into our store. If something occurs that does not fulfill that promise, we will, to the extent possible, do everything we can to make it right.

Ensuring that our customers have all the resources they need to have a safe and enjoyable experience is paramount at The Grove. Education is a primary tenet of our brand and we consistently offer information to our customers so they understand how marijuana can improve their lives, the rules and regulations around consumption in our valley and the research that is being done to explore new paths for marijuana in the health realm.

Our marketing reach is primarily within Southern Nevada. The Grove customers are approximately 60% tourists and 40% Nevada locals.

### **MARKETING COMPONENTS**

#### **Website**

The Grove website acts as the gateway between the customer and the retail location. It is designed to be user friendly and informative. It promotes The Grove's premier cultivation process and products, announces promotions and events. The website also has a blog feature that is used extensively to educate customers on the proper and safe ways to use the products sold at our retail stores. The Grove actively optimizes the website for search engines and organic reach. The website is the primary driver for all online orders, which allows our customers to order ahead and pick up in an expedited fashion inside the stores.

### Merchandise

The Grove ensures approval with the Department of Taxation of all merchandise before it is sold at The Grove's dispensaries or distributed at pop up events at other licensed dispensaries in Nevada.





### **Packaging**

The Grove packaging consists of high-quality designs and construction to ensure our products stay fresh and safe. All packaging includes but is not limited to the complete and accurate information regarding the product, including lab test results, required disclaimers, required warnings, and ingredients along with nutritional information, when appropriate.

The Grove ensures the required warnings, “THIS IS A MARIJUANA” and “Keep out of reach of children” is included on all packaging.

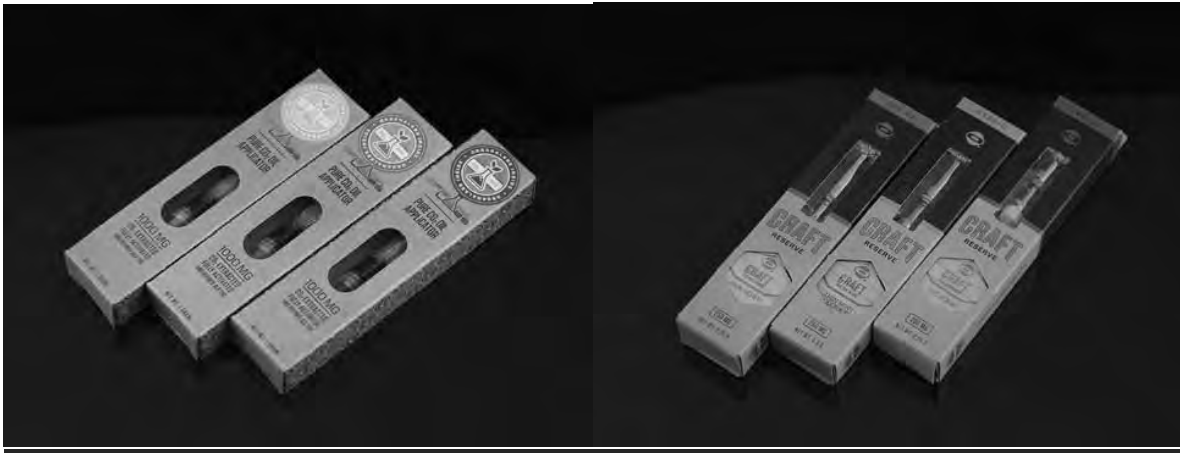




5.2.12. ~~XXXX~~ - Page 1 of 1  
DOT-TCG009147

0019-01061

SA002869



## ADVERTISING

The Grove’s advertising is bold yet classy and sophisticated, reflecting where the industry has evolved with legalization and regulation. The Grove ensures the required warnings, “Keep out of reach of children” and “For use only by adults 21 years of age and older” is included on all advertising. The Grove uses a multi-media advertising approach consisting of the following platforms:

### Outdoor

The Grove’s primary advertising medium is outdoor billboards located in and around our retail operations, but will expand throughout the valley to increase market presence.





**CANNABIS**

**WEEKLY  
BEST OF  
VEGAS  
2018**

**OPEN  
24 HRS**

**LEFT ON  
NAPLES**

**THE GROVE  
CANNABIS  
DISPENSARY**

Keep out of reach of children. For use only by adults 21 years of age and older.

5.2.12. 11000 - Page 1 of 11  
DOT-TGIC009149

0019-01063  
SA002871

### Mobile Outdoor

The Grove is utilizing a mobile outdoor company, FLO Advertising, on its approved route along The Strip.



The above mobile billboard approved on July 16, 2018.

### Magazines/Print

The Grove uses Elevate and Allegiant Air's Sunseeker magazines to reach its customers. Elevate Magazine is a monthly publication dedicated to promoting the "white hat" aspect of today's marijuana industry. Allegiant Air's Sunseeker Magazine is published quarterly. When local publications such as the Las Vegas Weekly produce issues that are editorially about the marijuana industry, The Grove at times will place an ad to be featured.



### **Referral Sites**

There are two main referral sites for the industry which include Weedmaps and Leafly. The Grove has secured profiles on these two sites.

### **Social Media**

The Grove uses social media platforms such as Facebook, Instagram and Twitter, and promote education as the primary message. The Grove shares articles, videos and stories about the medicinal benefits of marijuana, such as the recent post “The Beginner’s Guide to Vapes and Edibles.” Social media allows us a platform on which to have genuine conversations with our customers, answer their questions and help dispel misinformation.

### **Public Relations**

The Grove seeks editorial coverage in local, national and industry publications to garner market awareness and educate the community about the industry, its legalization and its future.

### **Community Outreach and Education**

The Grove will continue to conduct significant community outreach and dedicate significant resources to educating our customers and the entire valley on marijuana, its safe and responsible consumption, the rules and regulations surrounding the industry, and the potential of the future for marijuana in our country.

The Grove has hosted large symposiums, in-store educational get-togethers and celebrations – all with an educational focus.

Barriers to Cannabis Research brought in national speakers to explore the research of marijuana and its potential help with PTSD. Standing with Vets focuses on how the product assists those who gave so much to protect our freedom. Additionally, the ISI Art event supports local artists in our community while showcasing booths of educational materials and resources.

The Grove will continue to support community organizations throughout the valley, and work with partners to increase our reach for education to new consumers.

### **Philanthropy**

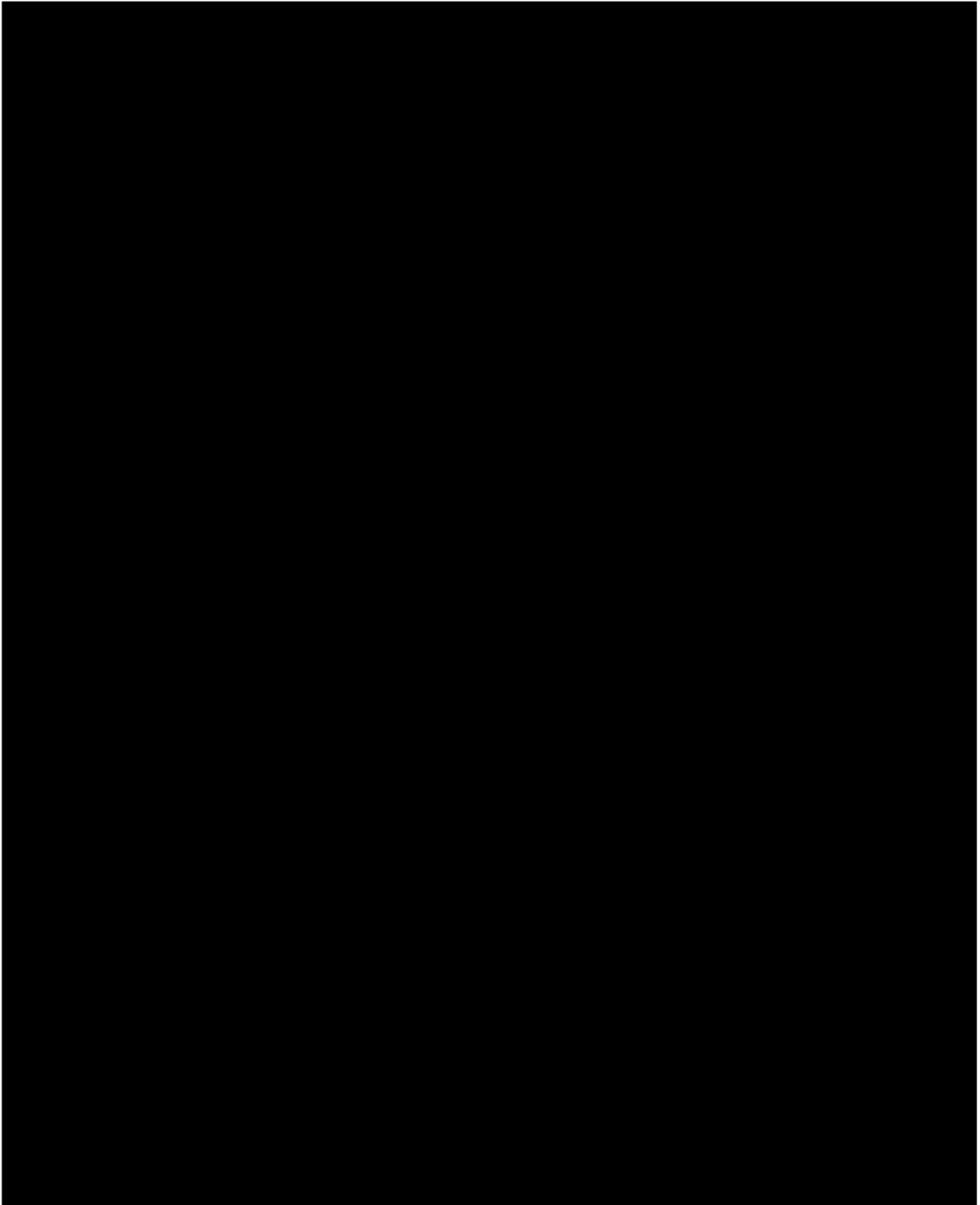
The Grove seeks to be a responsible and caring community partner. To that end, the company sponsors organizations and events that provide services and resources to our residents.

The Grove’s community support has been widespread to address a variety of community issues, including support of Aid for AIDS of Nevada, Juvenile Diabetes Foundation, Roseman University of Health Sciences for drug awareness and prevention services, The Simon Keith Foundation, Candlelighters Childhood Cancer Foundation, Cure 4 The Kids Cancer Clinic, B.E. A S.H.E.R.O Foundation and more.

Additionally, like many other companies in Las Vegas, The Grove donated money, food, water and volunteered hours to the victims, survivors and first responders of the Oct. 1 event.

The Grove utilizes only approved advertising and packaging and keeps record of the approved emails and letters received from the Department of Taxation. The Grove completes and submits a

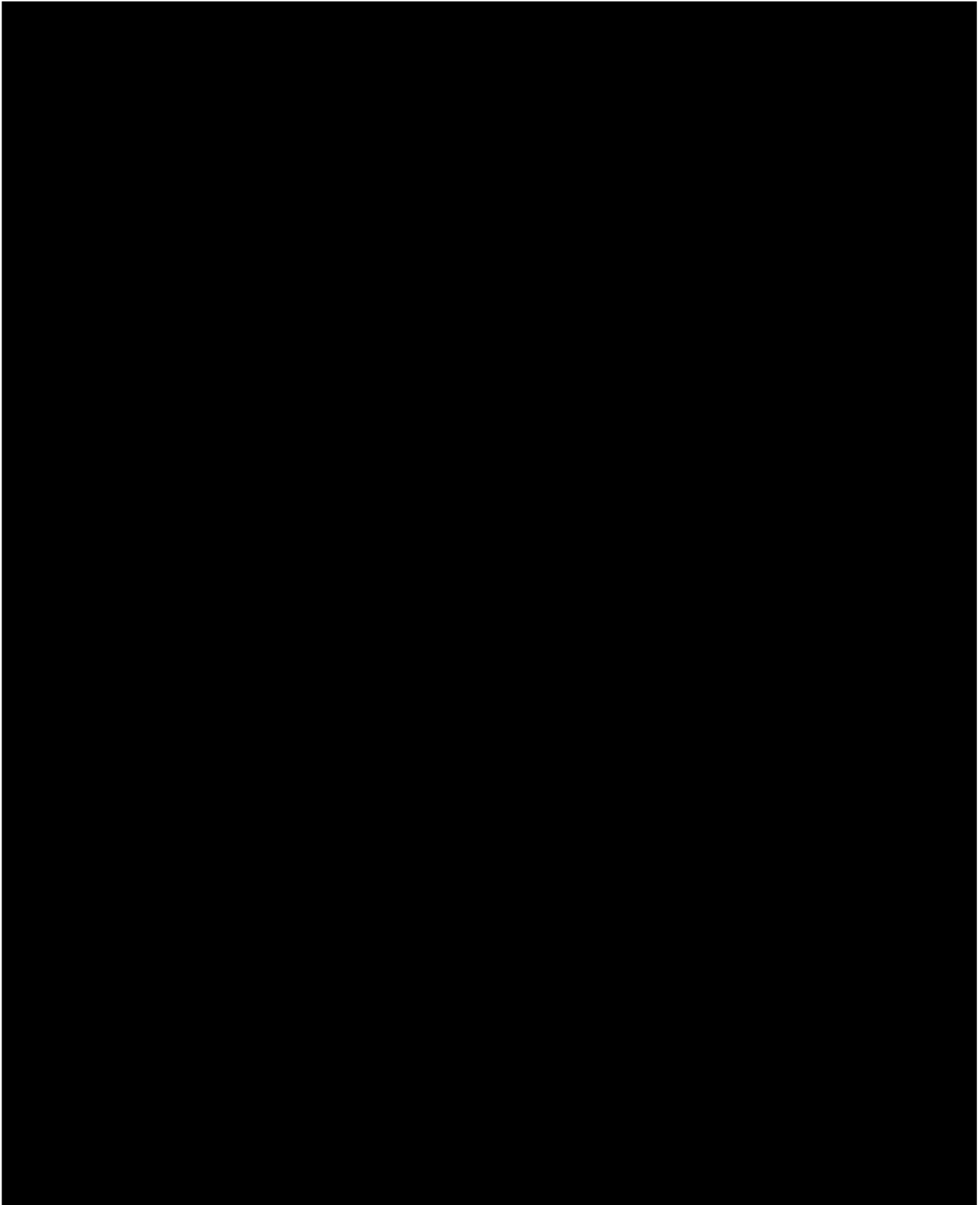
marijuana advertising submittal request to the Department of Taxation for all logos, packaging, print media ads, signage, press releases, billboards, radio/and or television ads, events, digital media and if any changes to approved packaging and advertising occur for approval.



HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

DOT-THCNV000001

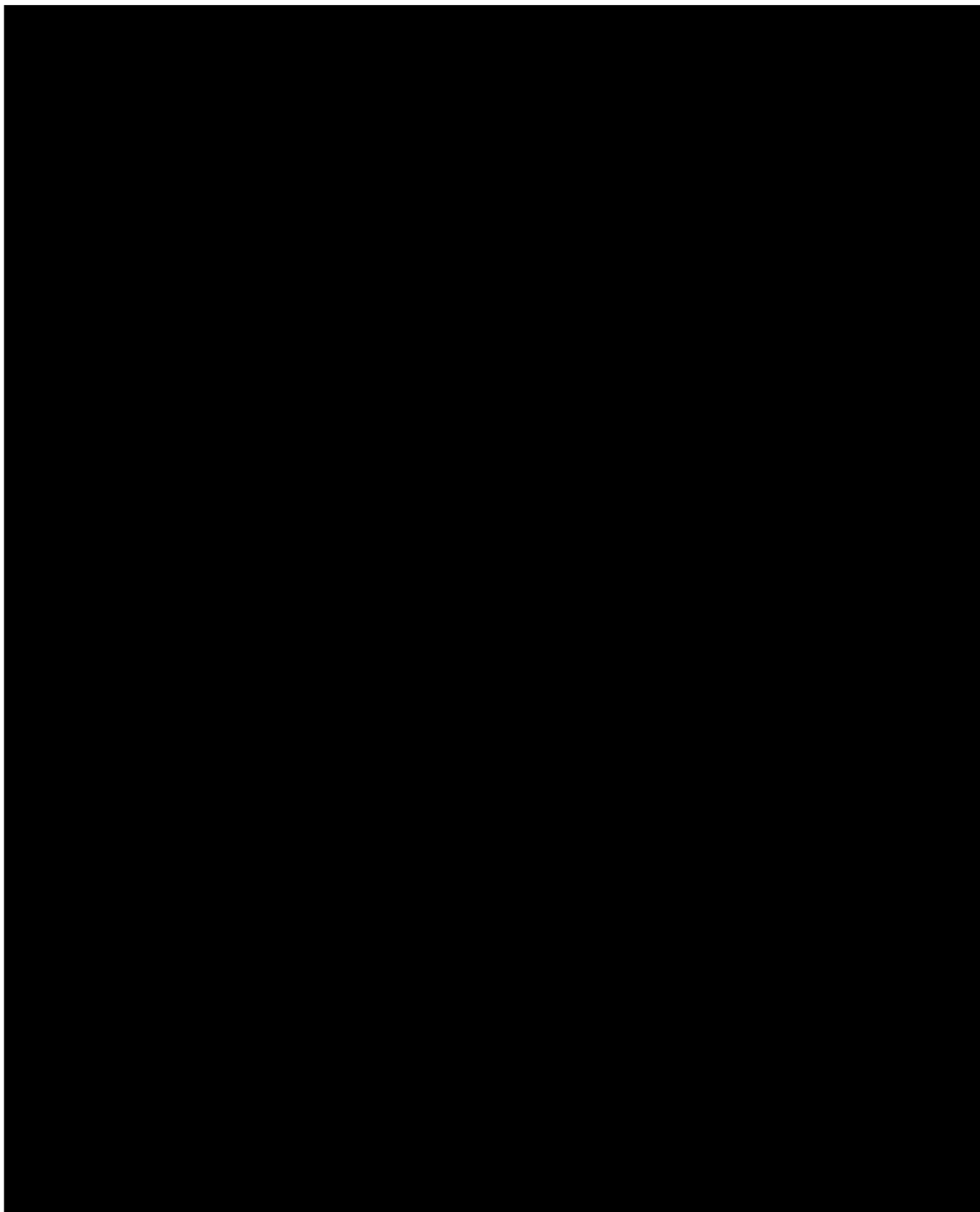
0012-00001  
SA002875



HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

DOT-THCNV000002

0012-00002  
SA002876



HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

DOT-THCNV000003

0012-00003  
SA002877



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Fax: (702) 486-3377

APPLICANT INFORMATION

Provide all requested information in the space next to each numbered question. The information in Sections V1 through V10 will be used for application questions and updates. Type or print responses. **Include this applicant**

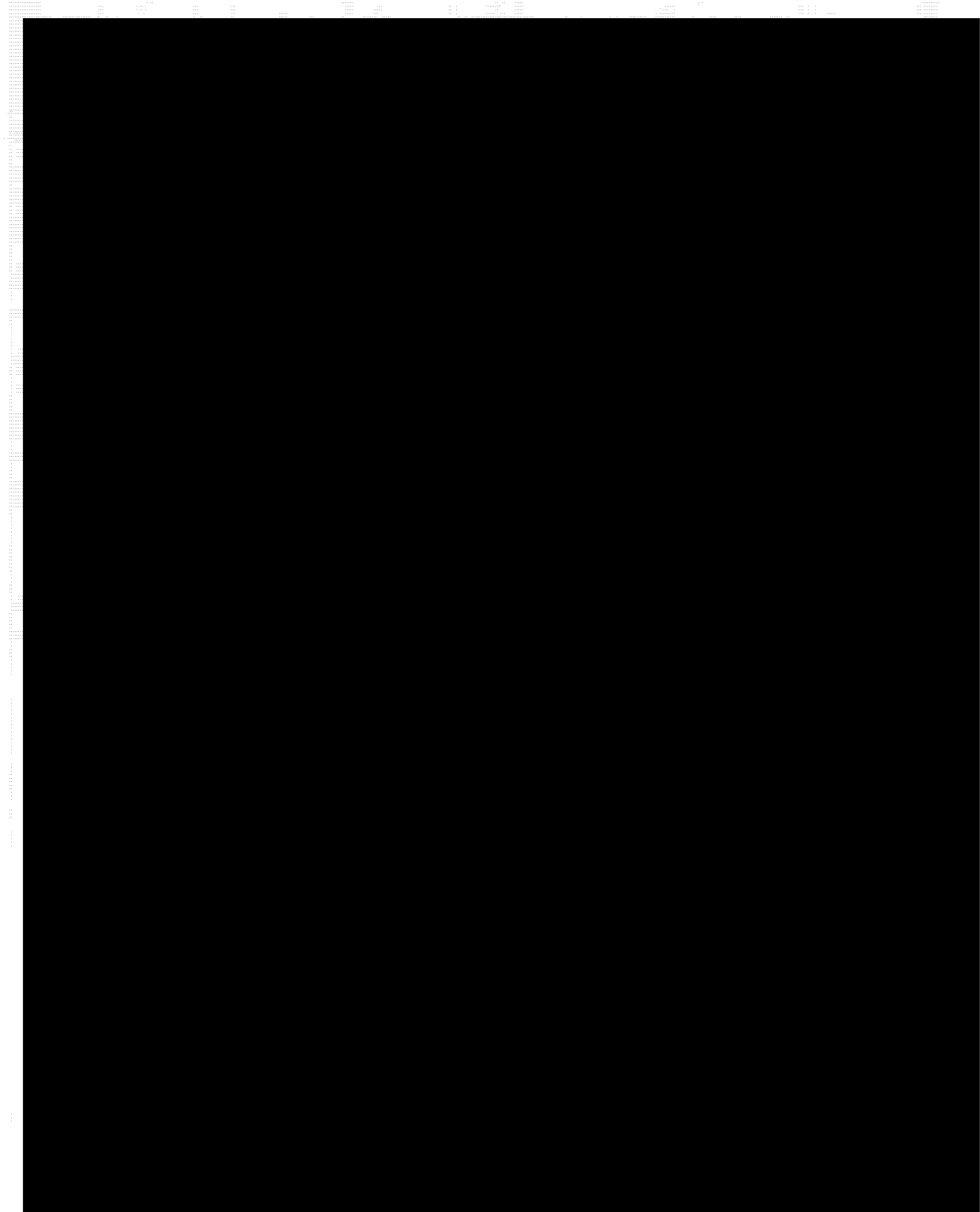
[Redacted area for applicant information]

DOT-THCNV000004

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0012-00004  
SA002878



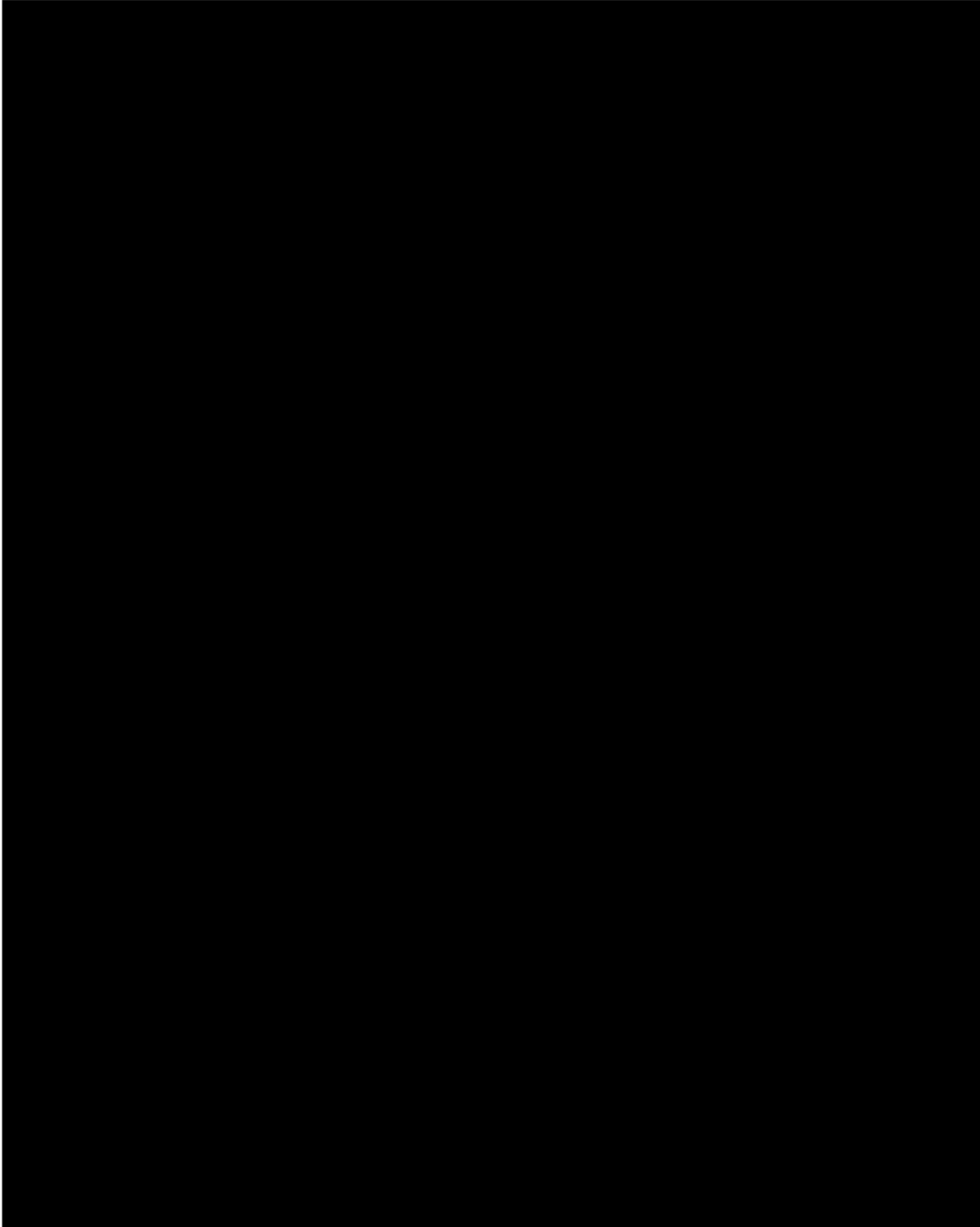


DOT-THCNV000005

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0012-00005  
SA002879

5.2.4 Tab IV - Attachment A



DOT-THCNV000006

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0012-00006  
SA002880

5.2.4 Tab IV - Attachment A



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WILLIAM D. ANDERSON  
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**STATE OF NEVADA  
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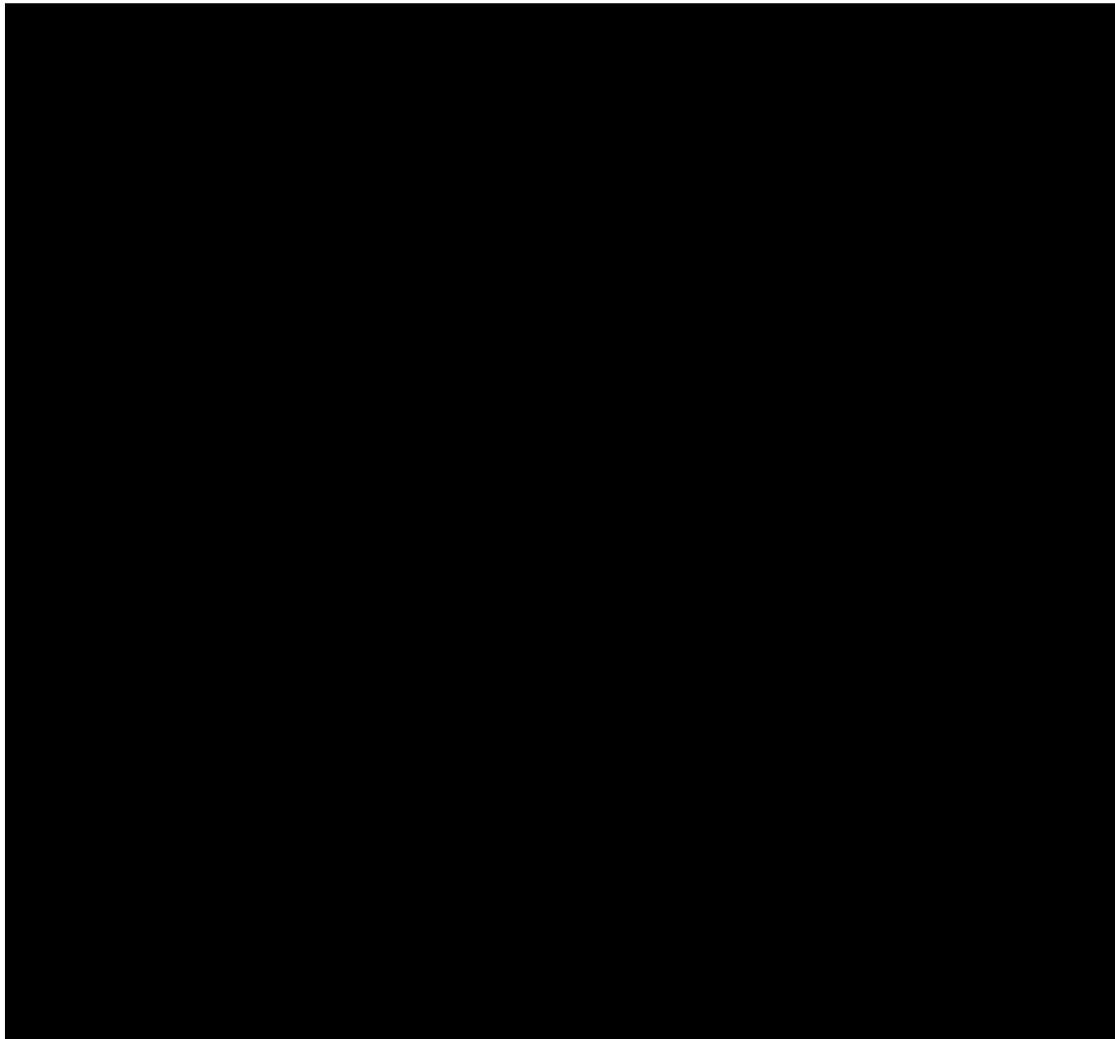
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Fax: (702) 488-5377

**ATTACHMENT A (continued)**

**Recreational Marijuana Establishment Owner (OR), Officer (OF), Board Member (BM) Names**



~~DOT-THCNV000007~~

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0012-00007  
SA002881

5.2.4 Tab IV - Attachment A



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WILLIAM D. ANDERSON  
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**RENO OFFICE**

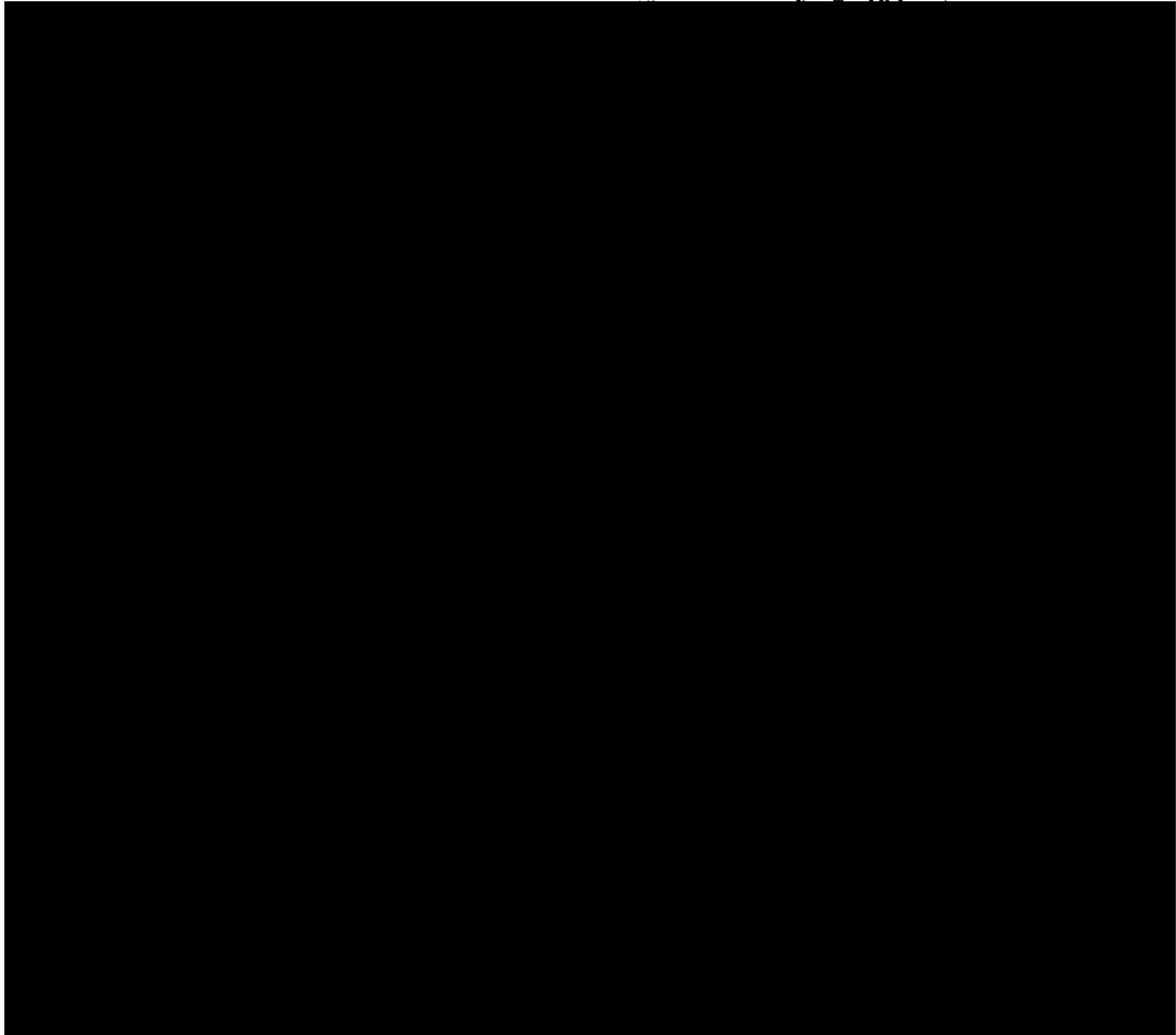
4800 Klotz Lane  
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**ATTACHMENT A (continued)**

**Recreational Marijuana Establishment Owner (OR), Officer (OF), Board Member (BM) Names**



~~DOT-THCNV000008~~

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0012-00008  
SA002882

5.2.4 Tab IV - Attachment A



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**JAMES DEVOLLO**  
*Chair, Nevada Tax Commission*  
**WILLIAM D. ANDERSON**  
*Executive Director*

**STATE OF NEVADA  
DEPARTMENT OF TAXATION**

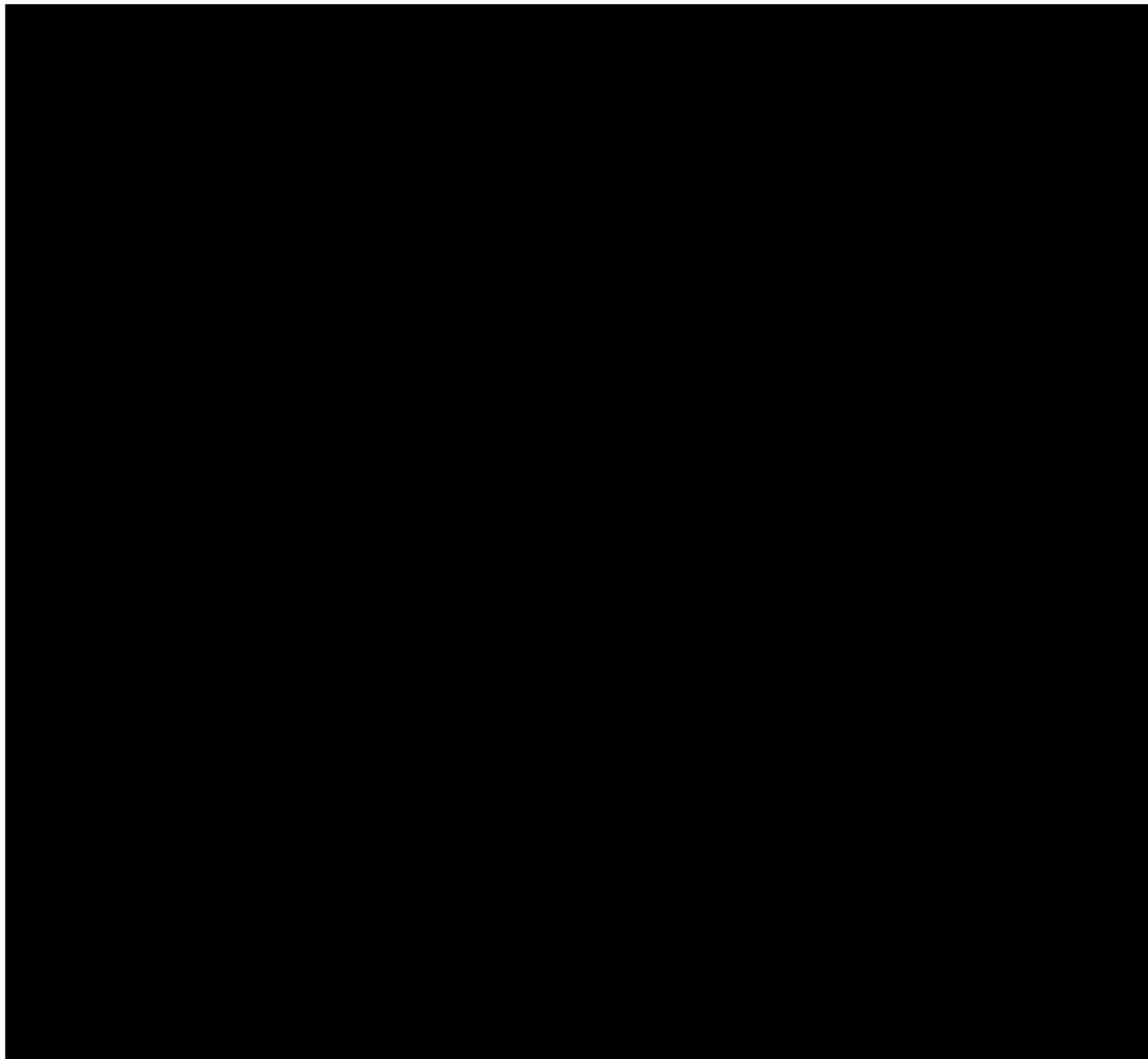
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Building L, Suite 235  
Reno, Nevada 89502  
Phone: (775) 687-6969  
Fax: (775) 686-1303

**HENDERSON OFFICE**  
2550 Paseo Verde Parkway, Suite 160  
Henderson, Nevada 89074  
Phone: (702) 468-2300  
Fax: (702) 468-3377

**ATTACHMENT A (continued)**



~~DOT THCNV000000~~

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0012-00009  
SA002883

5.2.4 Tab IV - Attachment A



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>**

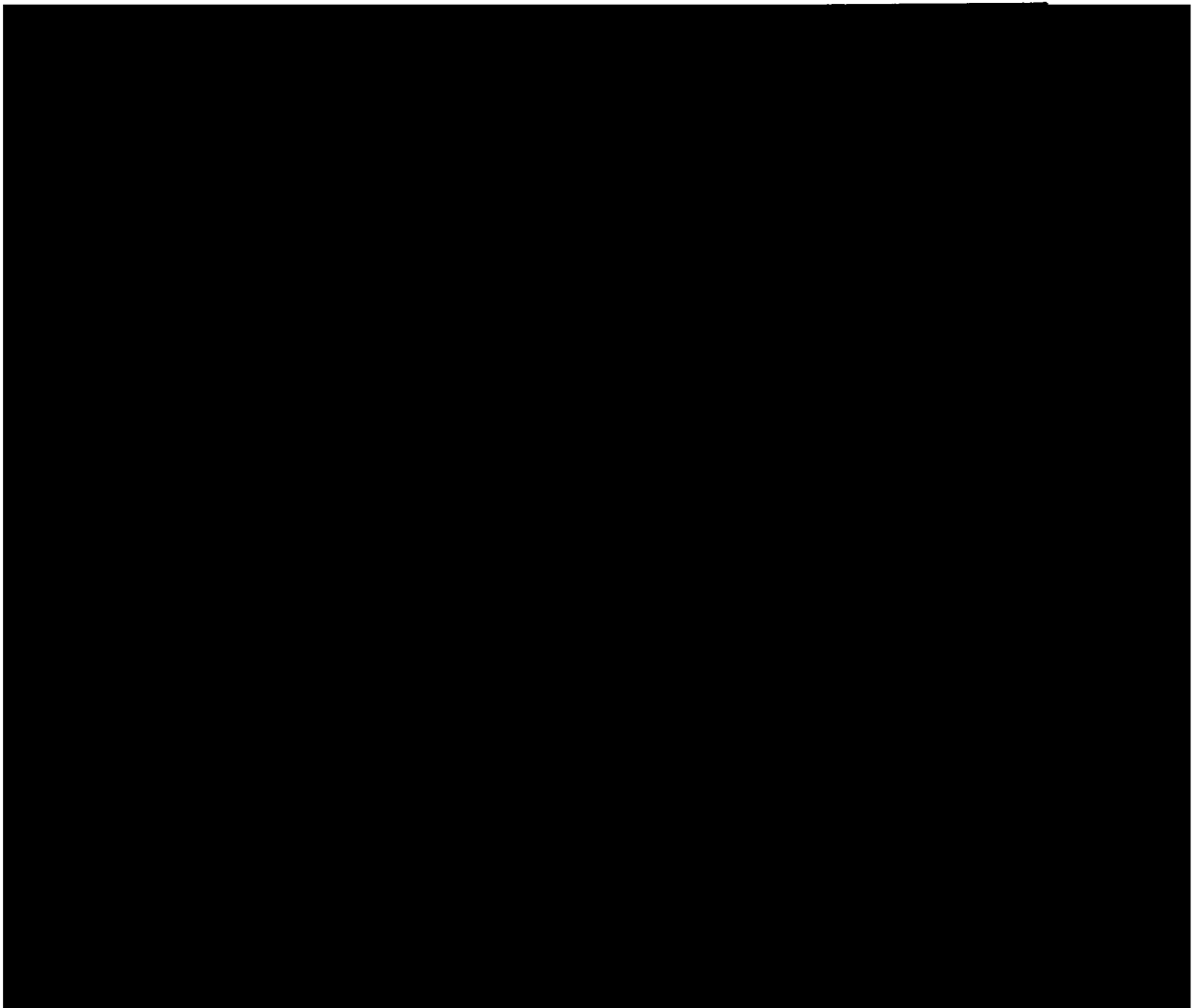
1550 College Parkway, Suite 115  
Carson City, Nevada 89706-7937  
Phone: (775) 684-2000 Fax: (775) 684-2020

**LAS VEGAS OFFICE**  
Grant Sawyer Office Building, Suite 1300  
555 E. Washington Avenue  
Las Vegas, Nevada 89101  
Phone: (702) 486-2300 Fax: (702) 486-2373

**RENO OFFICE**  
4800 Kietzke Lane  
Building L, Suite 235  
Reno, Nevada 89502  
Phone: (775) 687-9999  
Fax: (775) 688-1303

**HENDERSON OFFICE**  
2550 Paseo Verde Parkway, Suite 180  
Henderson, Nevada 89074  
Phone: (702) 488-2300  
Fax: (702) 488-3377

**ATTACHMENT A  
RECREATIONAL MARIJUANA ESTABLISHMENT APPLICATION  
GENERAL INFORMATION**



DOT-THCNV000010

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00010  
SA002884

5.2.4 Tab IV - Attachment A



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

STATE OF NEVADA  
DEPARTMENT OF TAXATION

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

1550 College Parkway, Suite 115  
Carson City, Nevada 89706-7937  
Phone: (775) 684-2000 Fax: (775) 684-2020

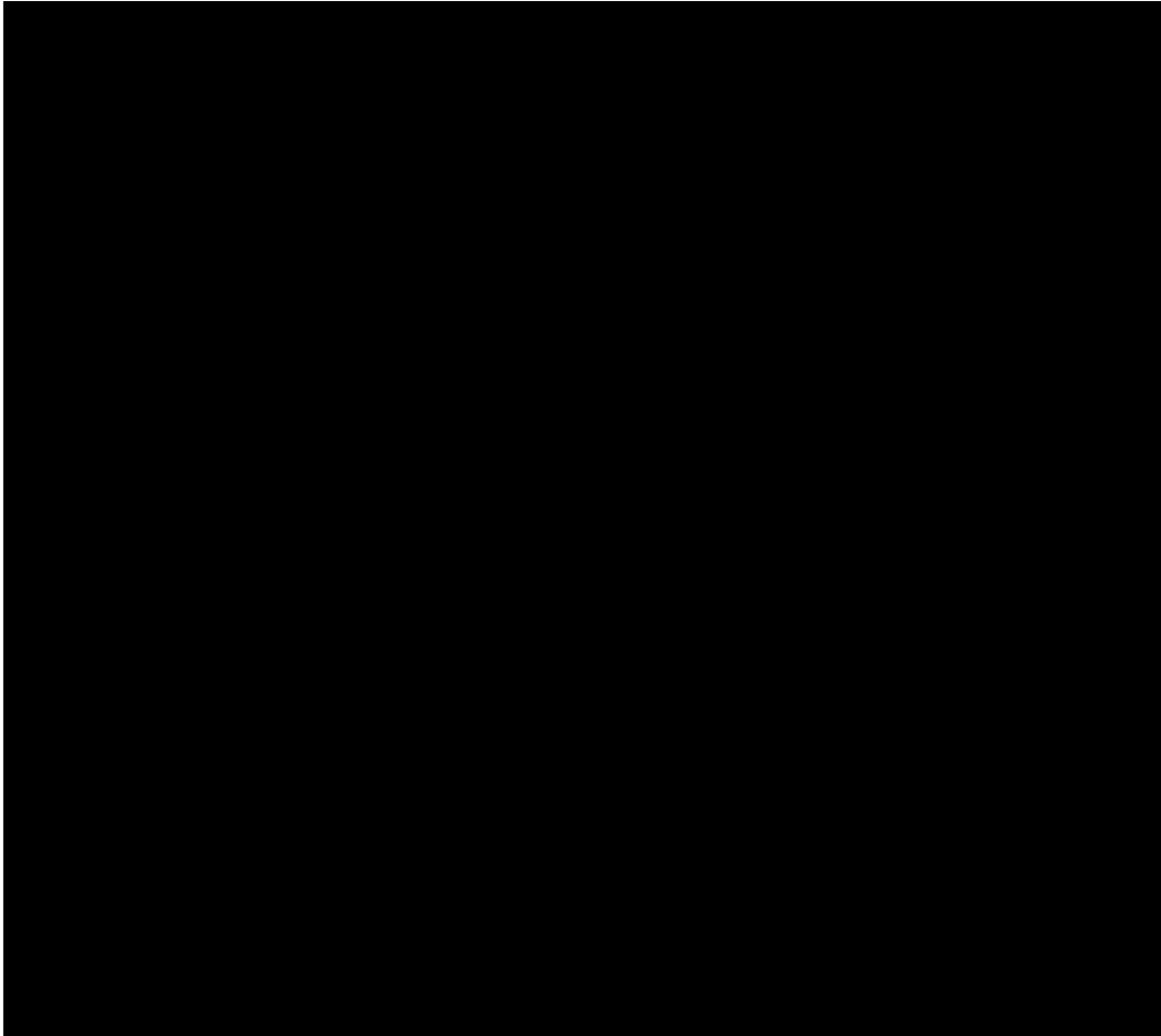
LAS VEGAS OFFICE  
Grant Sawyer Office Building, Suite 1300  
555 E. Washington Avenue  
Las Vegas, Nevada 89101  
Phone: (702) 486-2300 Fax: (702) 486-2373

RENO OFFICE  
4600 Kietzke Lane  
Building L, Suite 235  
Reno, Nevada 89502  
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Fax: (775) 688-1303

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

ATTACHMENT A (continued)

Recreational Marijuana Establishment Owner (OR), Officer (OF), Board Member (BM) Names



DOT-THCNV000011

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00011  
SA002885

5.2.4 Tab IV - Attachment A



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>**

1550 College Parkway, Suite 115  
Carson City, Nevada 89706-7937  
Phone: (775) 684-2000 Fax: (775) 684-2020

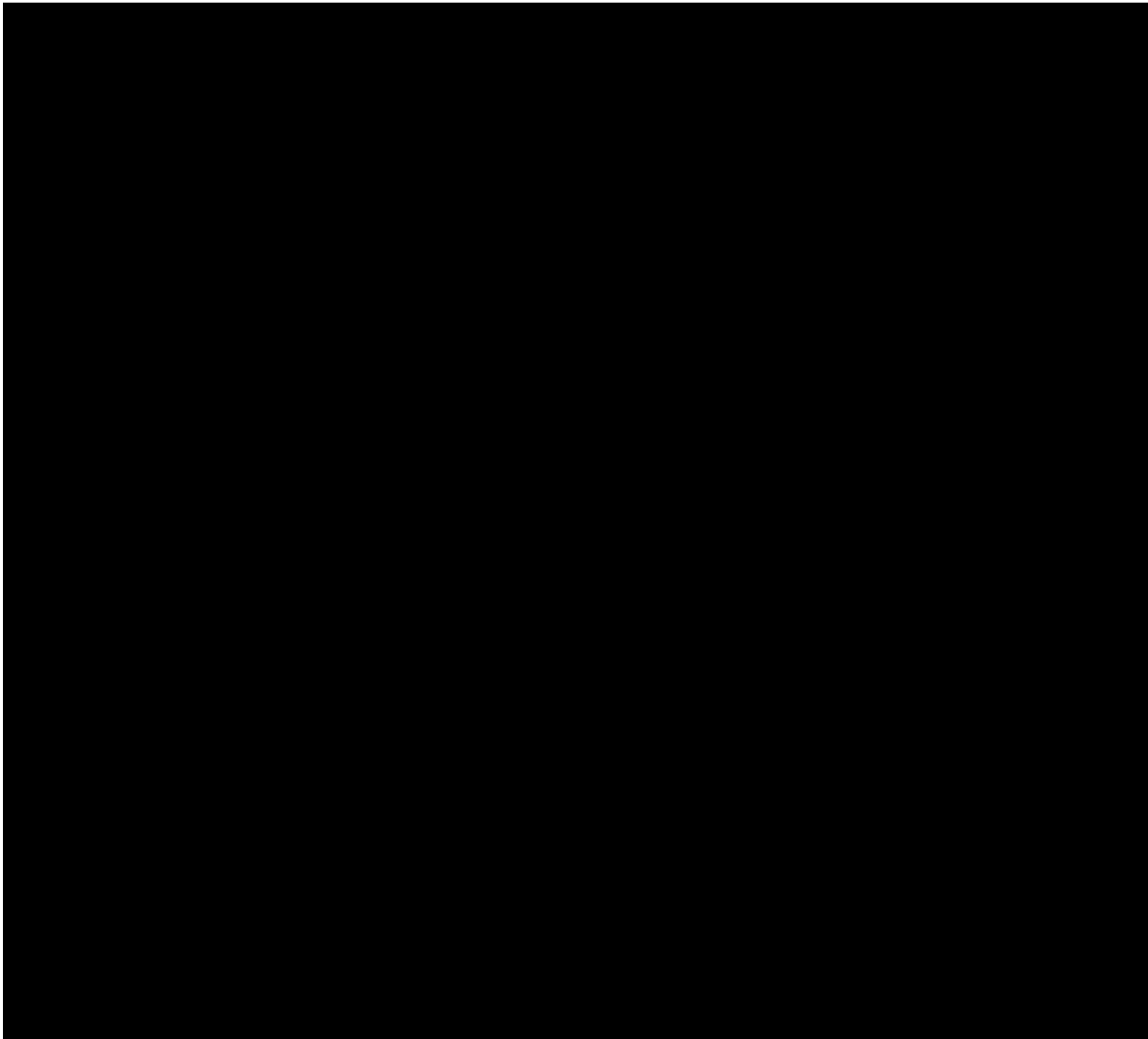
**LAS VEGAS OFFICE**  
Grant Sawyer Office Building, Suite 1300  
555 E. Washington Avenue  
Las Vegas, Nevada 89101  
Phone: (702) 486-2300 Fax: (702) 486-2373

**RENO OFFICE**  
4800 Kietzke Lane  
Building L, Suite 235  
Reno, Nevada 89502  
Phone: (775) 687-9999  
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**HENDERSON OFFICE**  
2550 Paseo Verde Parkway, Suite 180  
Henderson, Nevada 89074  
Phone: (702) 486-2300  
Fax: (702) 486-3377

**ATTACHMENT A (continued)**

**Recreational Marijuana Establishment Owner (OR), Officer (OF), Board Member (BM) Names**



DOT-THCNV000012

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0012-00012  
SA002886



5.2.4 Tab IV - Attachment A



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

**STATE OF NEVADA  
DEPARTMENT OF TAXATION**

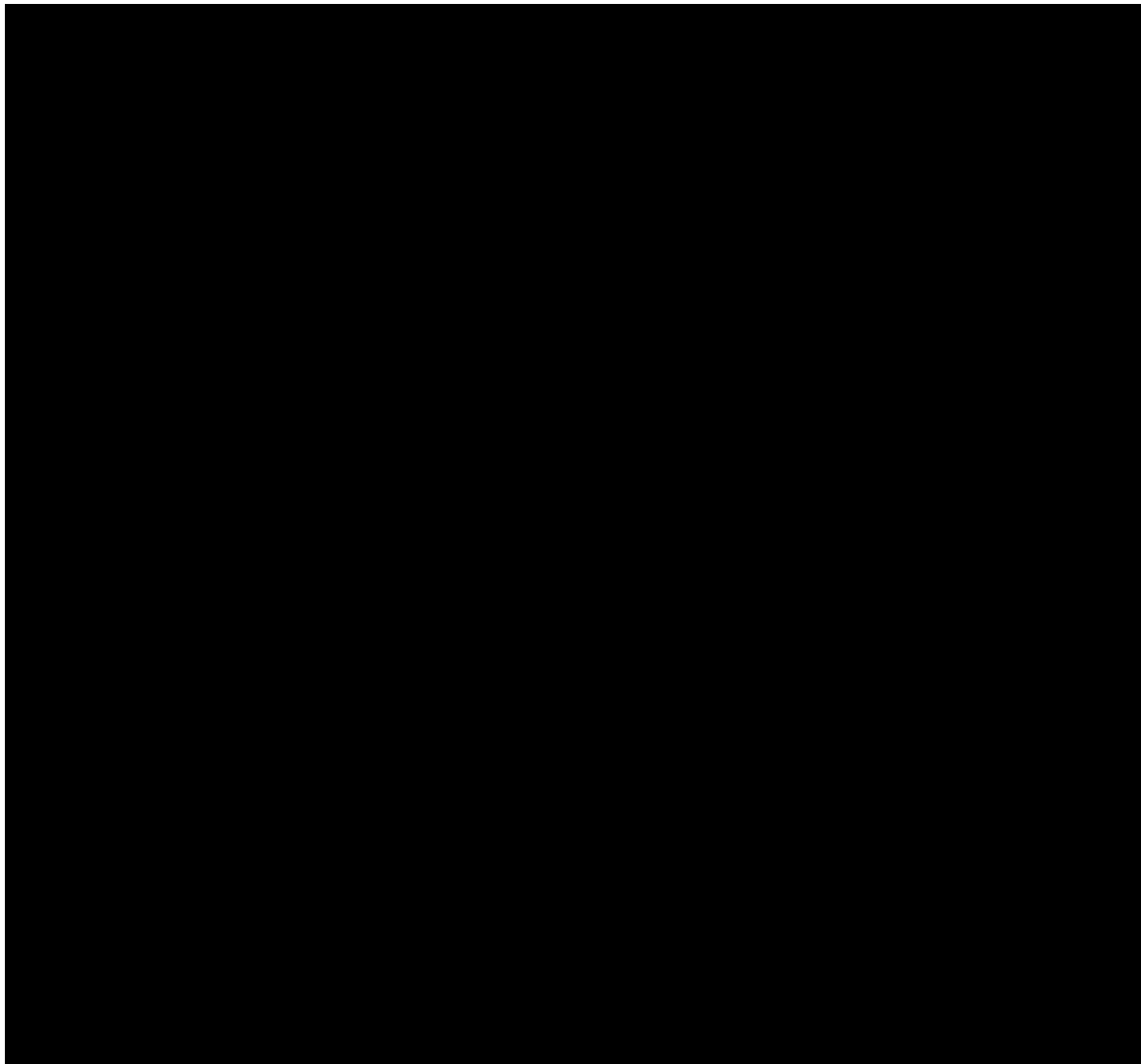
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1550 College Parkway, Suite 115  
Carson City, Nevada 89706-7937  
Phone: (775) 684-2000 Fax: (775) 684-2020

**LAS VEGAS OFFICE**  
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555 E. Washington Avenue  
Las Vegas, Nevada 89101  
Phone: (702) 486-2300 Fax: (702) 486-2373

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Reno, Nevada 89502  
Phone: (775) 687-9999  
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**HENDERSON OFFICE**  
2550 Paseo Verde Parkway, Suite 180  
Henderson, Nevada 89074  
Phone: (702) 486-2300  
Fax: (702) 486-3377

**ATTACHMENT A (continued)**



DOT-THCNV000013

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00013  
SA002887

5.2.4 Tab IV - Attachment A



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>**

1550 College Parkway, Suite 115  
Carson City, Nevada 89706-7937  
Phone: (775) 684-2000 Fax: (775) 684-2020

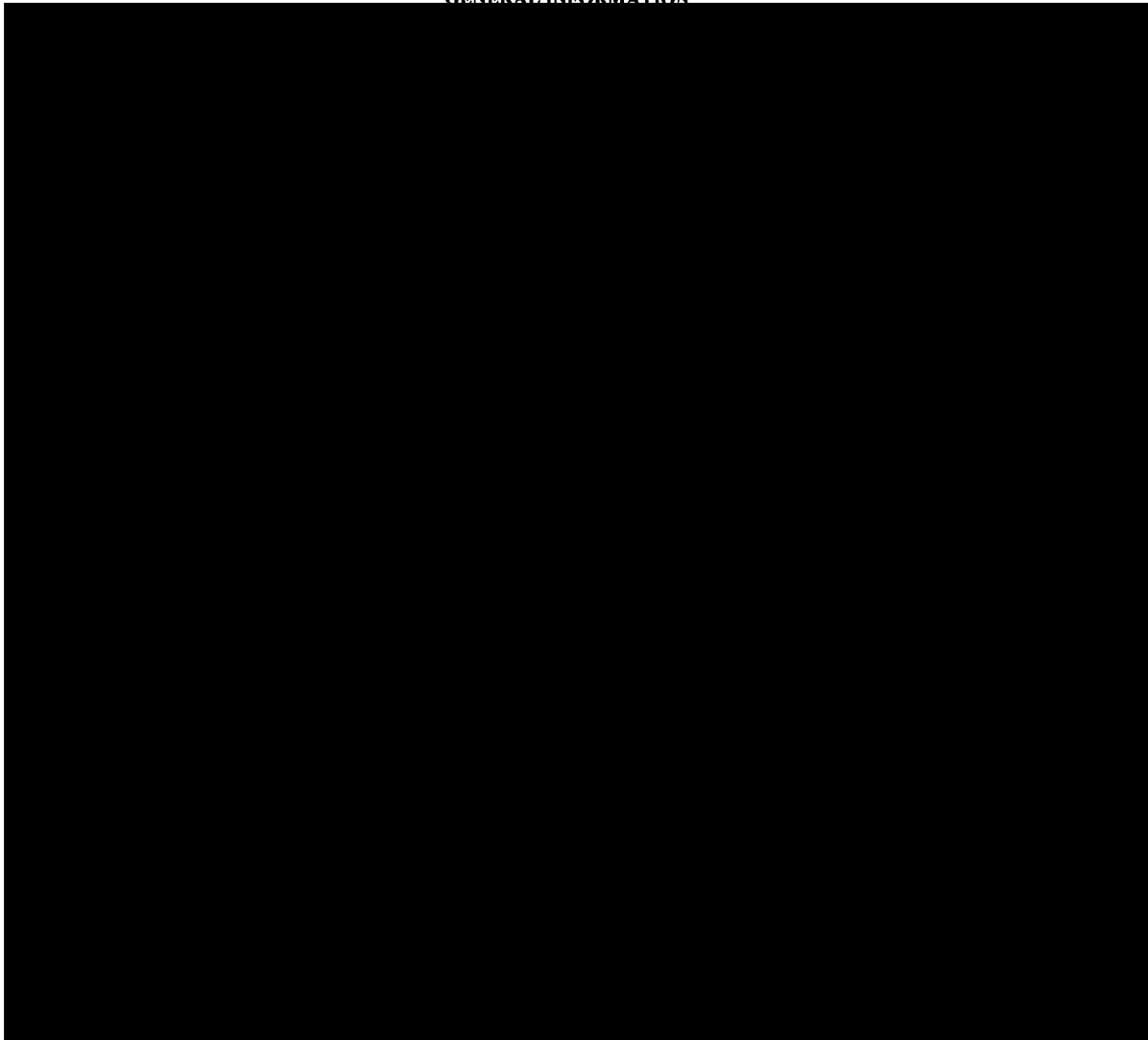
**LAS VEGAS OFFICE**  
Grant Sawyer Office Building, Suite 1300  
555 E. Washington Avenue  
Las Vegas, Nevada 89101  
Phone: (702) 486-2300 Fax: (702) 486-2373

**RENO OFFICE**  
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Reno, Nevada 89502  
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Phone: (702) 488-2300  
Fax: (702) 488-3377

**ATTACHMENT A  
RECREATIONAL MARIJUANA ESTABLISHMENT APPLICATION**

**GENERAL INFORMATION**

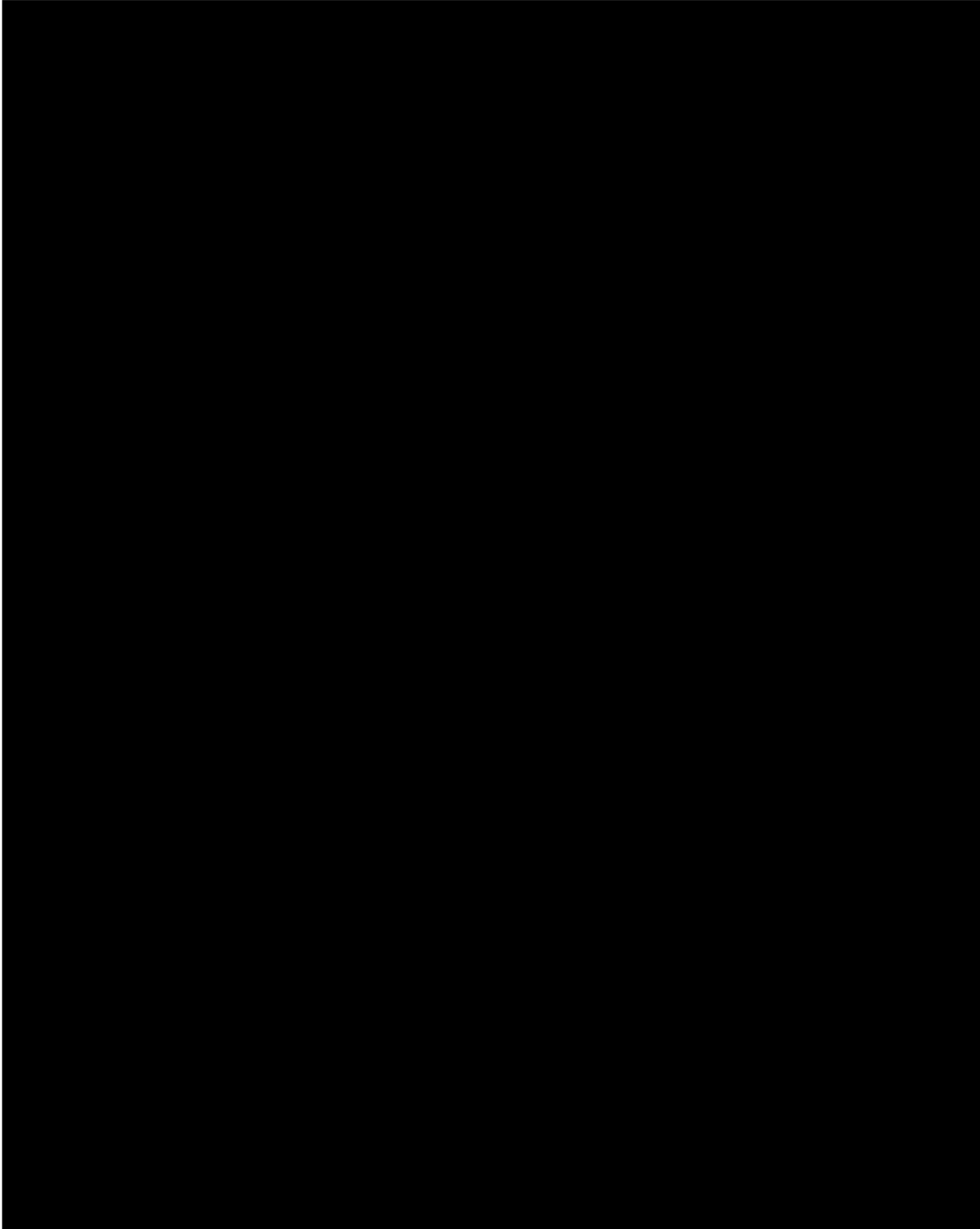


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HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0012-00014  
SA002888

5.2.4 Tab IV - Attachment A



~~DOT THCNV000015~~

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0012-00015  
SA002889

5.2.4 Tab IV - Attachment A



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

**STATE OF NEVADA  
DEPARTMENT OF TAXATION**

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

1550 College Parkway, Suite 118  
Carson City, Nevada 89708-7937  
Phone: (775) 684-2000 Fax: (775) 684-2020

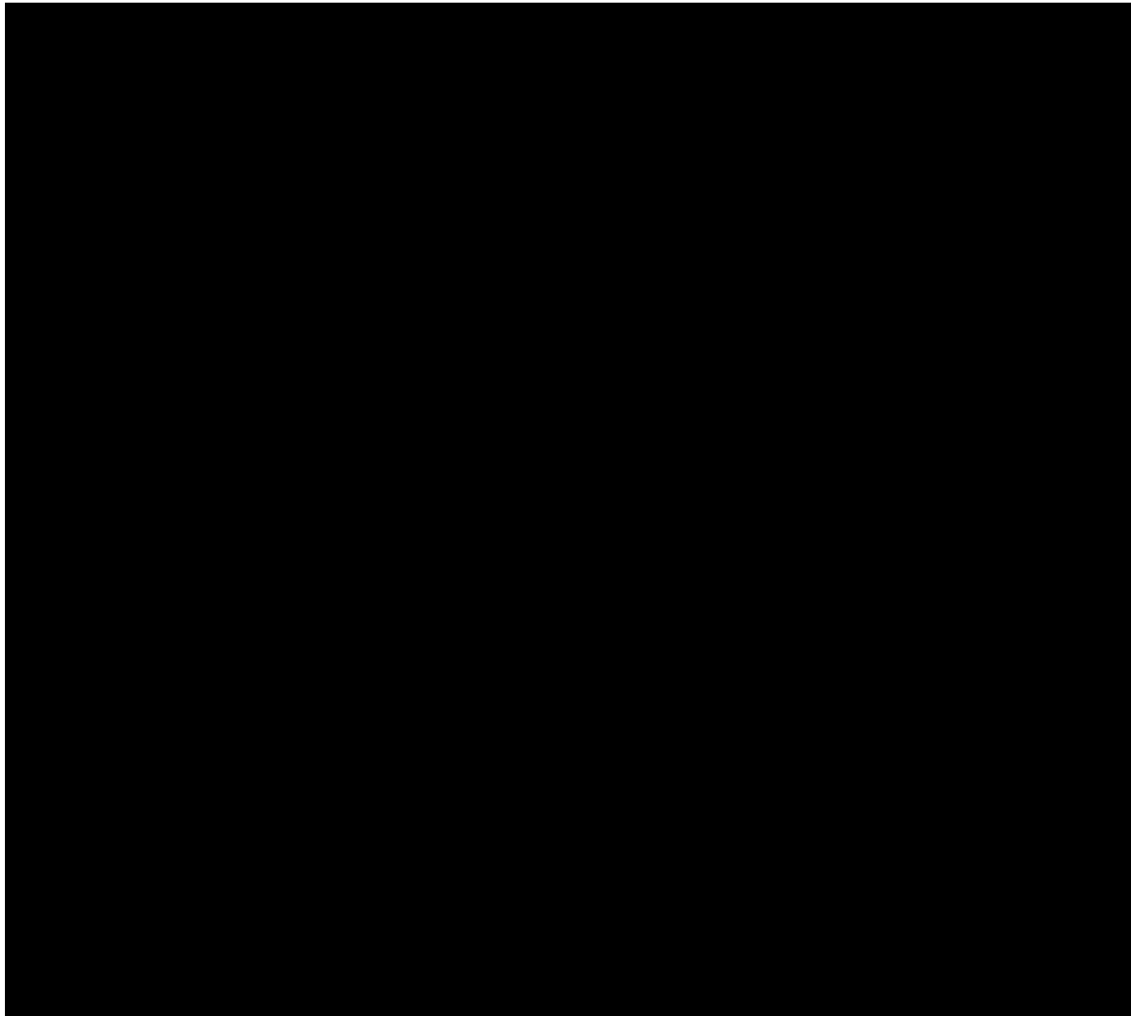
**LAS VEGAS OFFICE**  
Grant Sawyer Office Building, Suite 1300  
555 E. Washington Avenue  
Las Vegas, Nevada 89101  
Phone: (702) 488-2300 Fax: (702) 488-2373

**RENO OFFICE**  
4500 Kietzke Lane  
Building L, Suite 235  
Reno, Nevada 89502  
Phone: (775) 867-9999  
Fax: (775) 868-1303

**HENDERSON OFFICE**  
2550 Paseo Verde Parkway, Suite 180  
Henderson, Nevada 89074  
Phone: (702) 488-2300  
Fax: (702) 488-3377

**ATTACHMENT A (continued)**

**Recreational Marijuana Establishment Owner (OR), Officer (OF), Board Member (BM) Names**



~~DOT-THCNV000016~~

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0012-00016  
SA002890

5.2.4 Tab IV - Attachment A



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

**STATE OF NEVADA  
DEPARTMENT OF TAXATION**

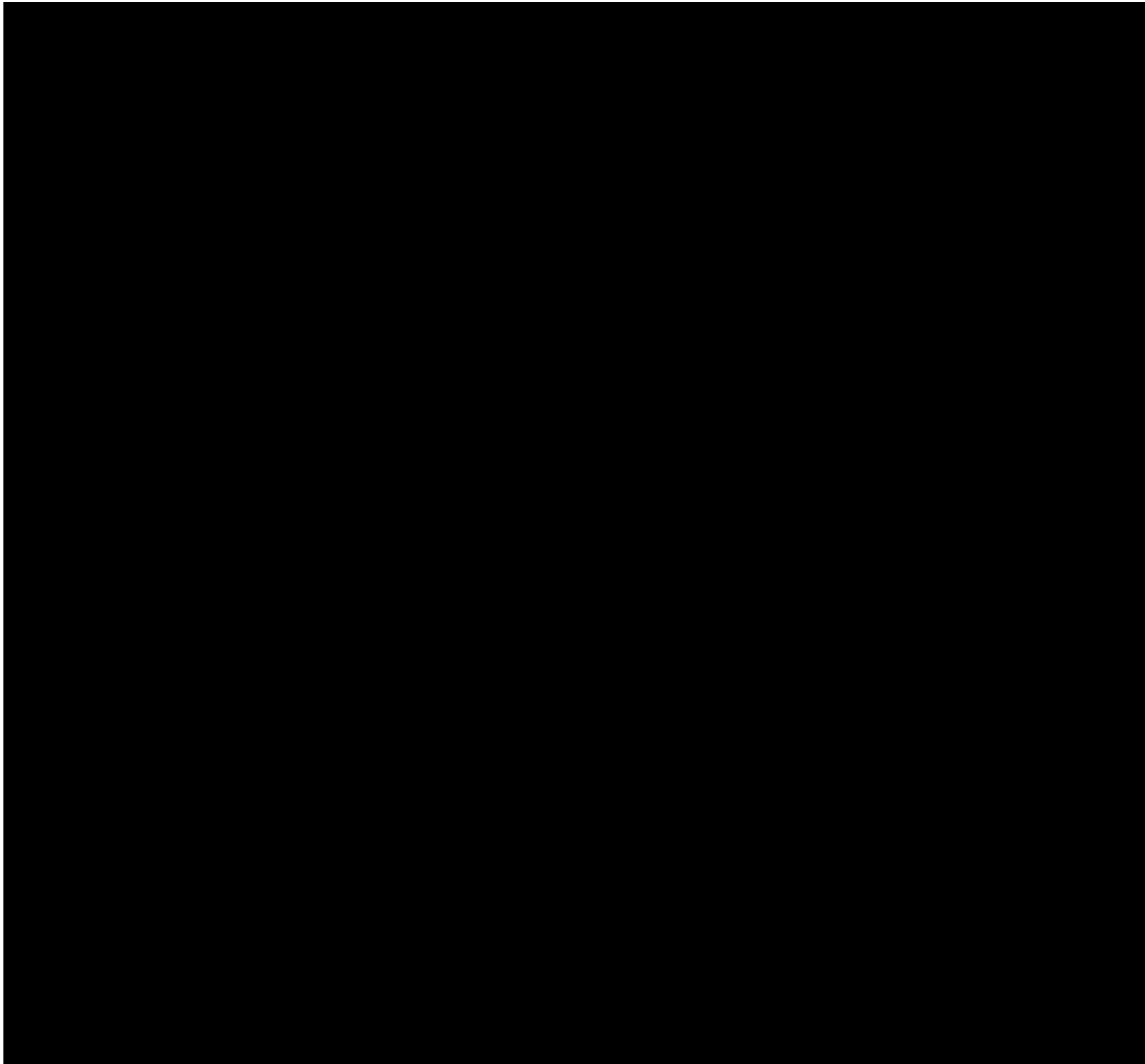
**Web Site: <https://tax.nv.gov>**  
1650 College Parkway, Suite 116  
Carson City, Nevada 89705-7937  
Phone: (775) 684-2000 Fax: (775) 684-2020

**LAS VEGAS OFFICE**  
Grant Sawyer Office Building, Suite 1300  
555 E. Washington Avenue  
Las Vegas, Nevada 89101  
Phone: (702) 488-2300 Fax: (702) 488-2373

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2650 Paseo Verde Parkway, Suite 180  
Henderson, Nevada 89074  
Phone: (702) 488-2300  
Fax: (702) 488-3377

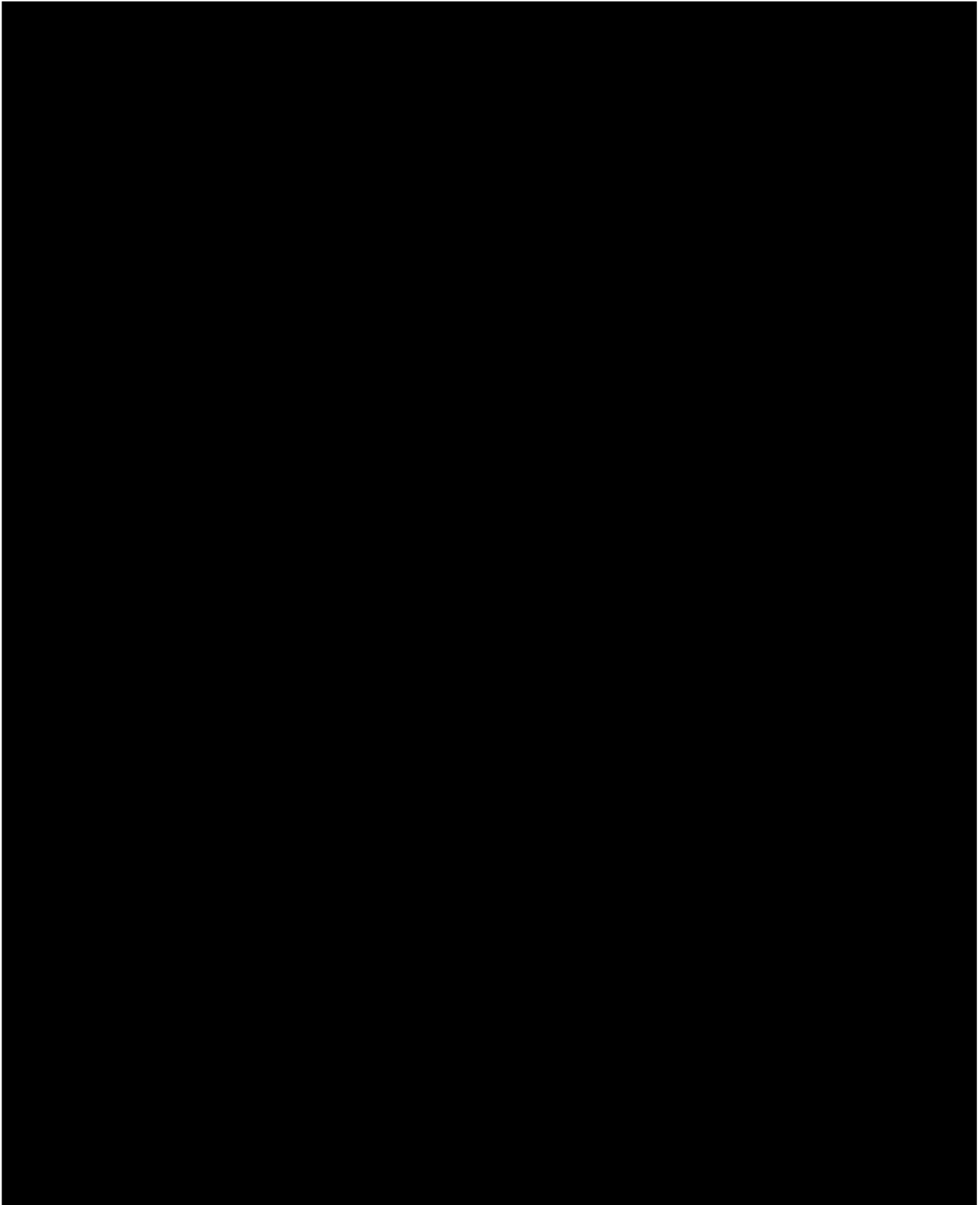
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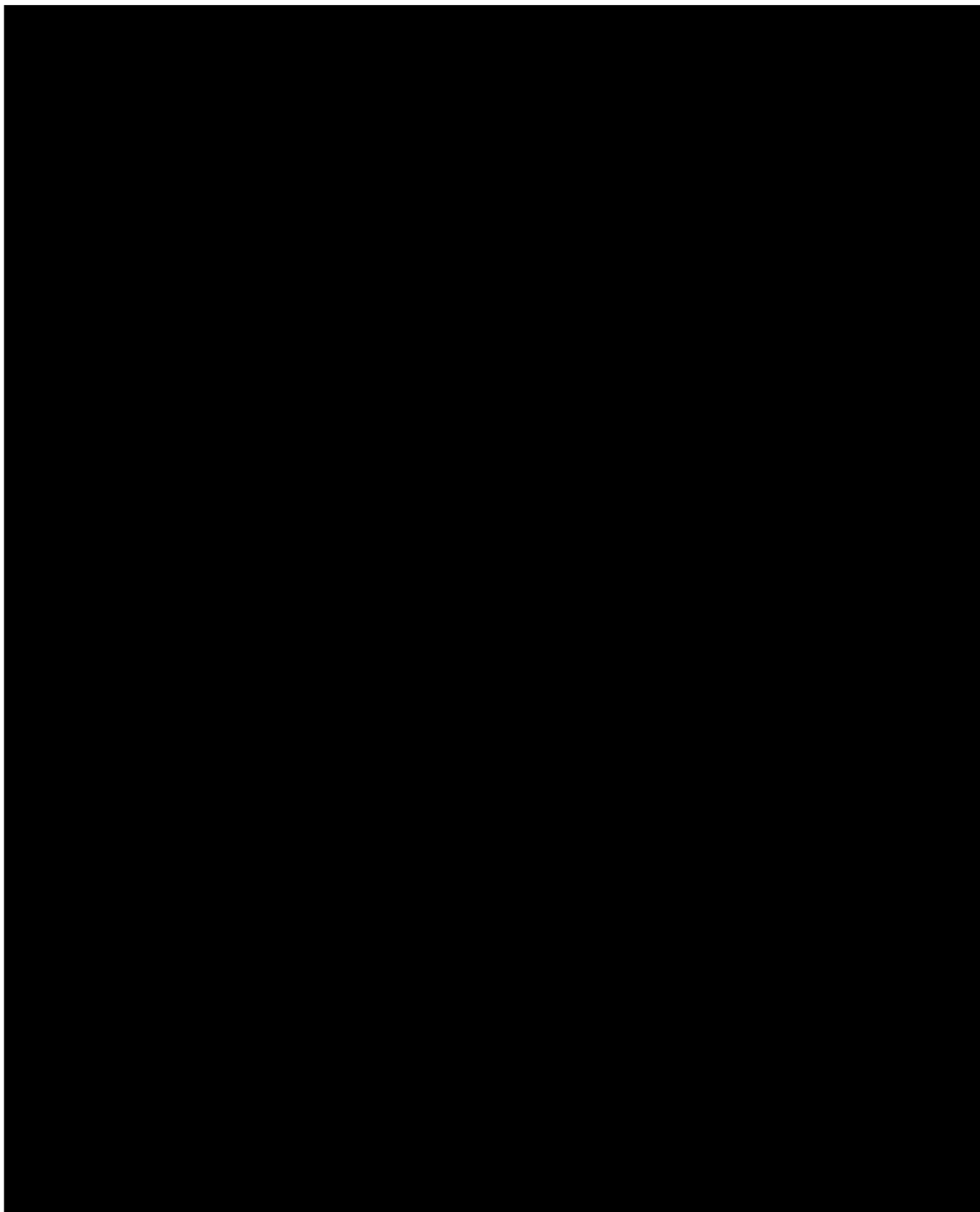
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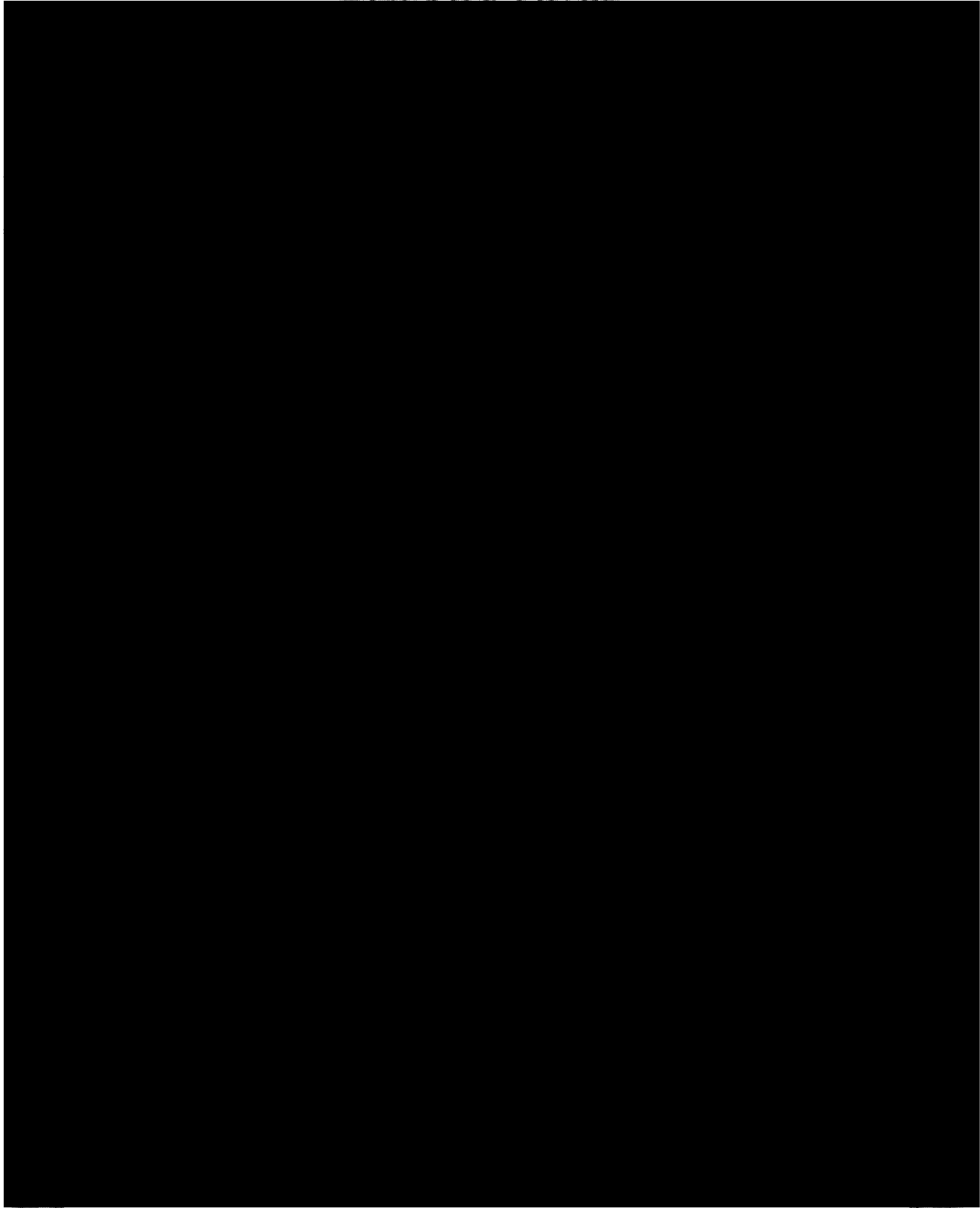


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STAFF OF



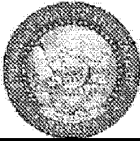
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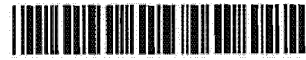
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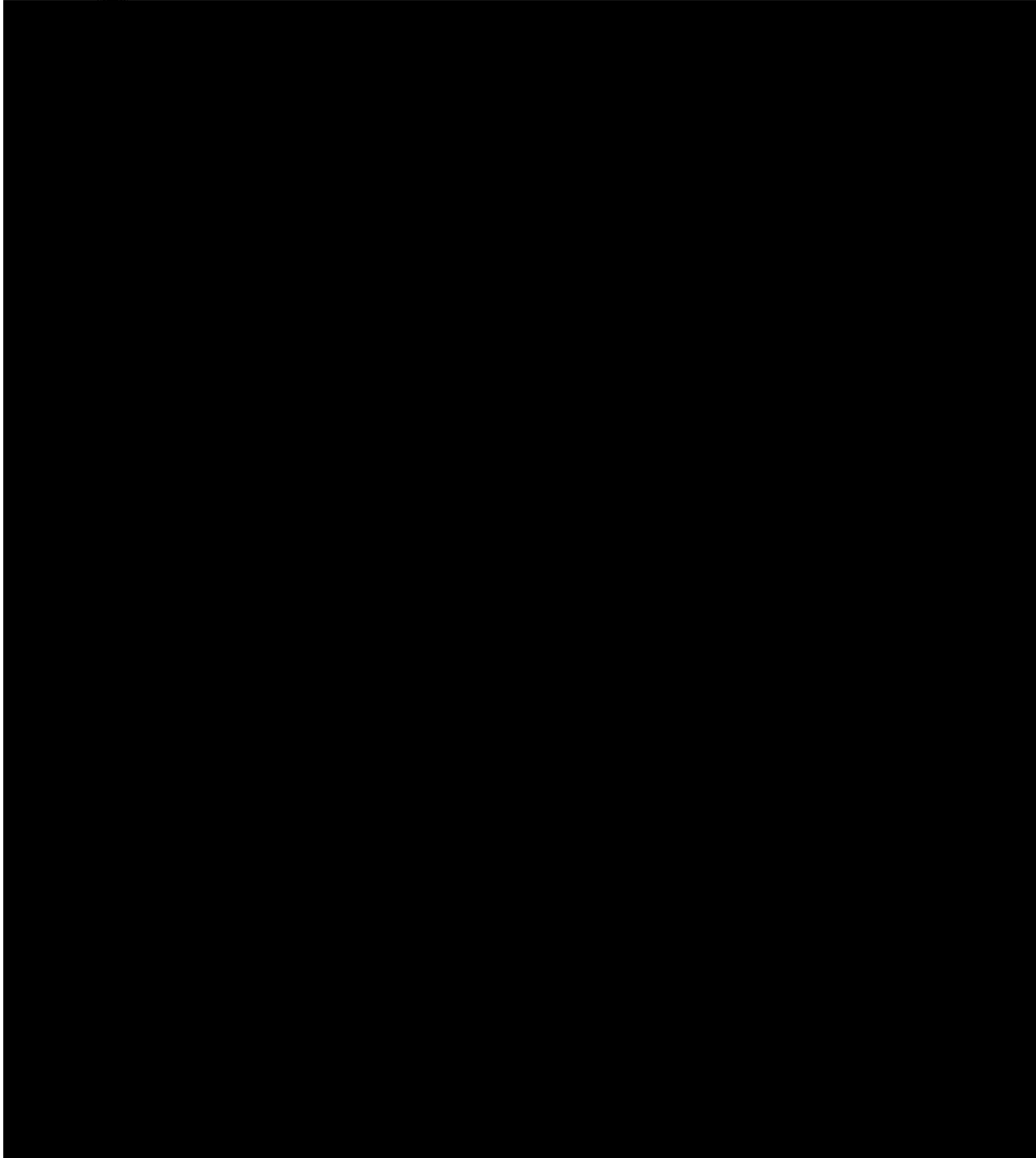
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ROSS MILLER  
Secretary of State  
204 North Carson Street, Suite 4  
Carson City, Nevada 89701-4520  
(775) 684-5708  
Website: [www.nvsos.gov](http://www.nvsos.gov)



\*050104\*

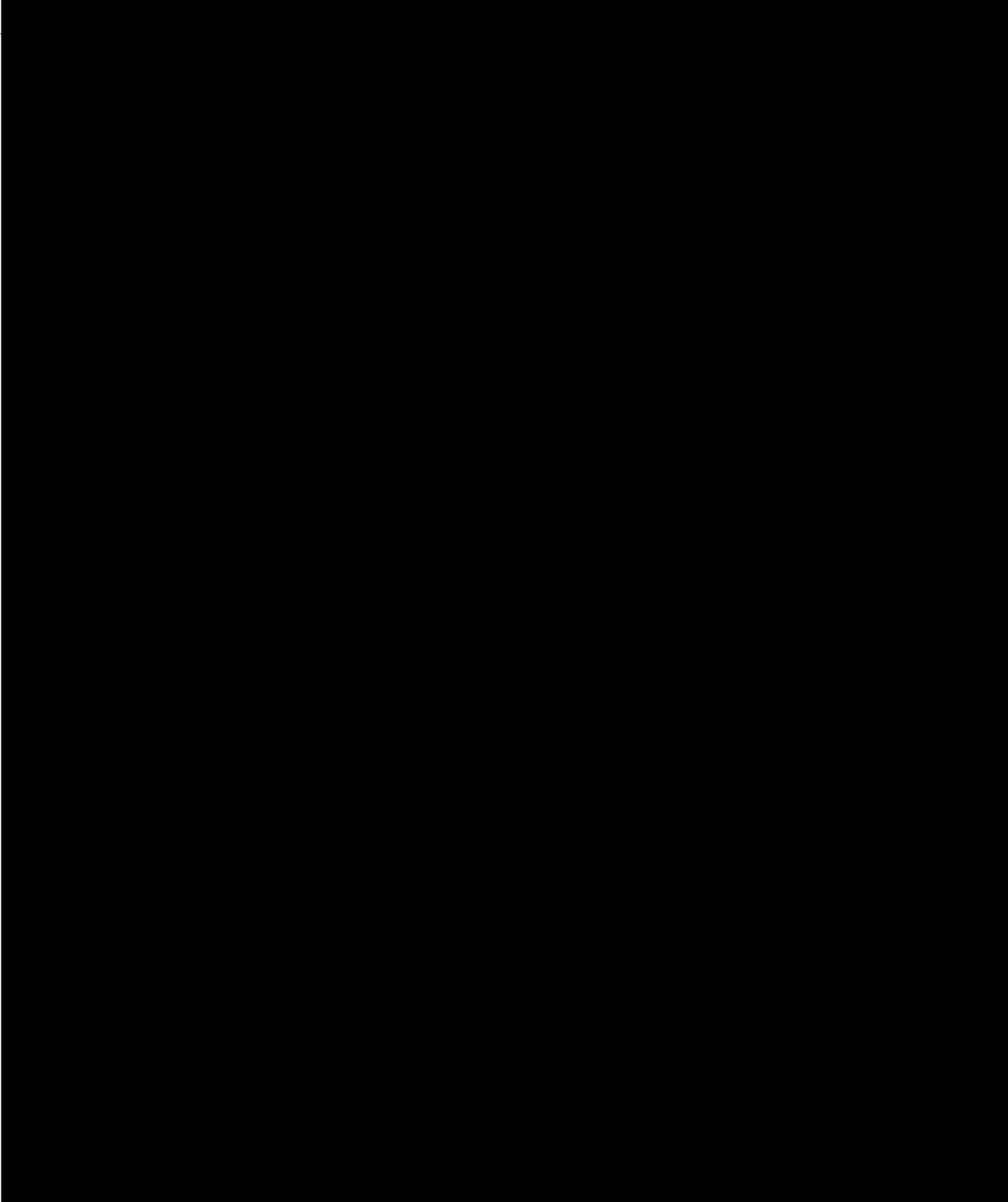


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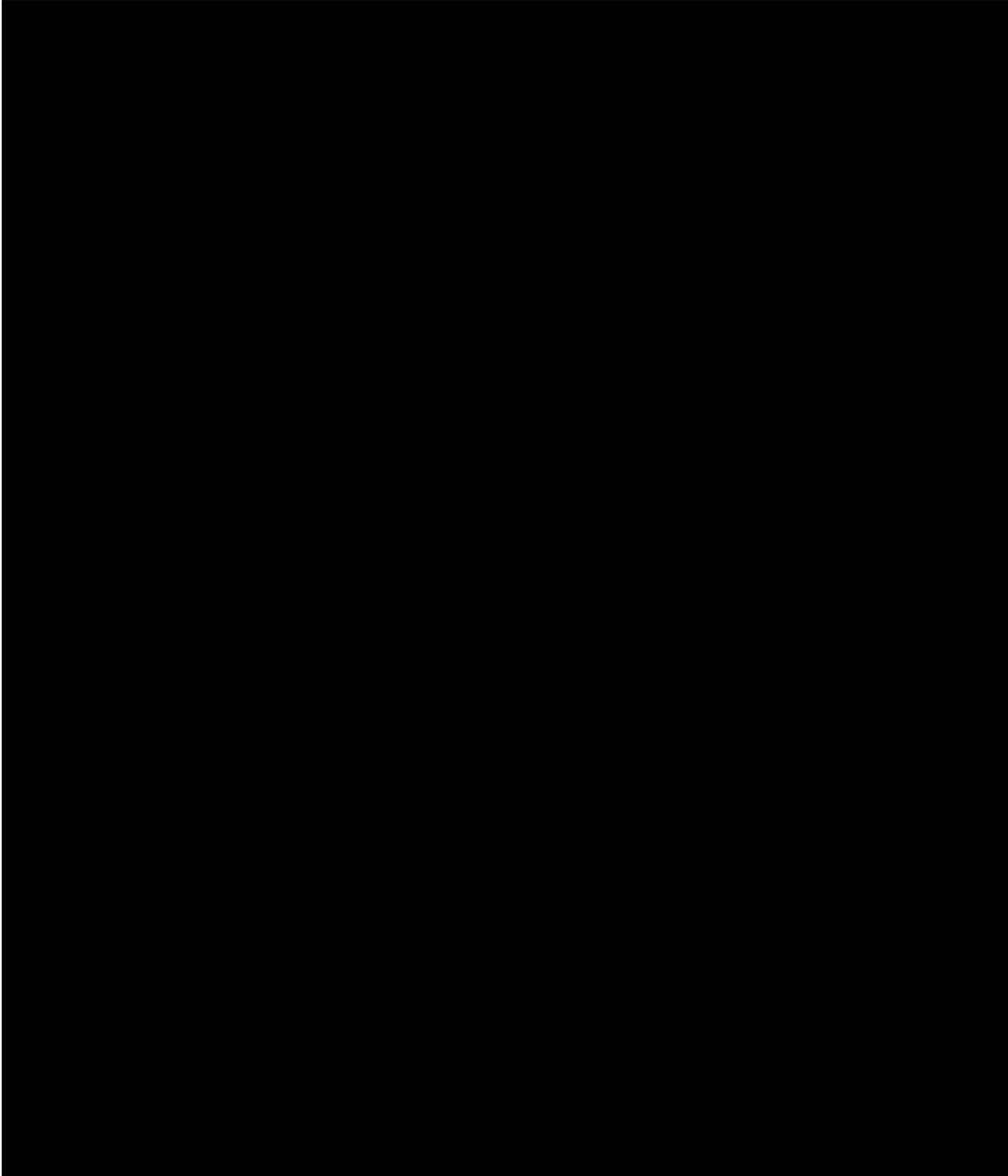


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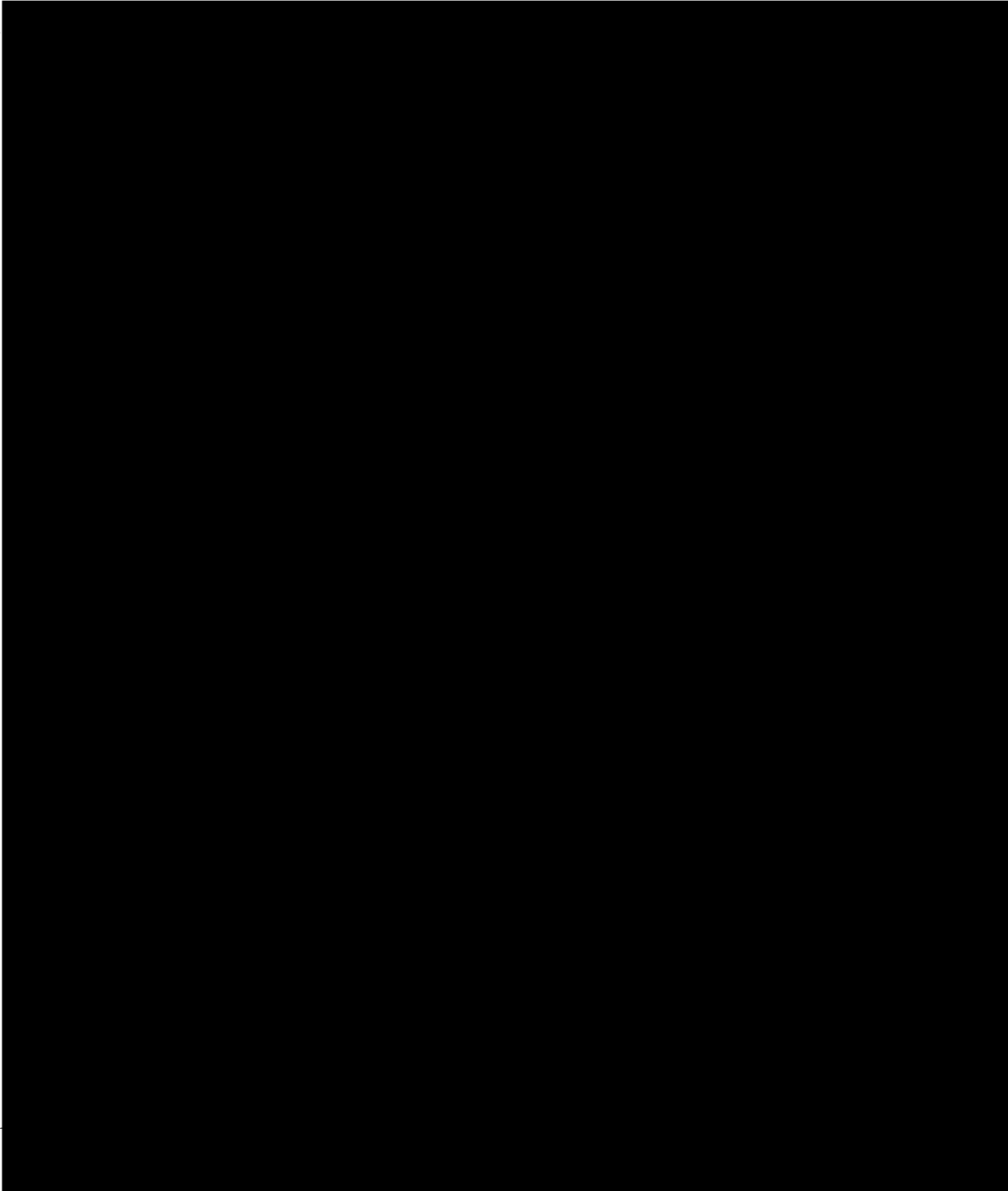
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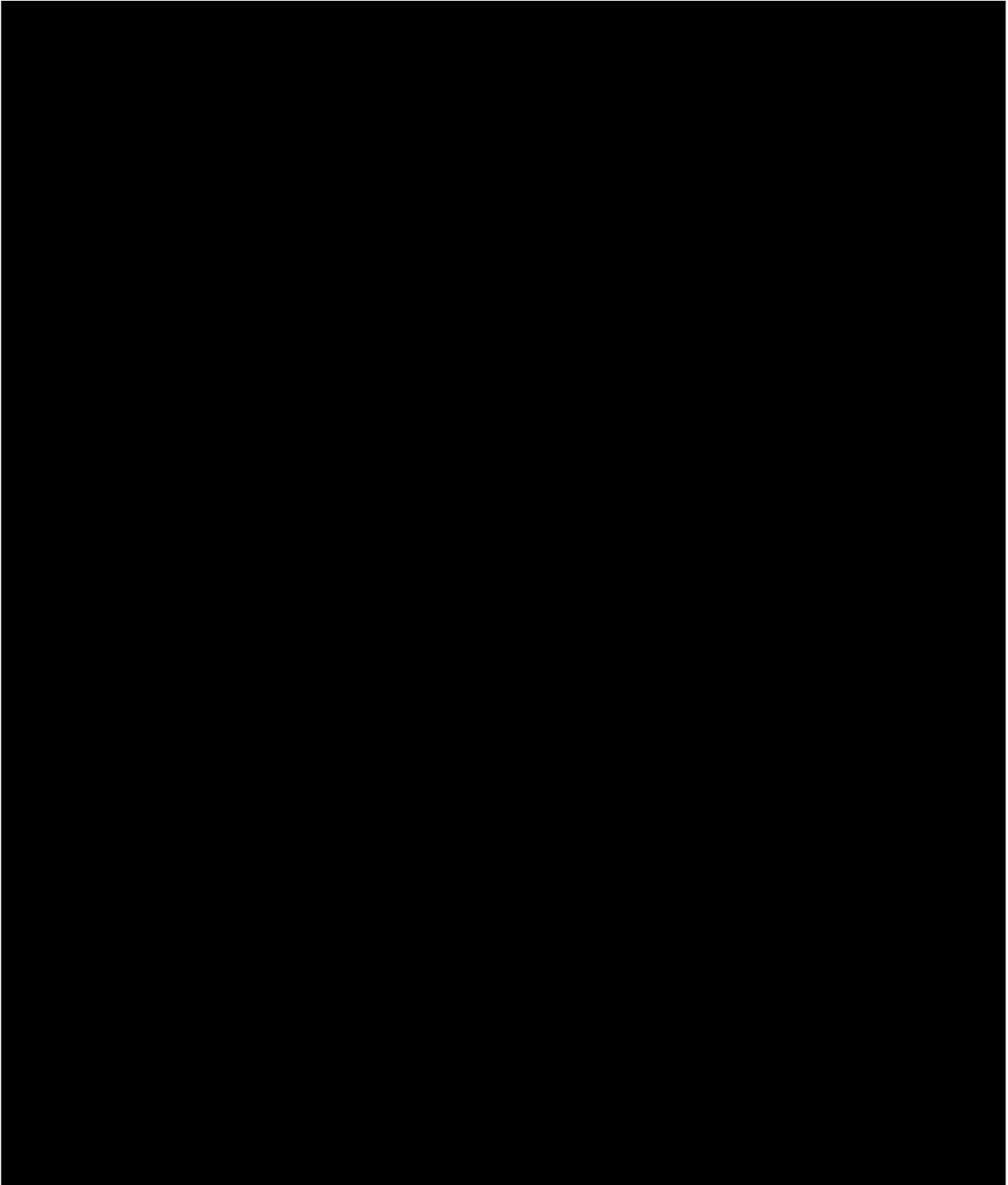
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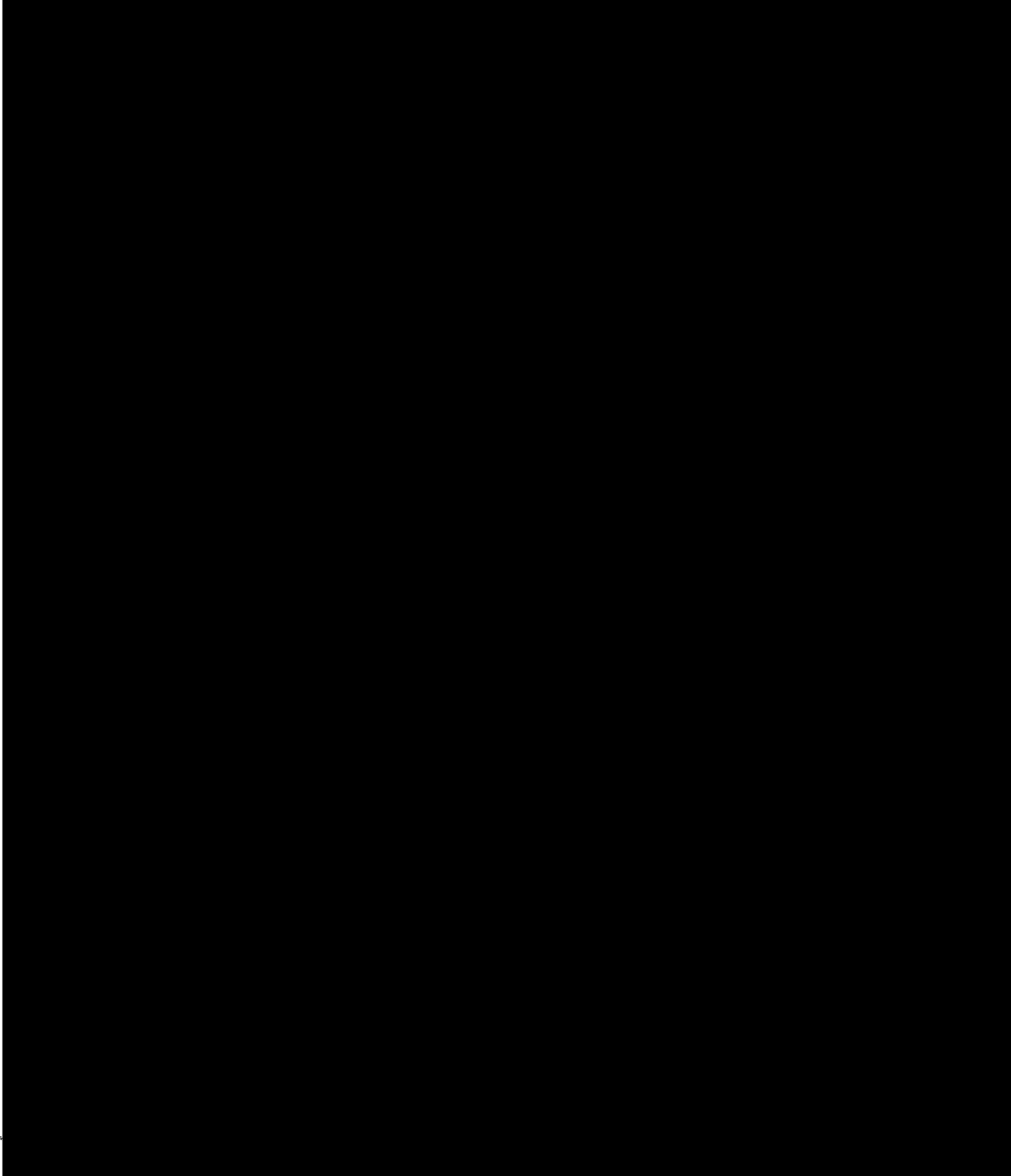
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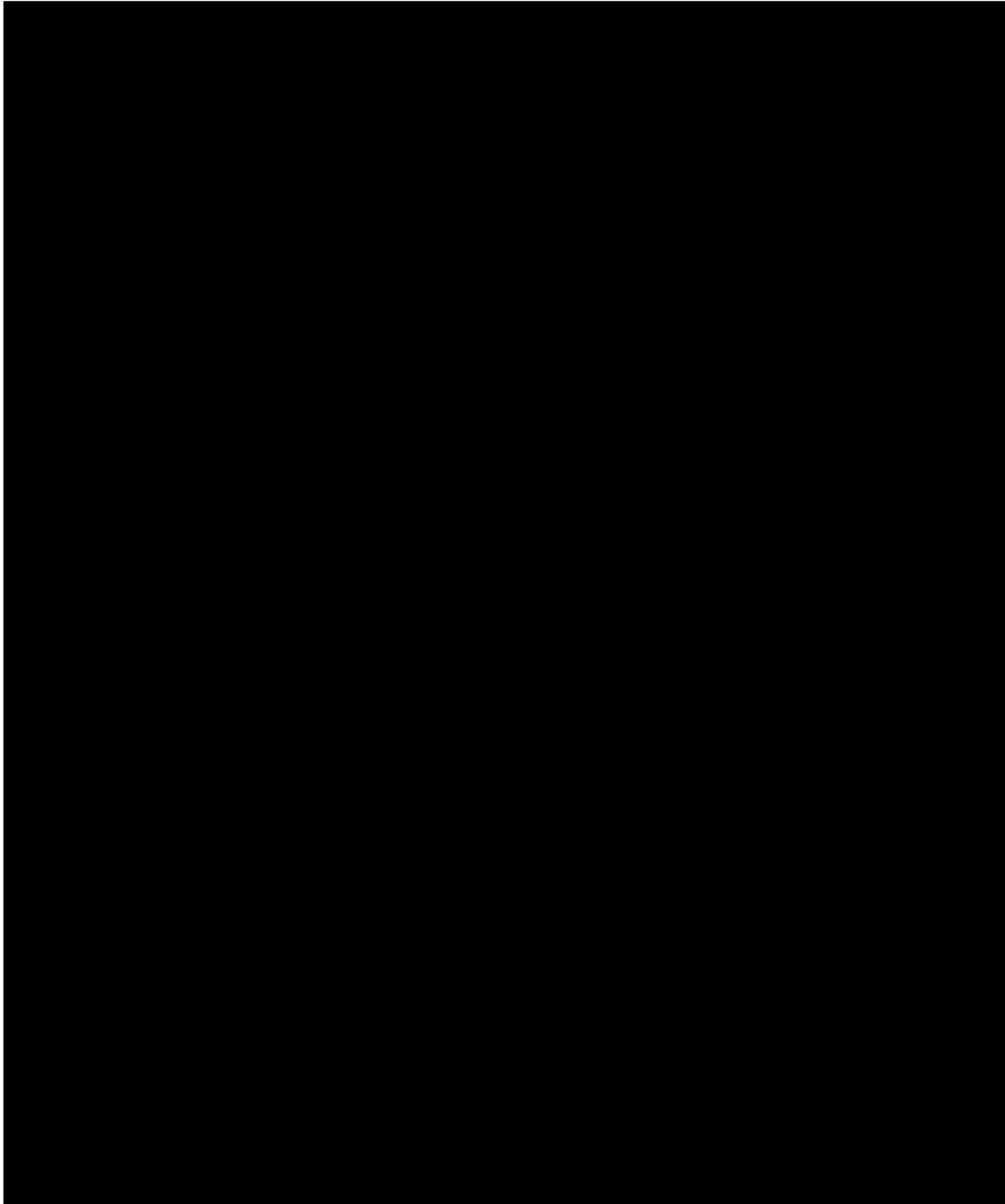
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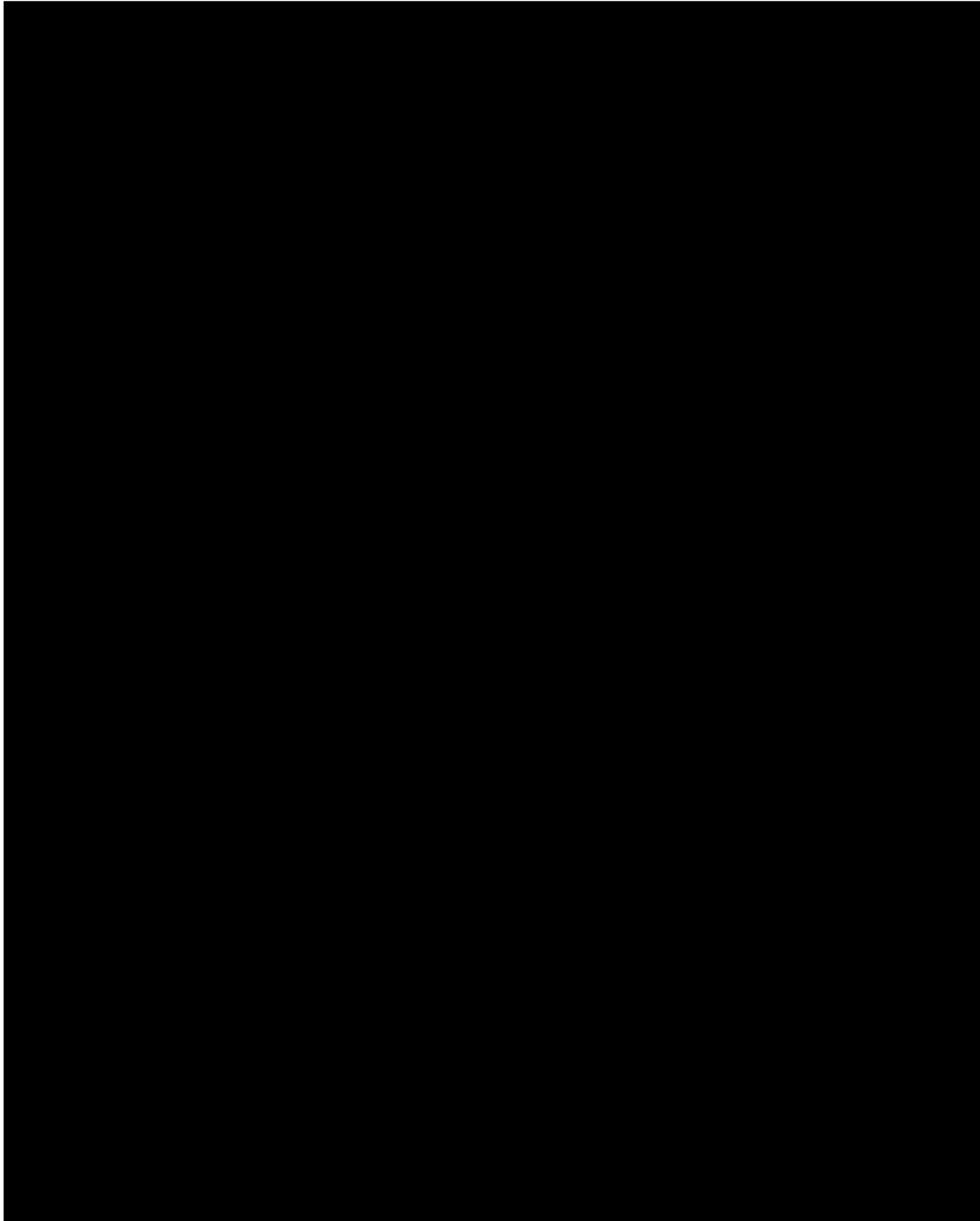
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5.2.7 Tab VII - Secretary of State

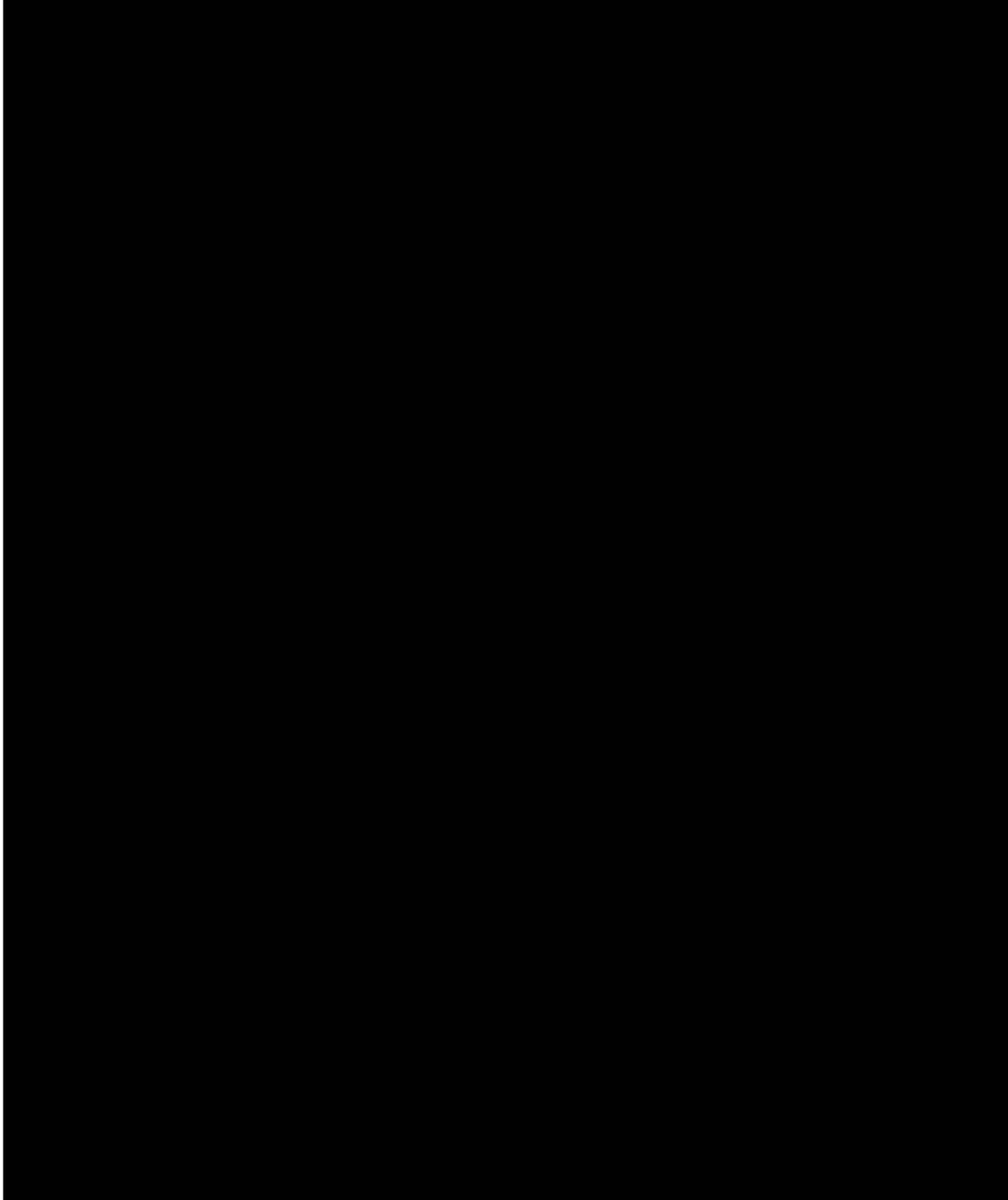


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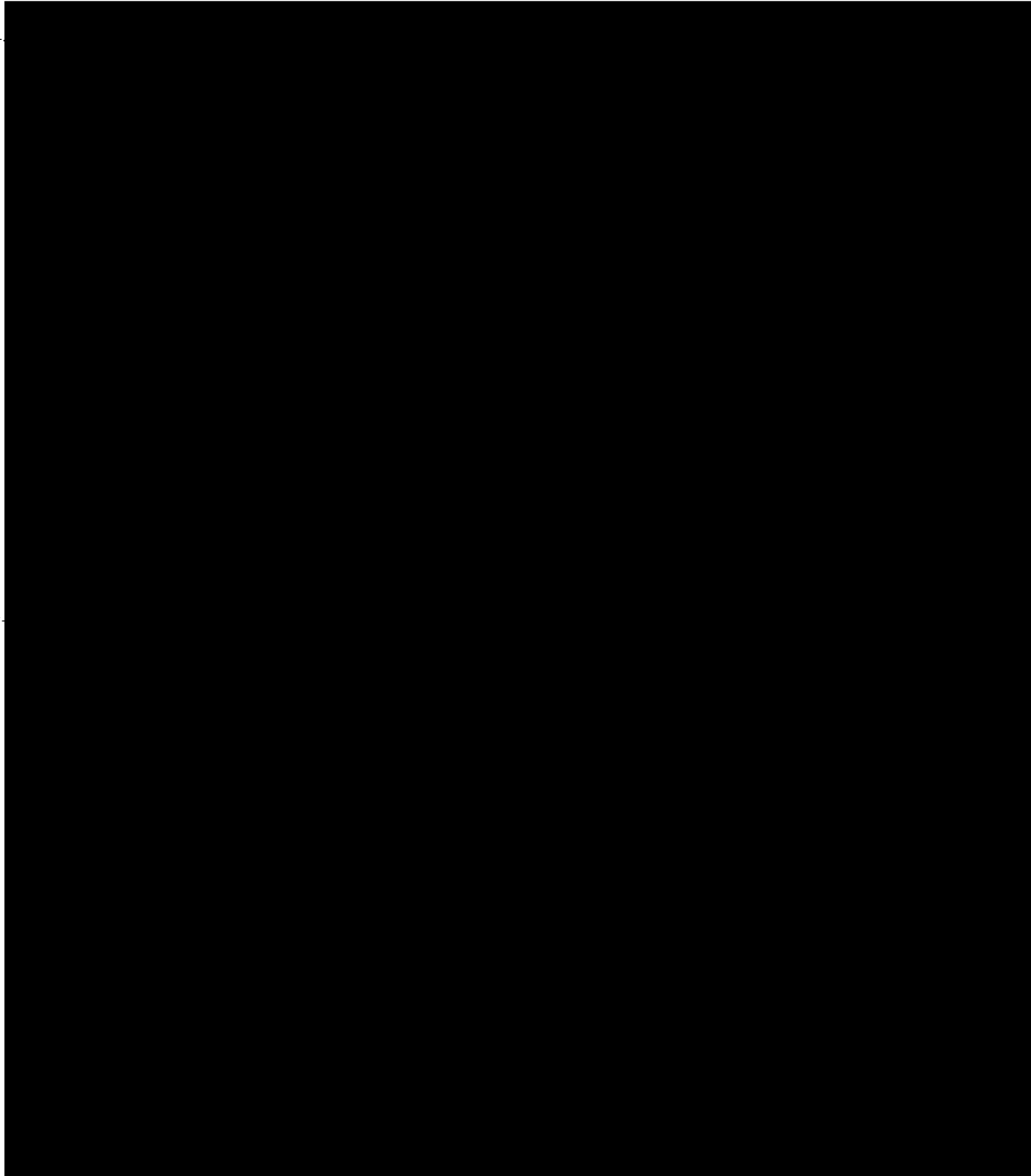




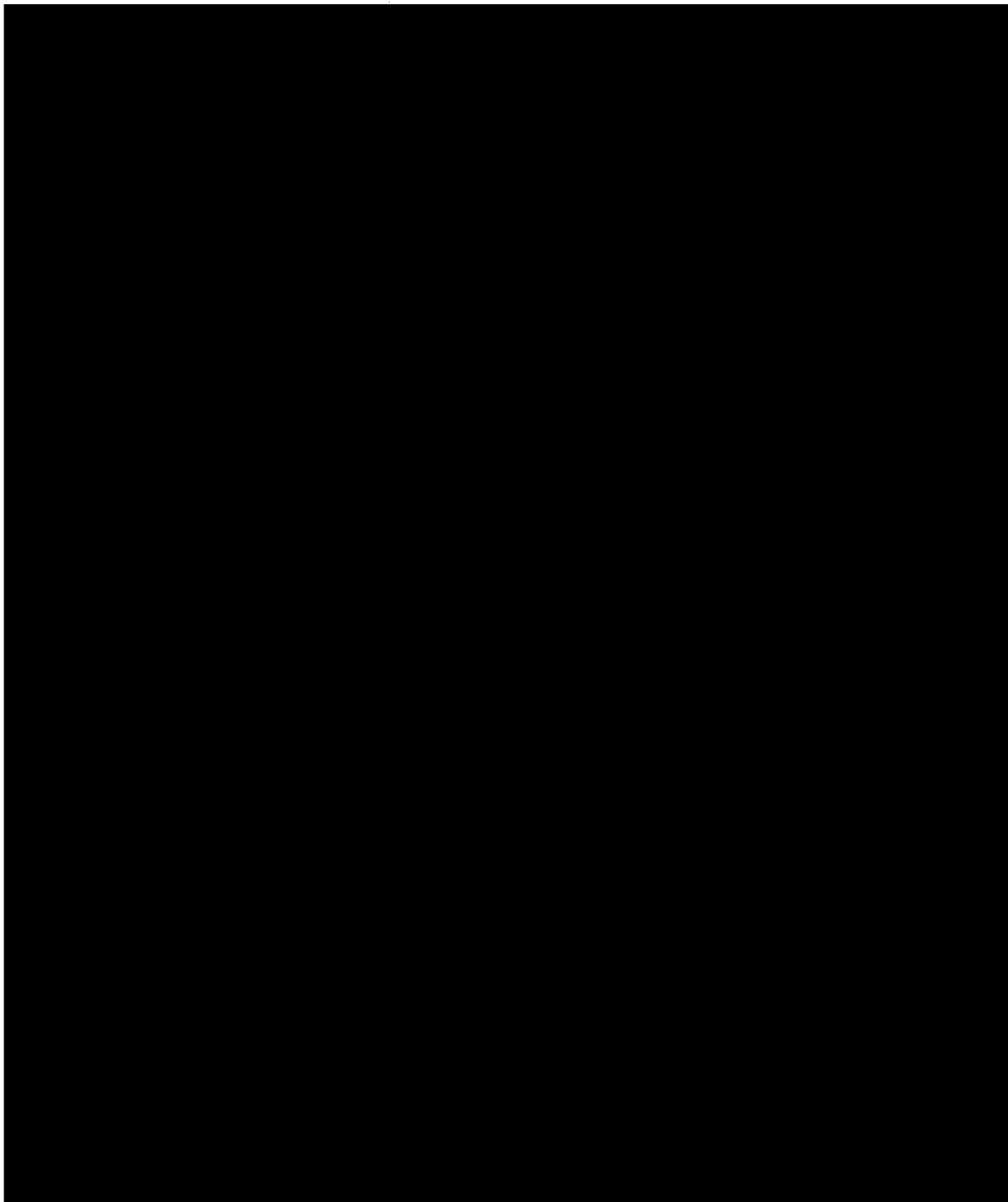
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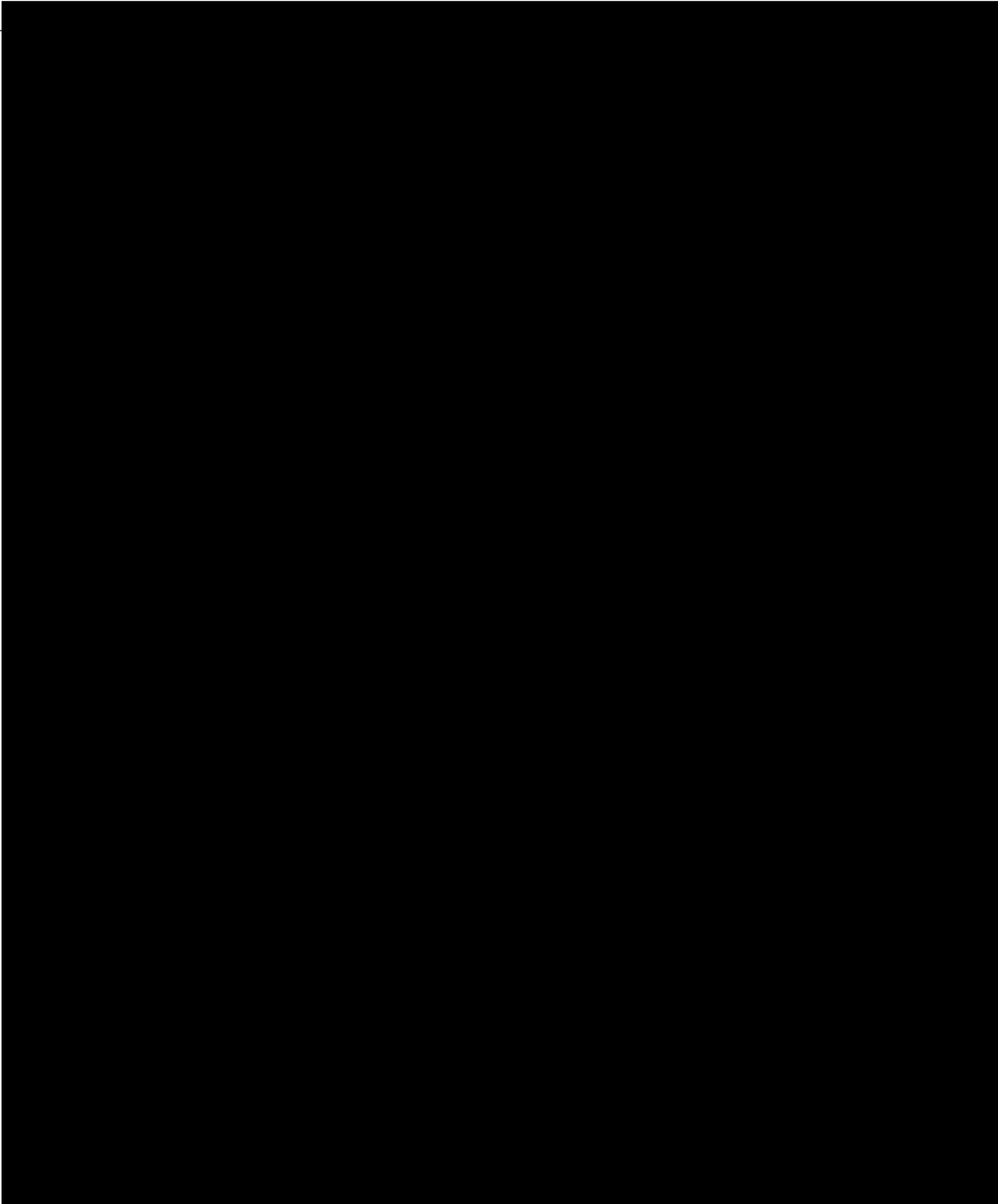
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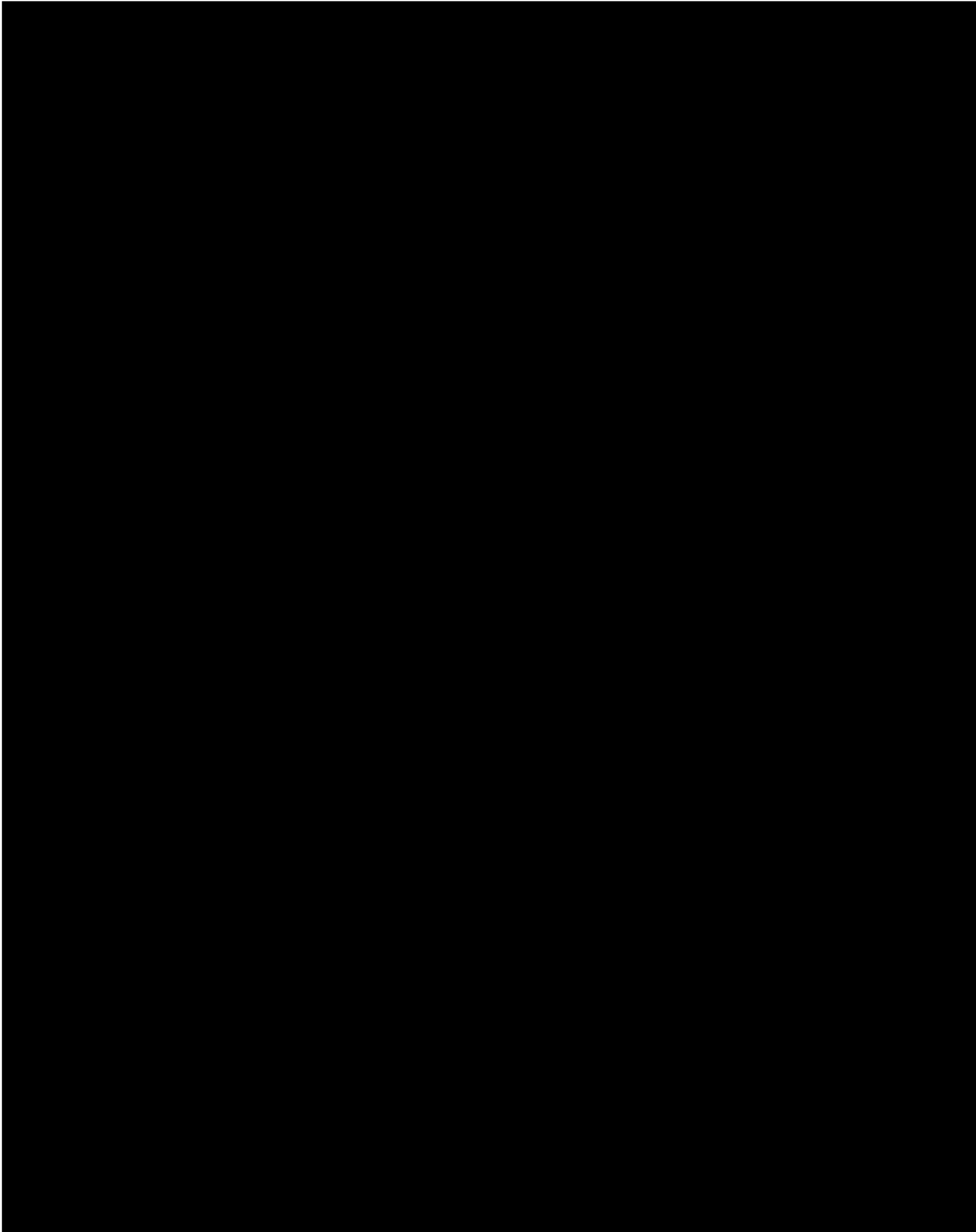
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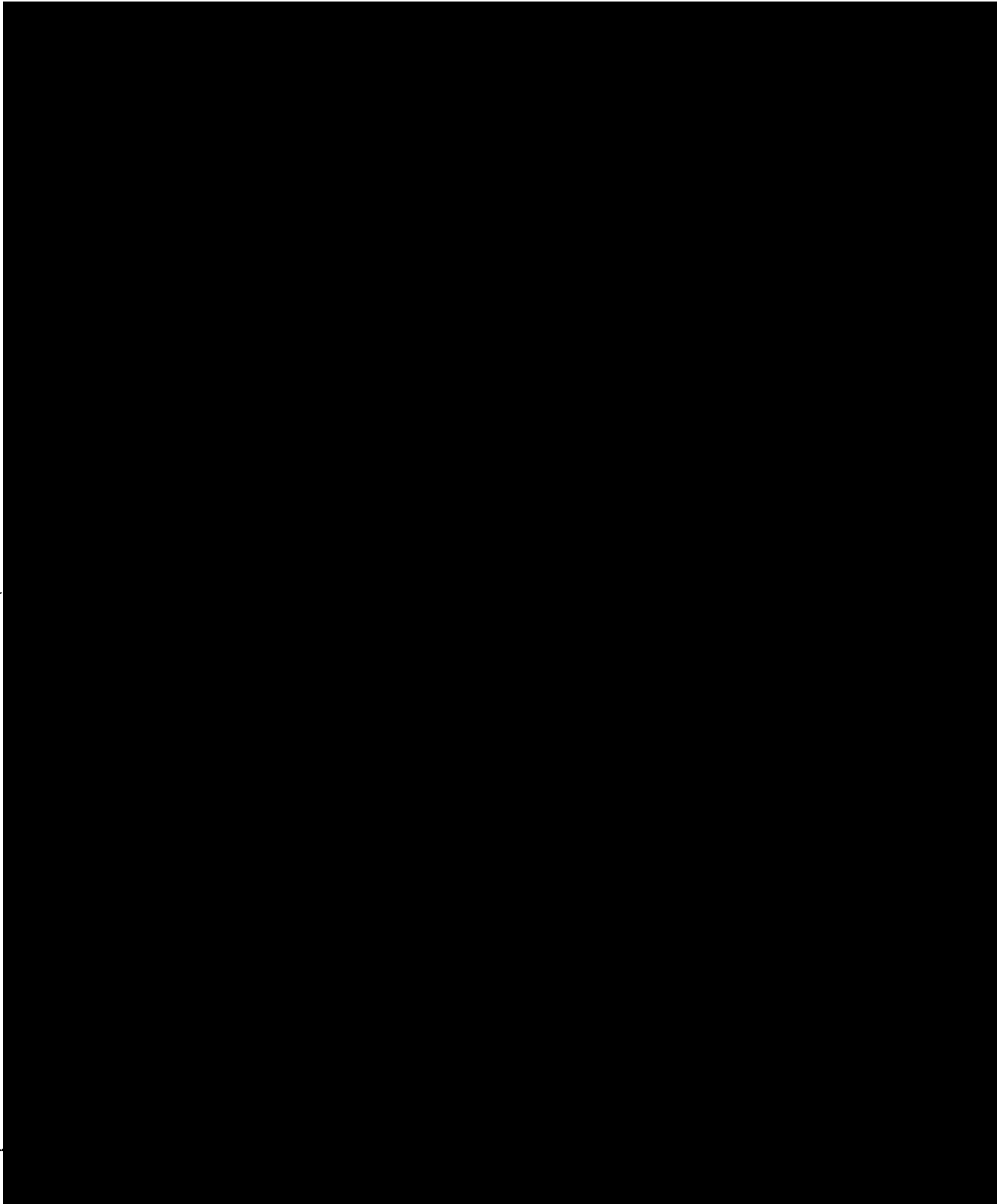
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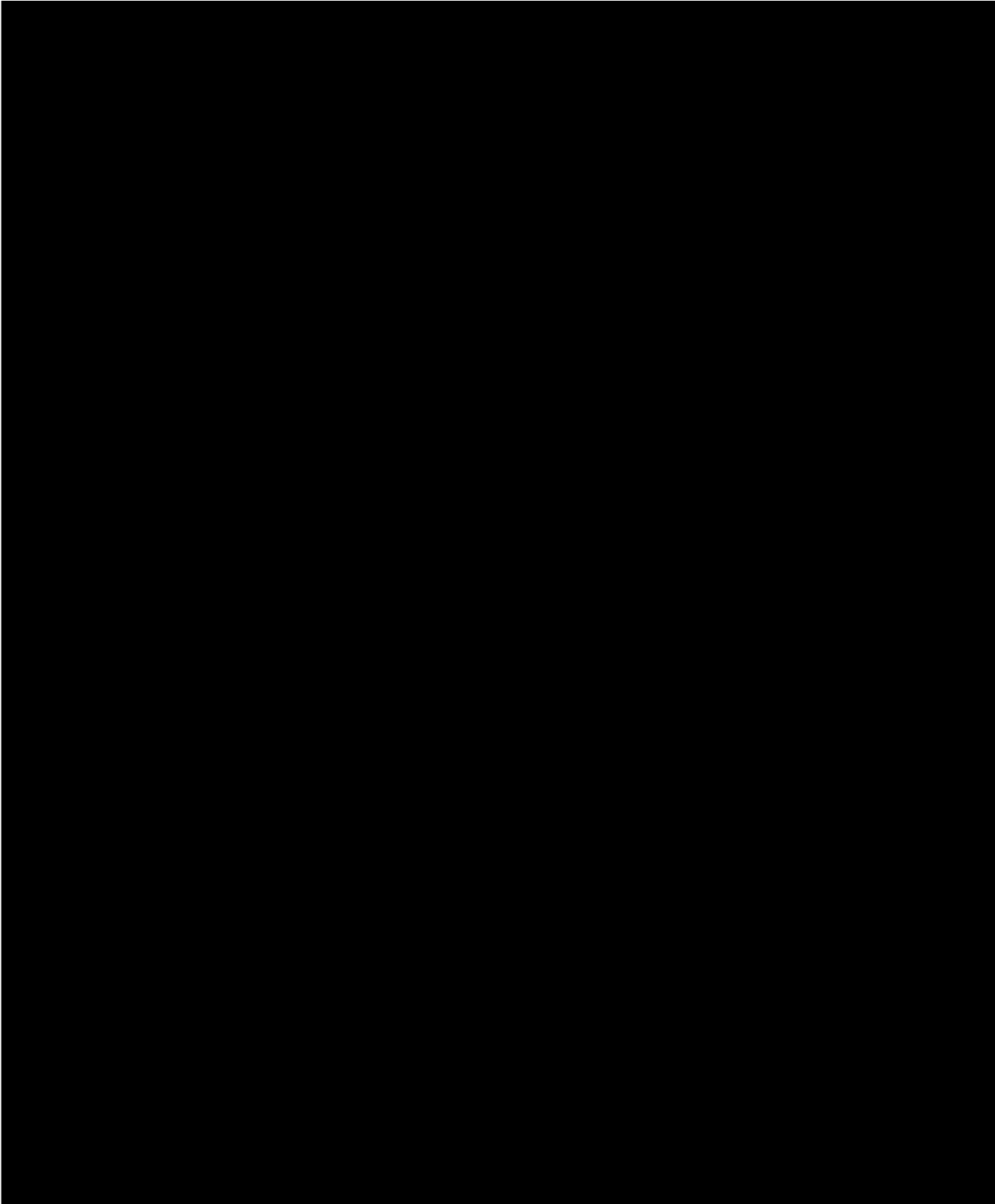
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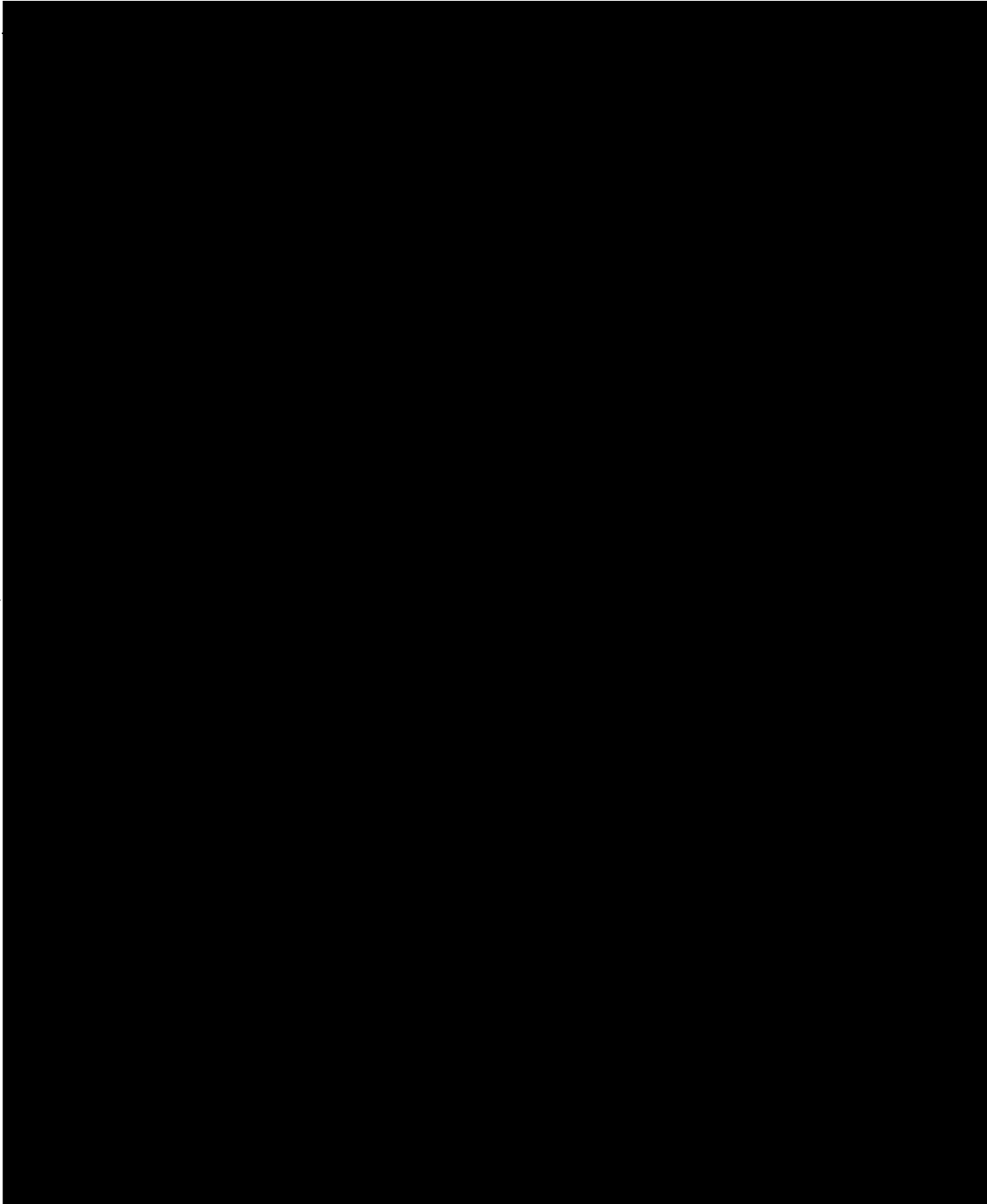
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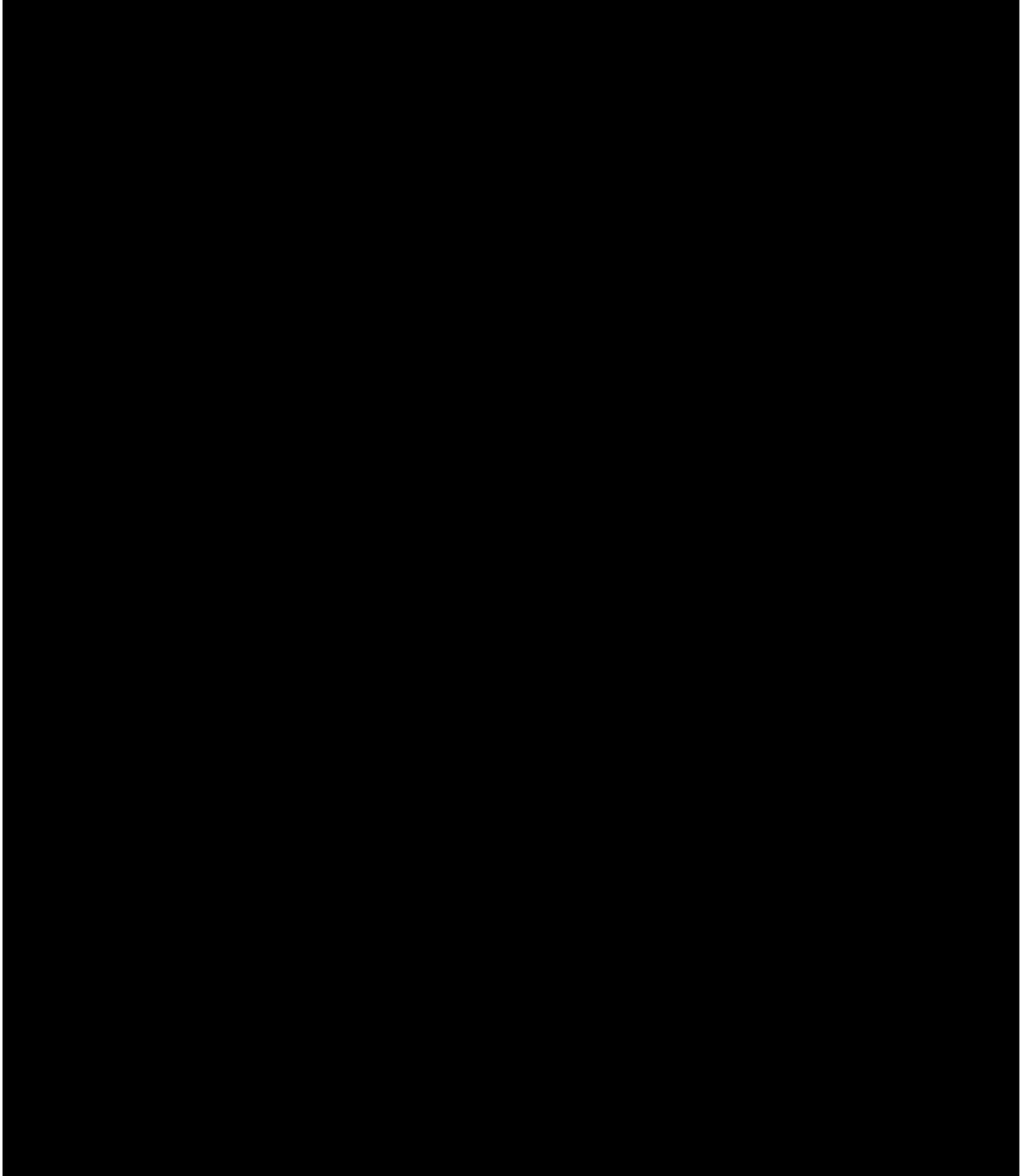


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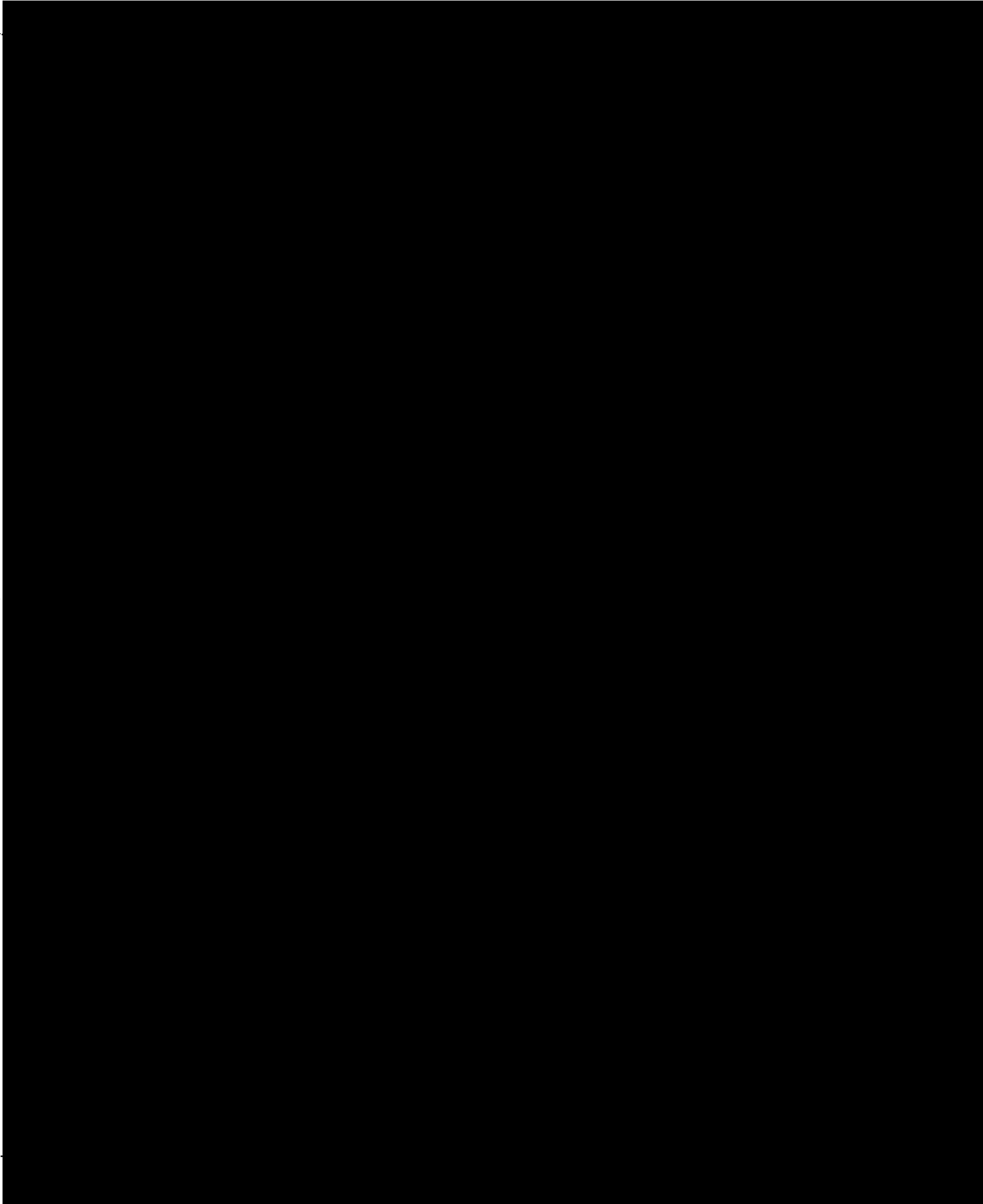




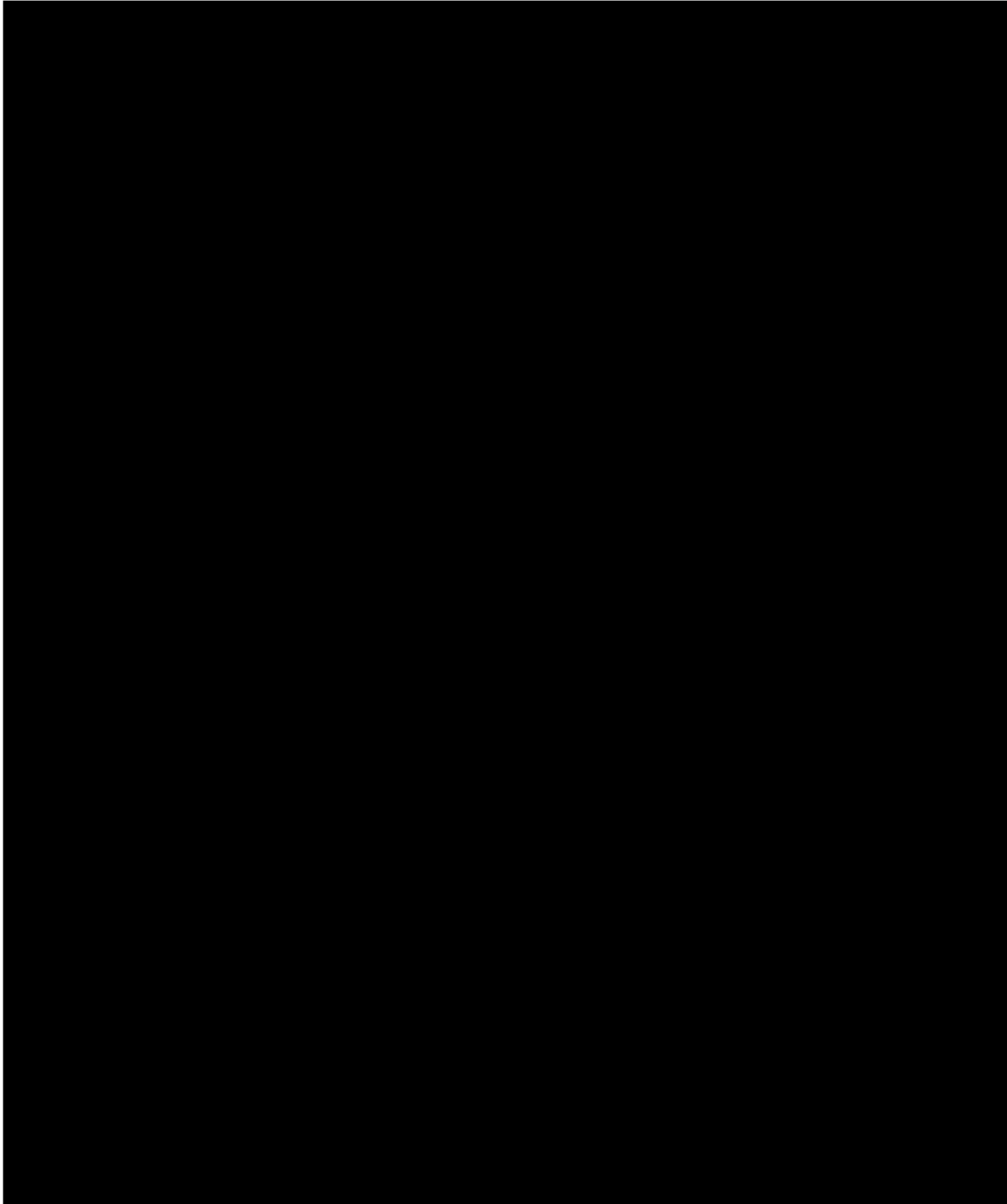
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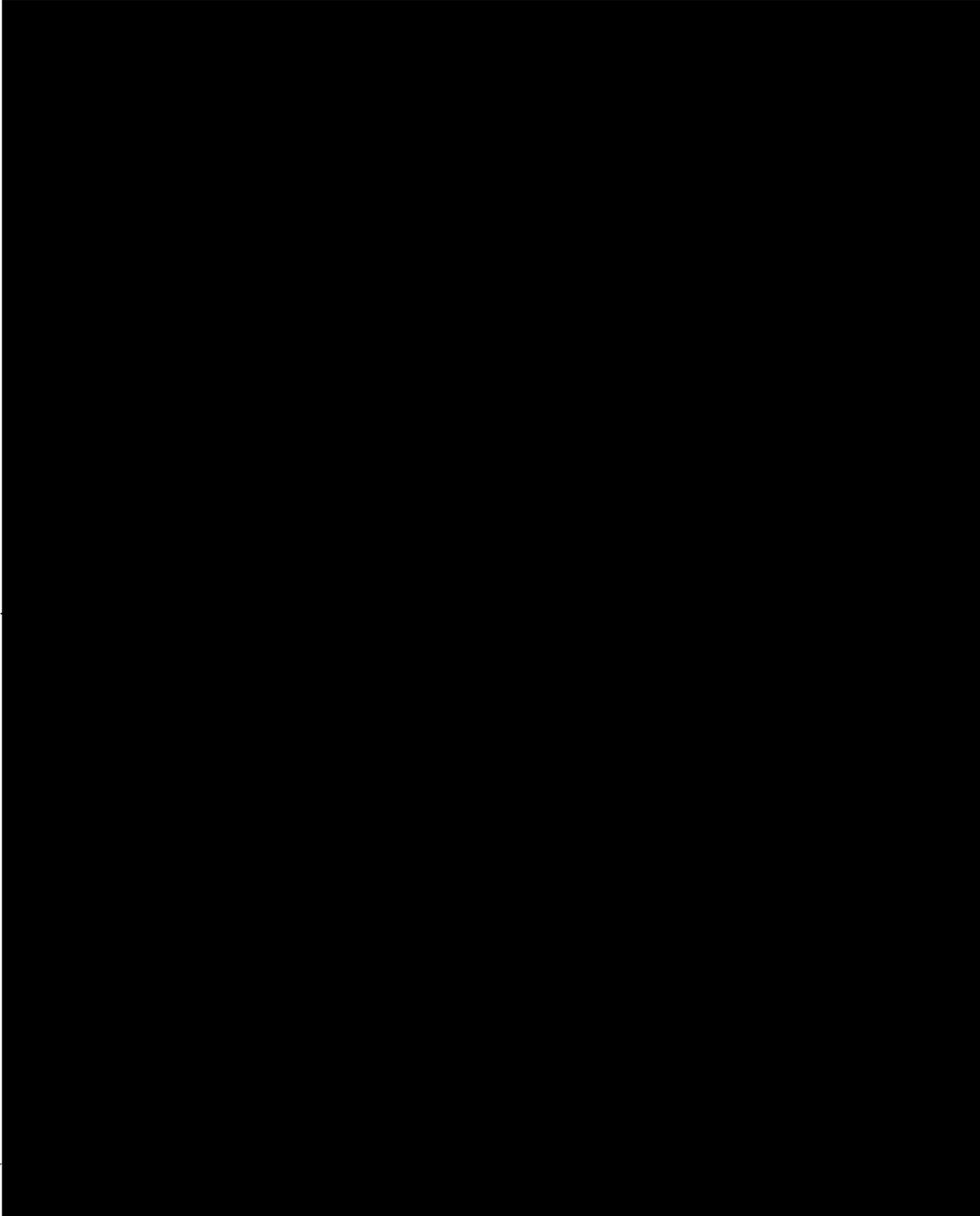
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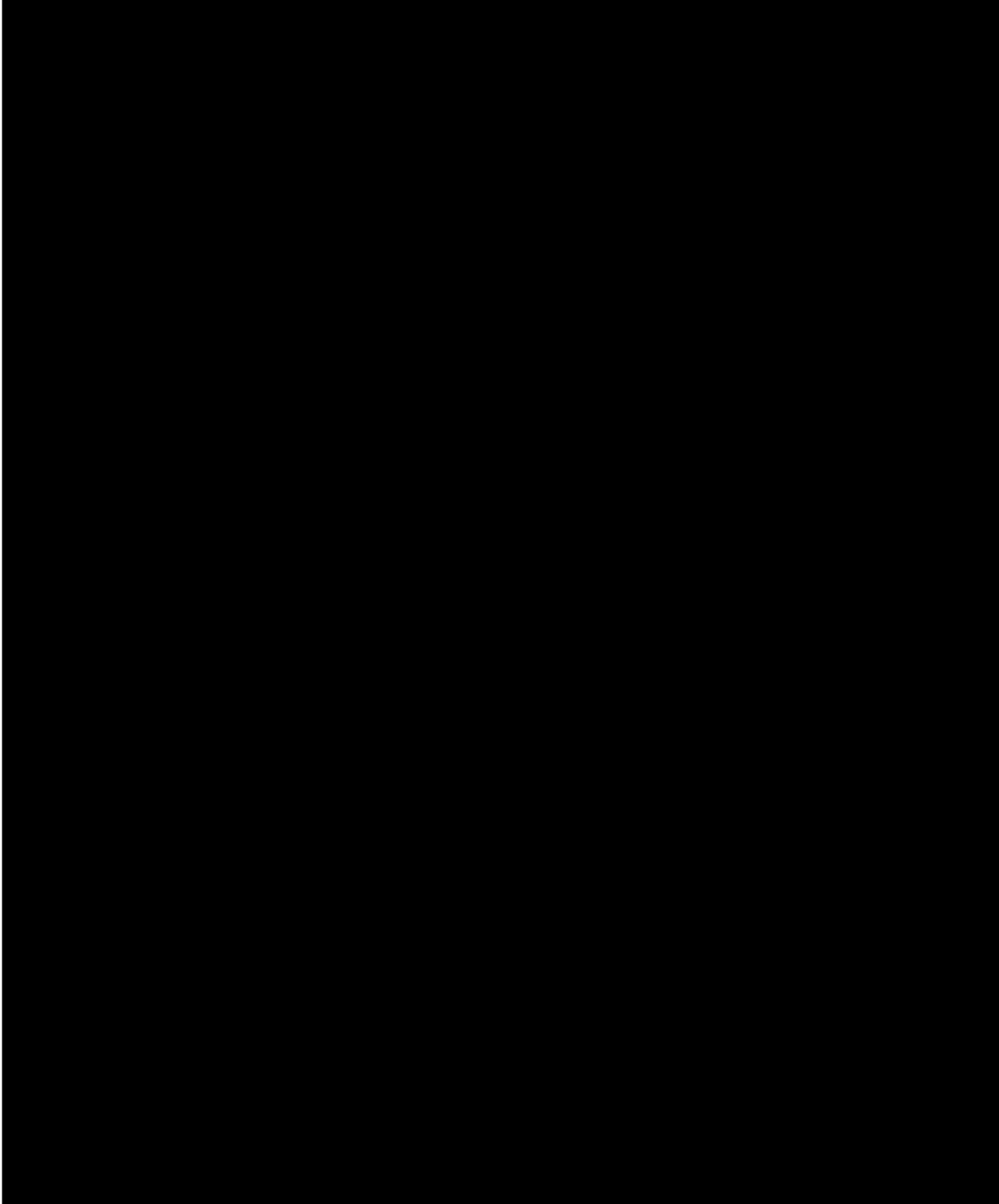
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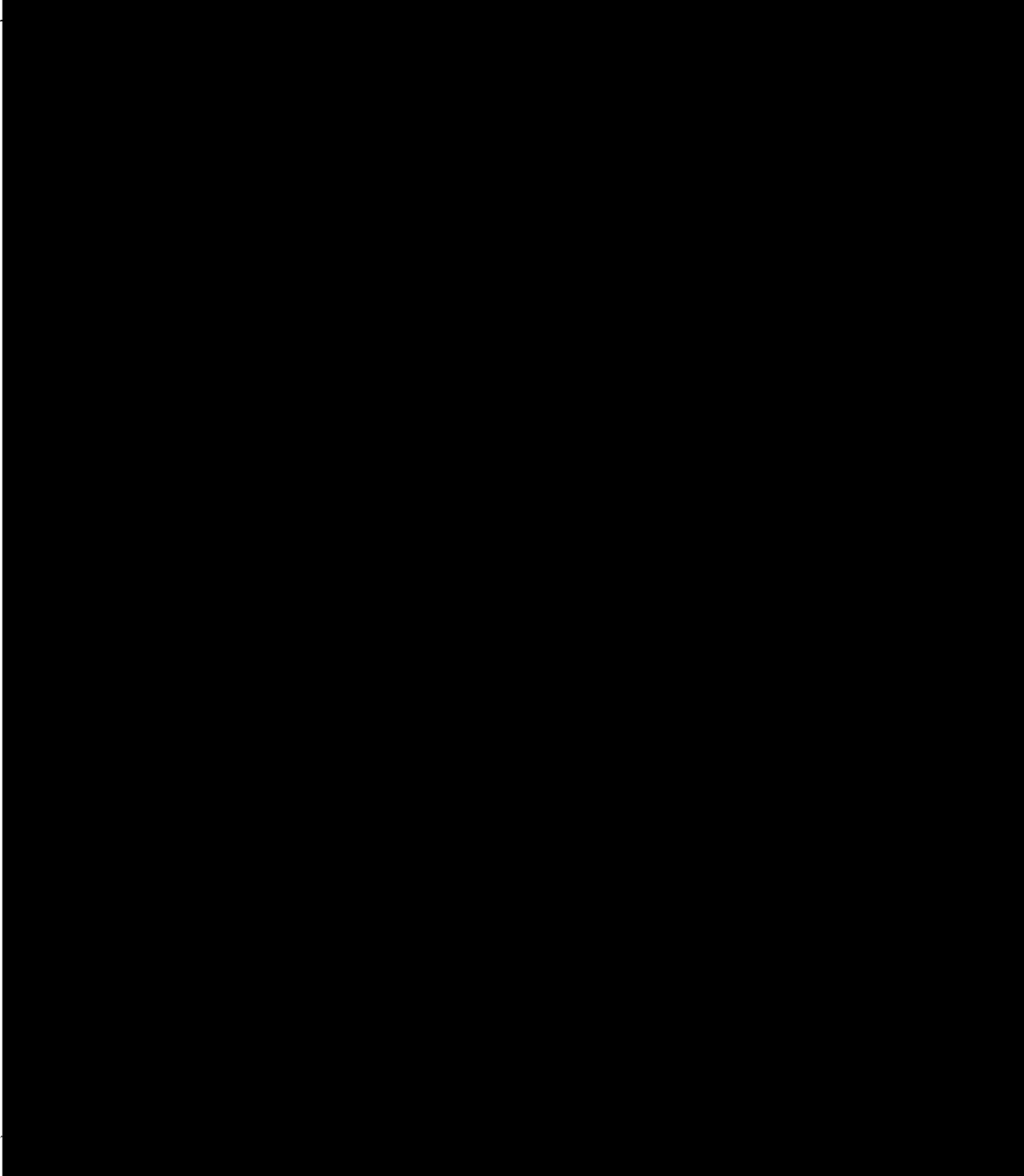
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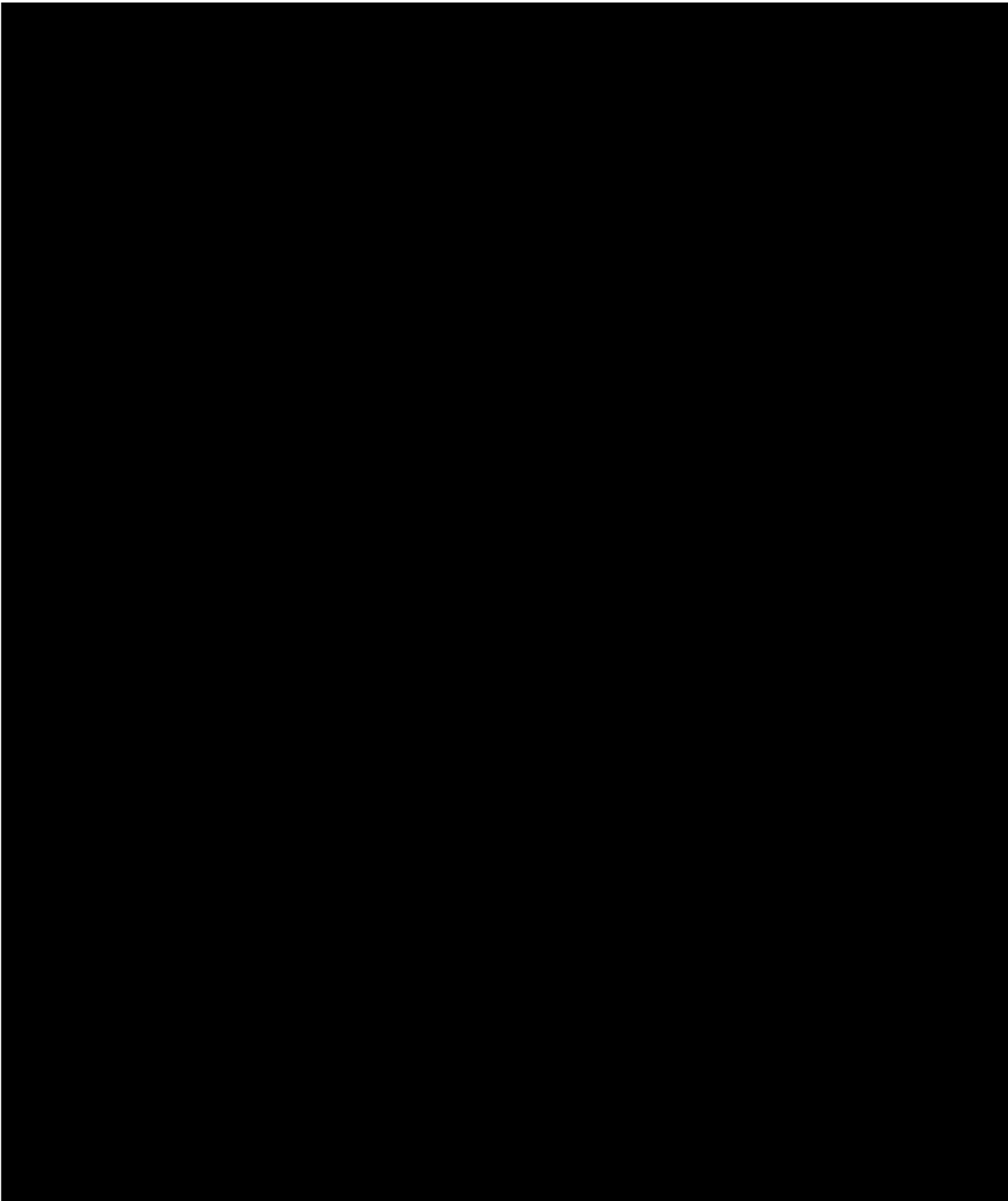
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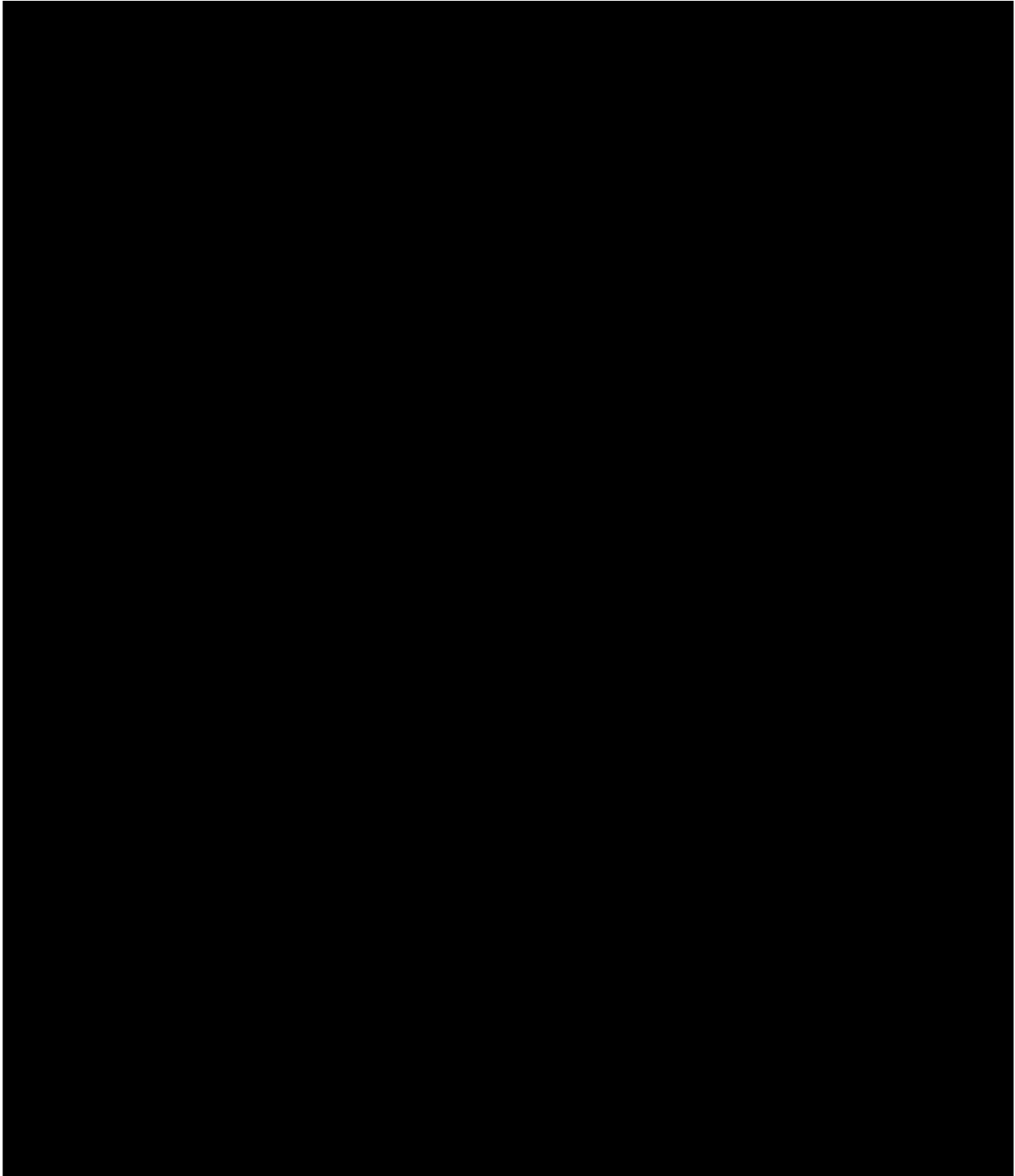
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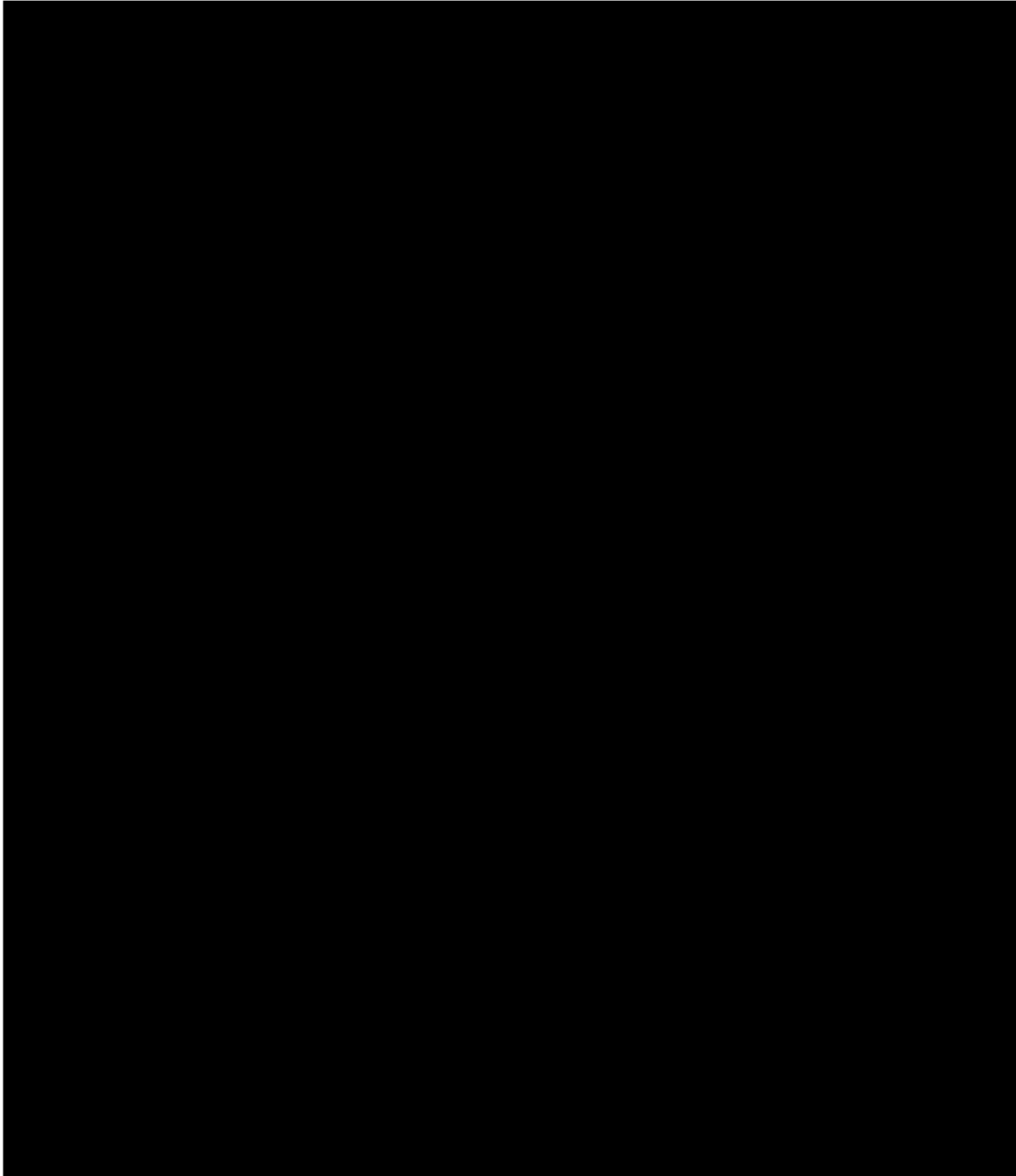


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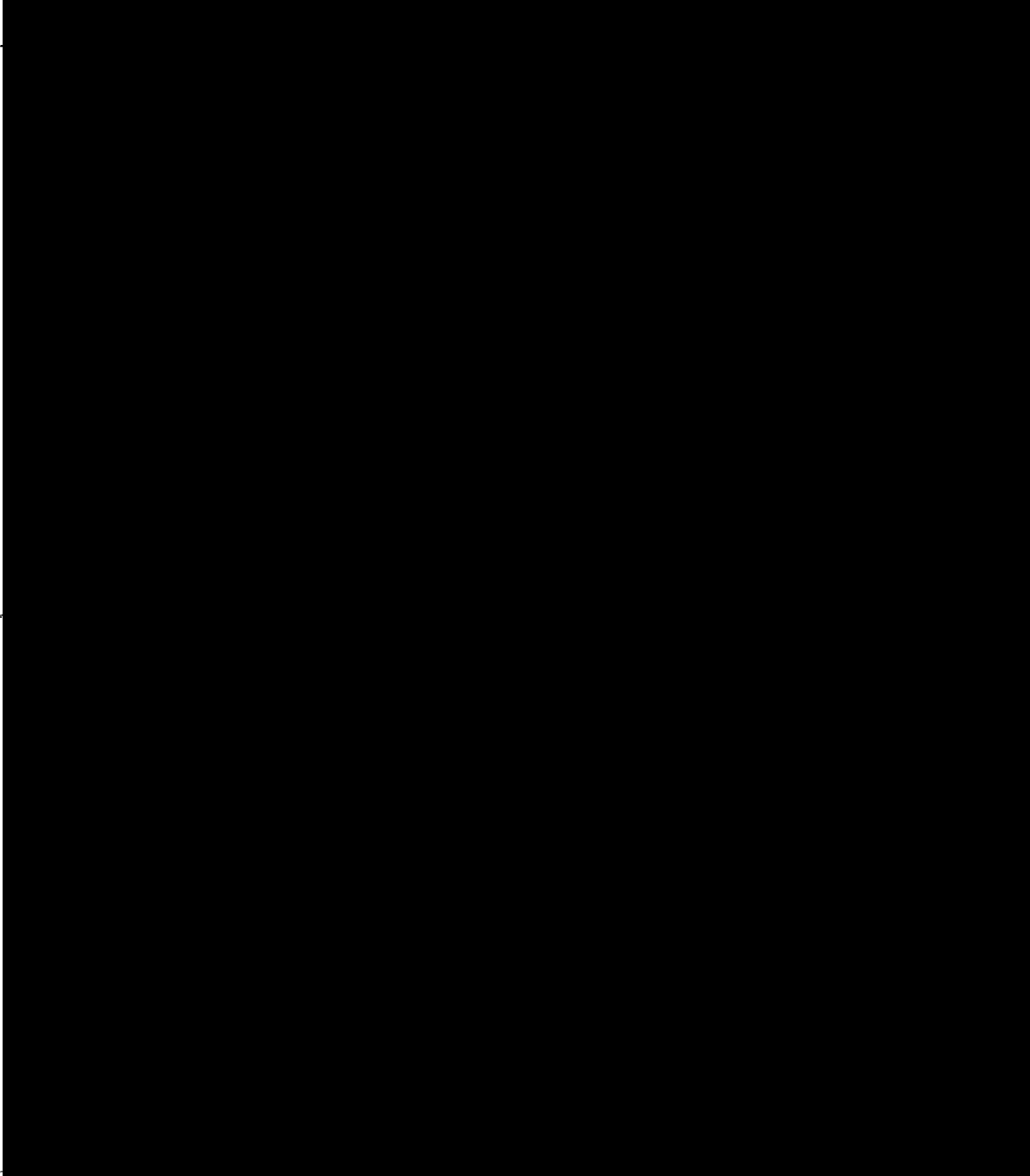




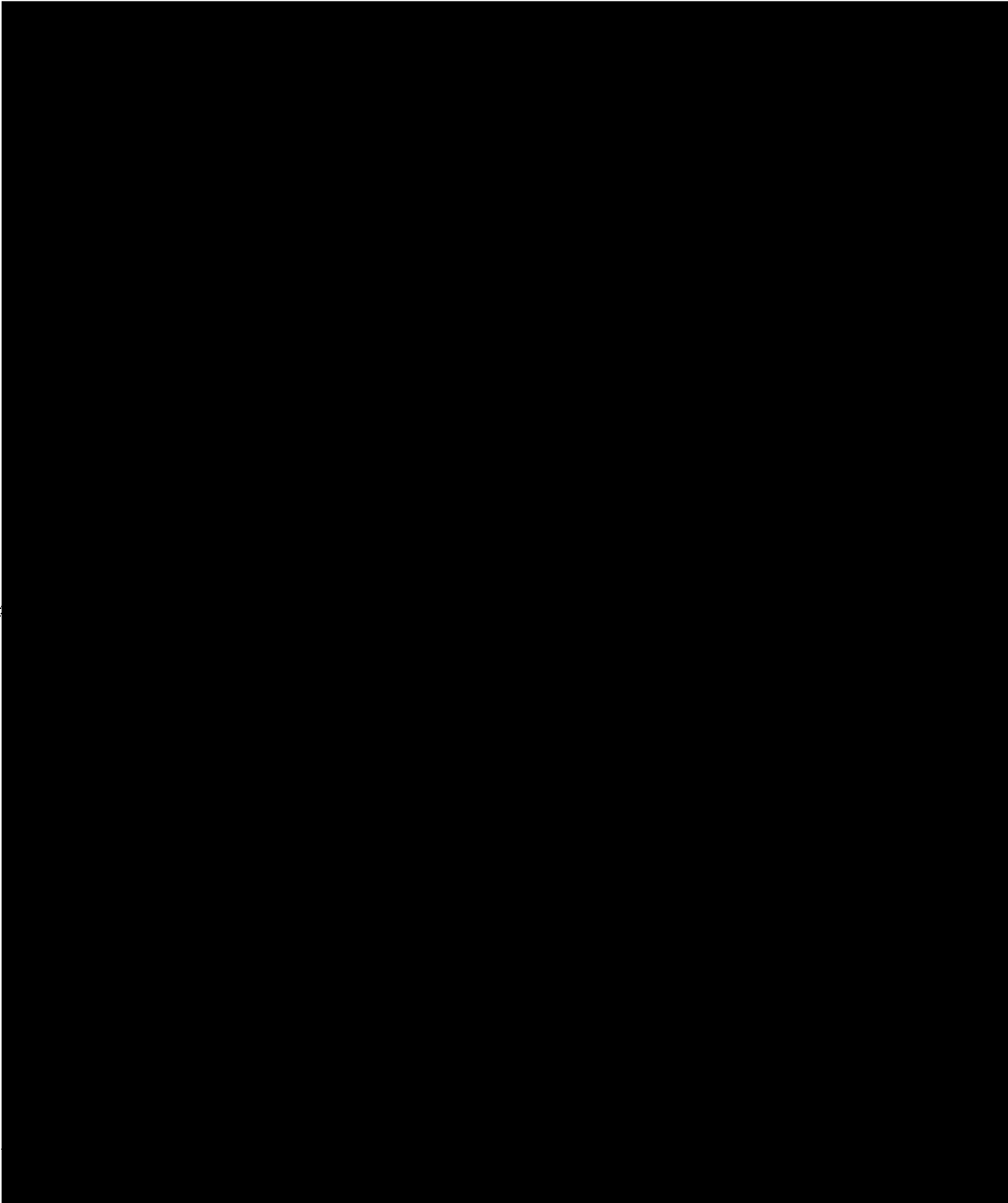
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5.2.7 Tab VII - Secretary of State



5.2.7 Tab VII - Secretary of State



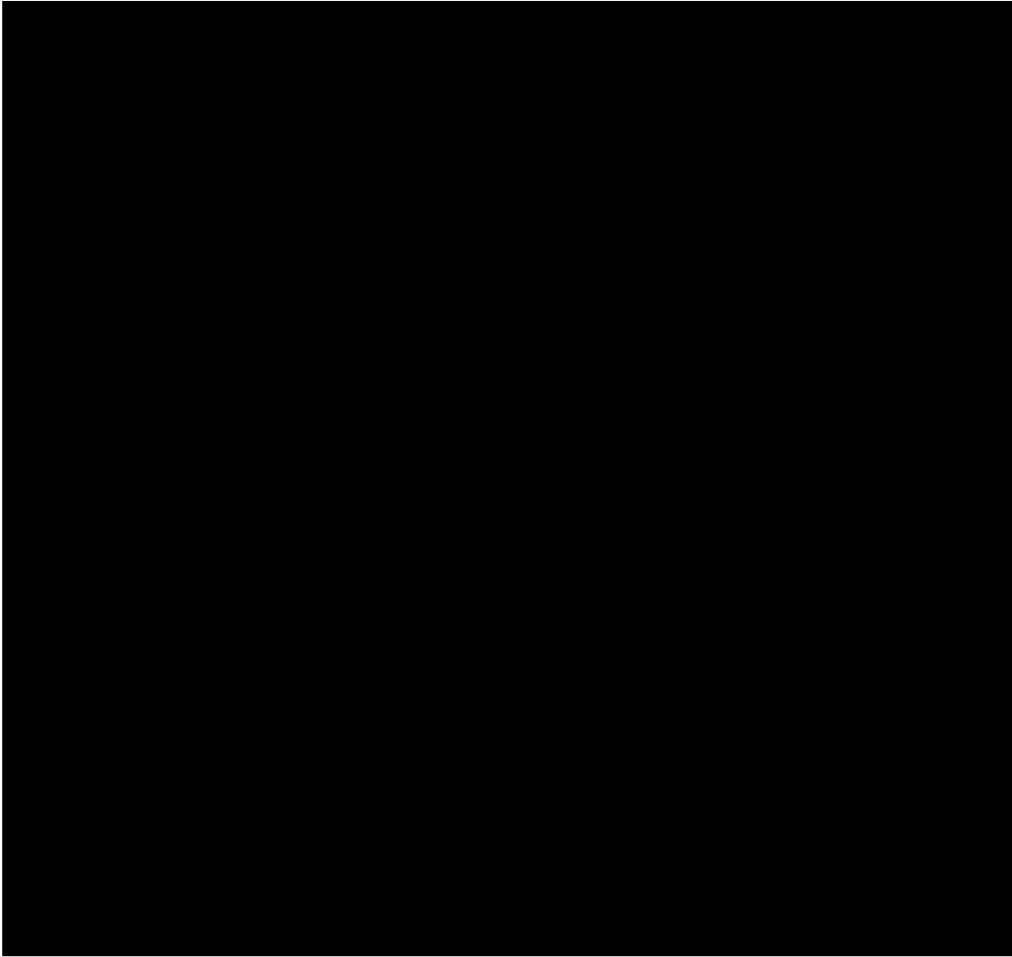
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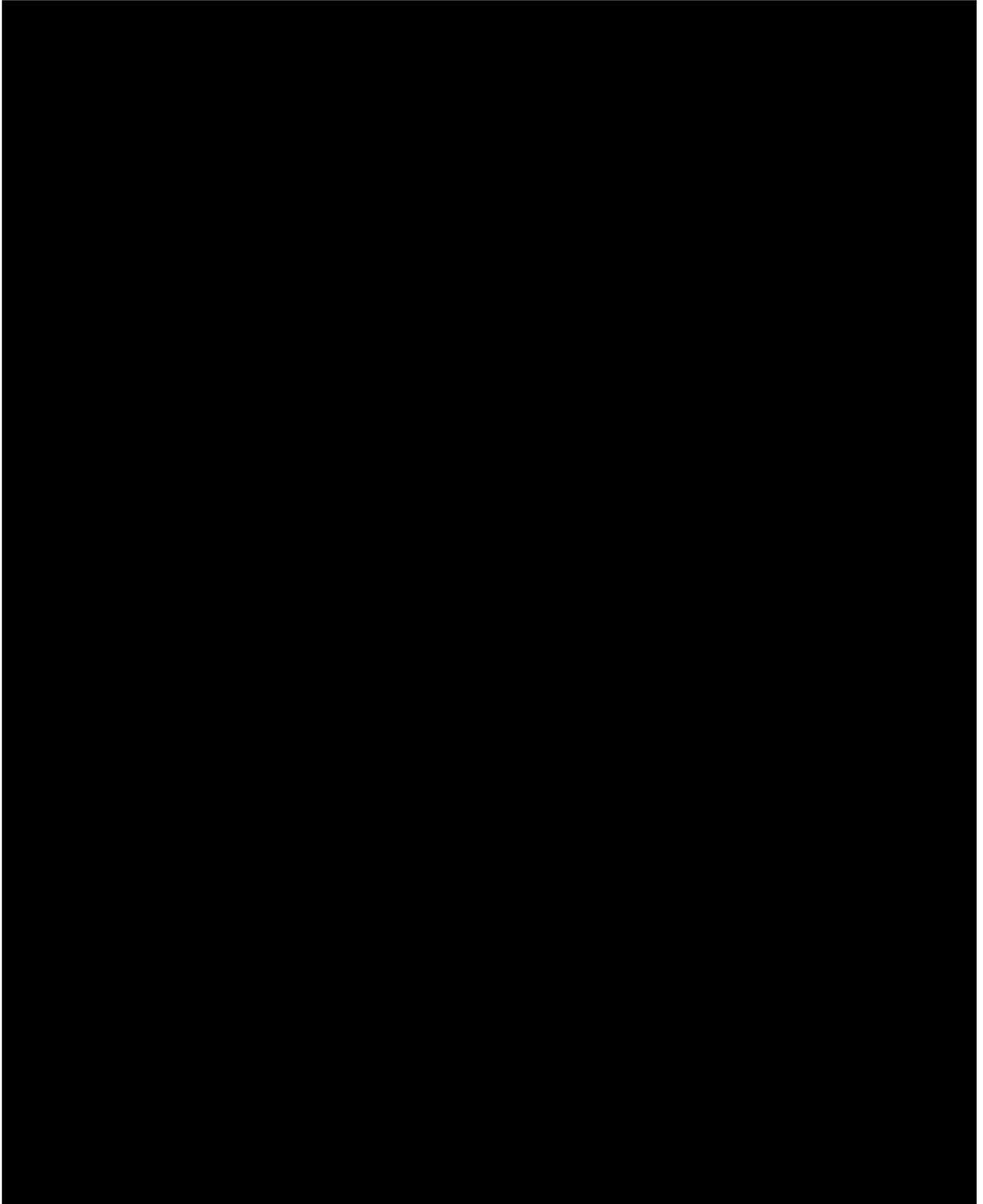
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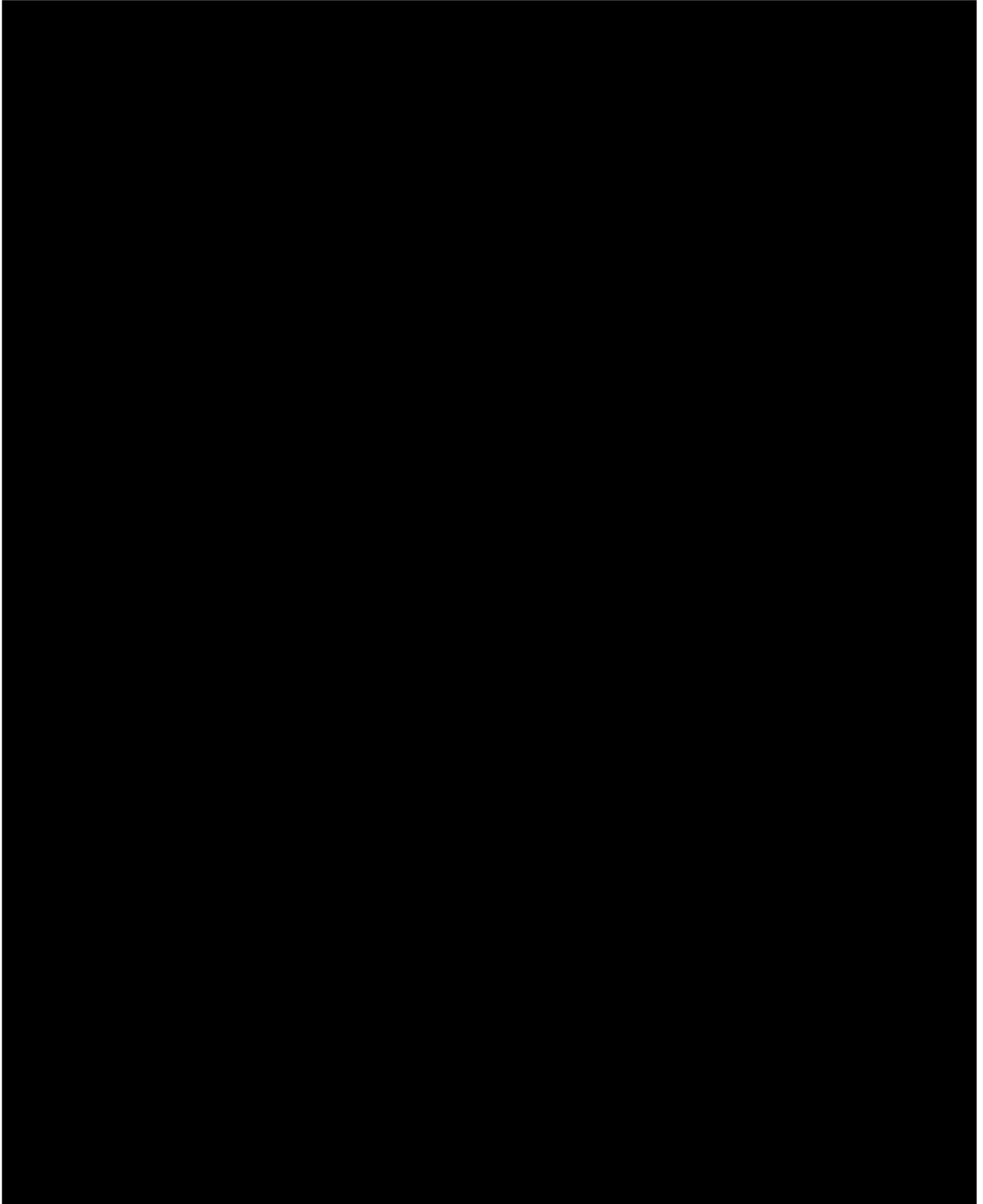
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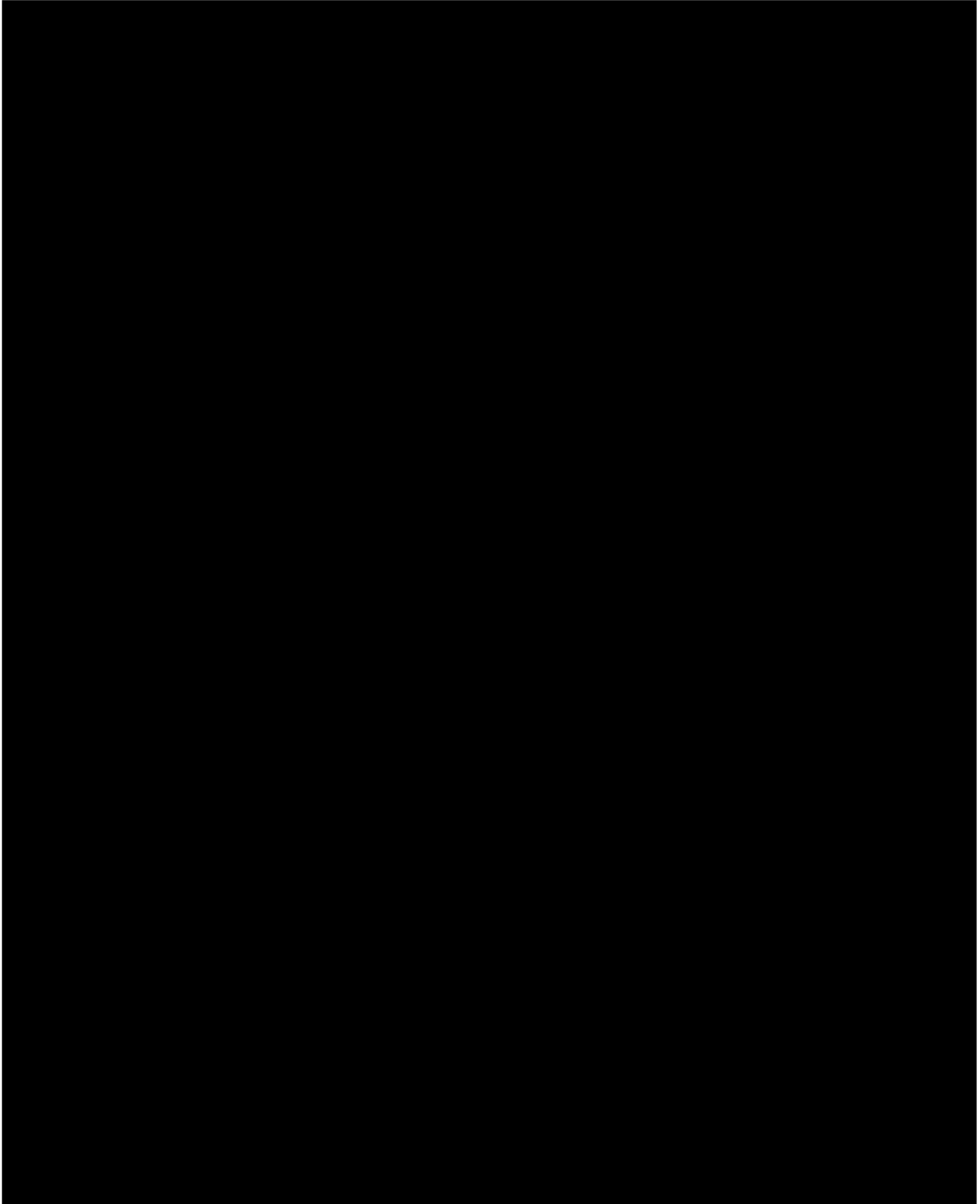
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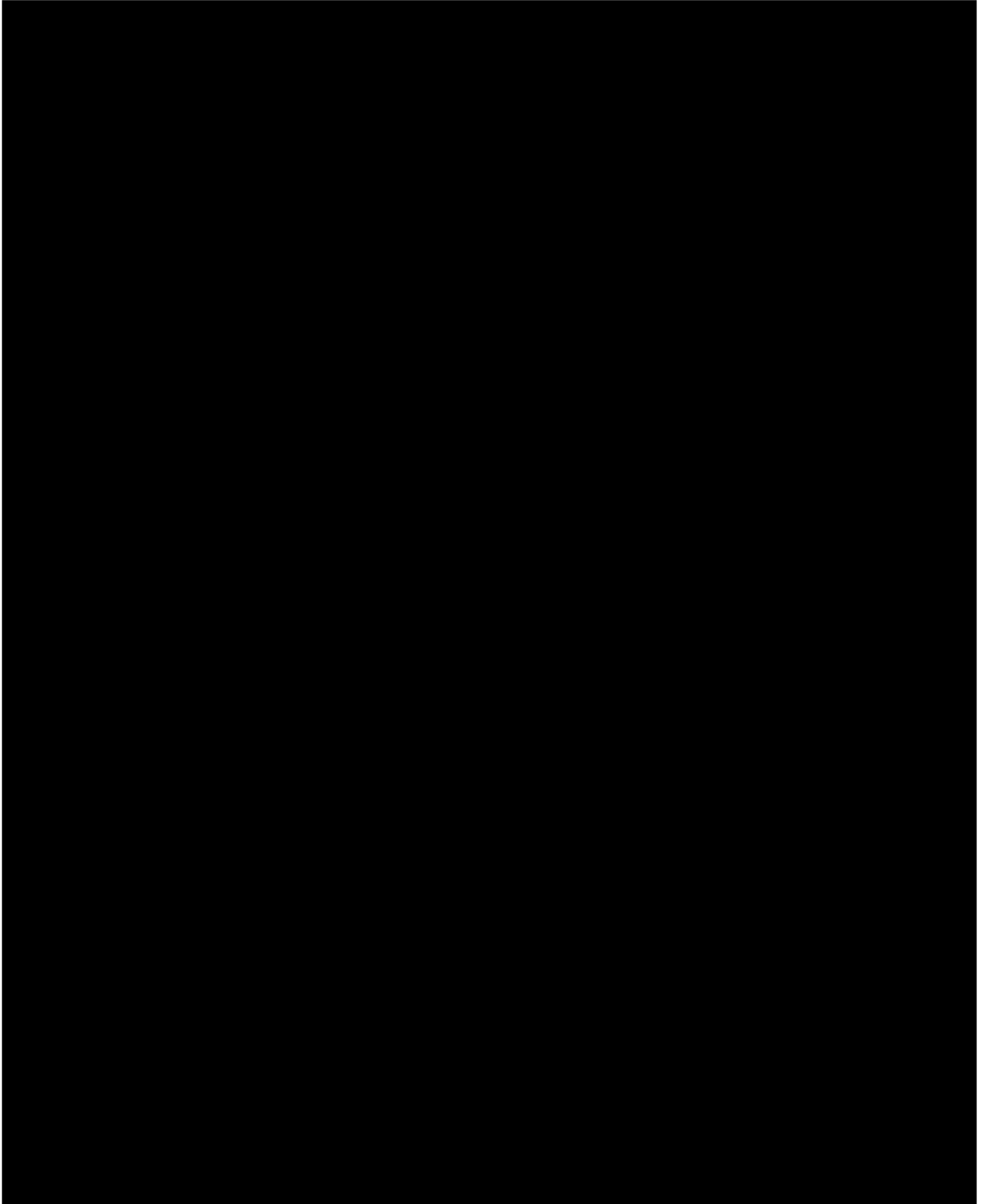
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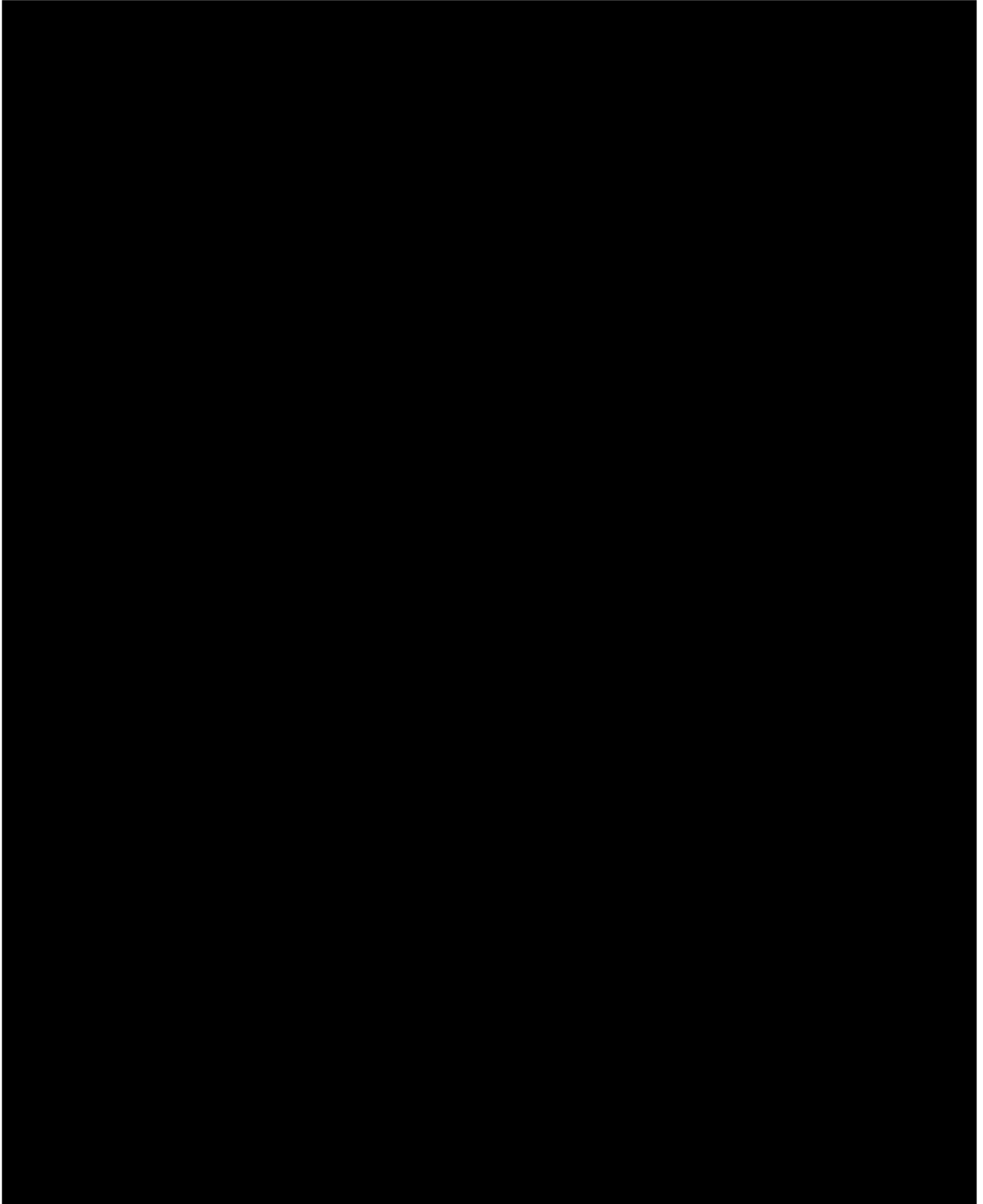


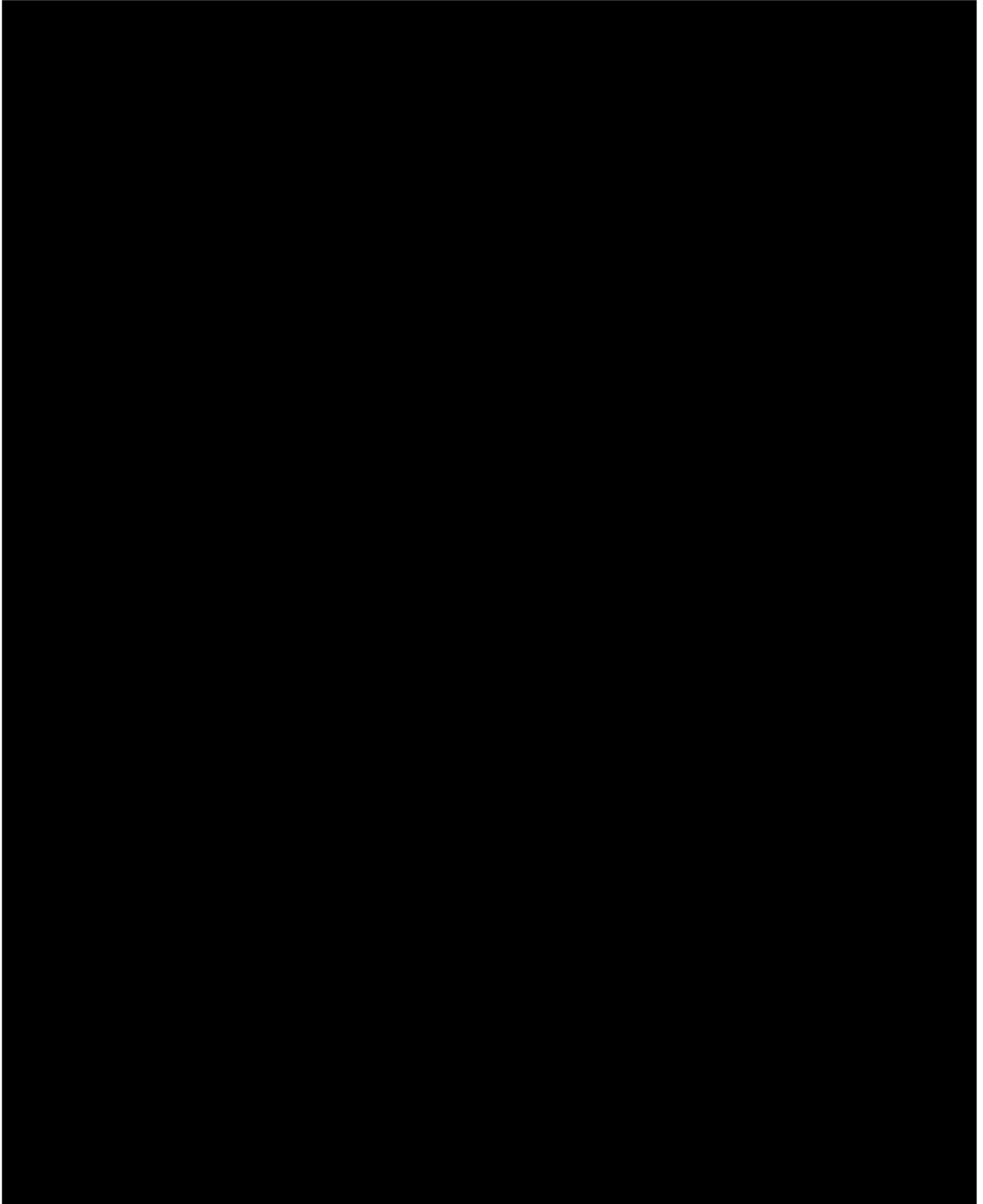


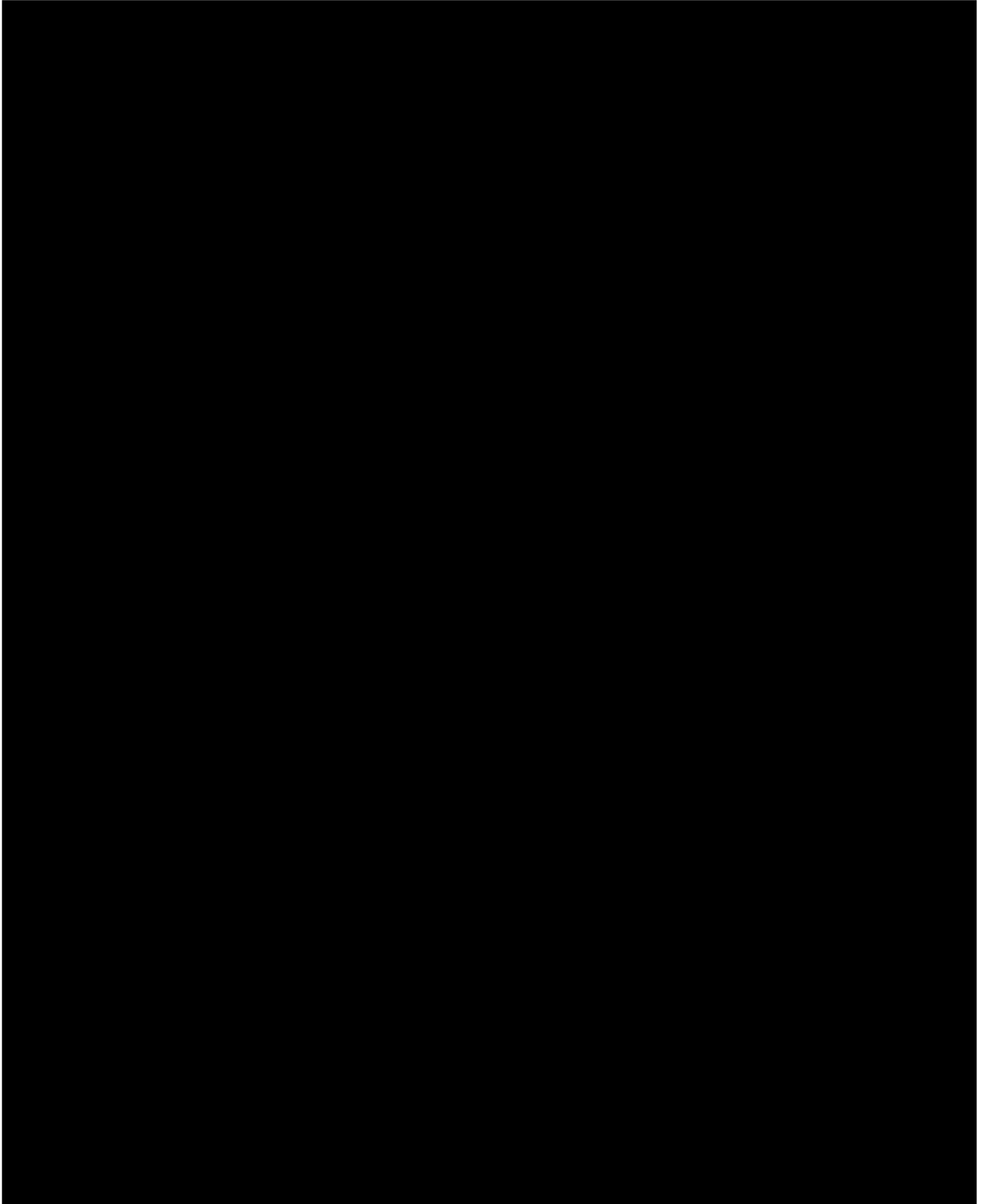


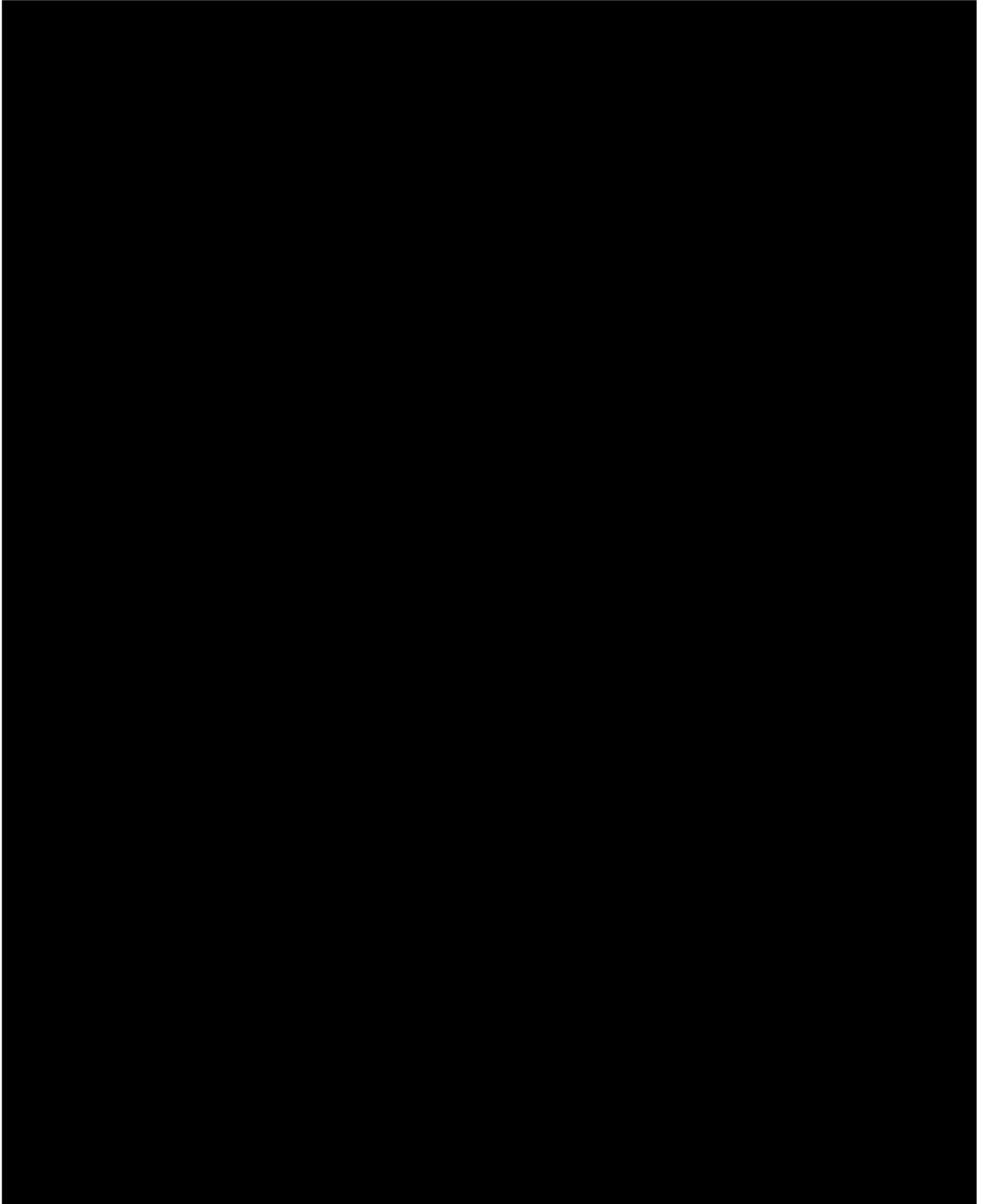


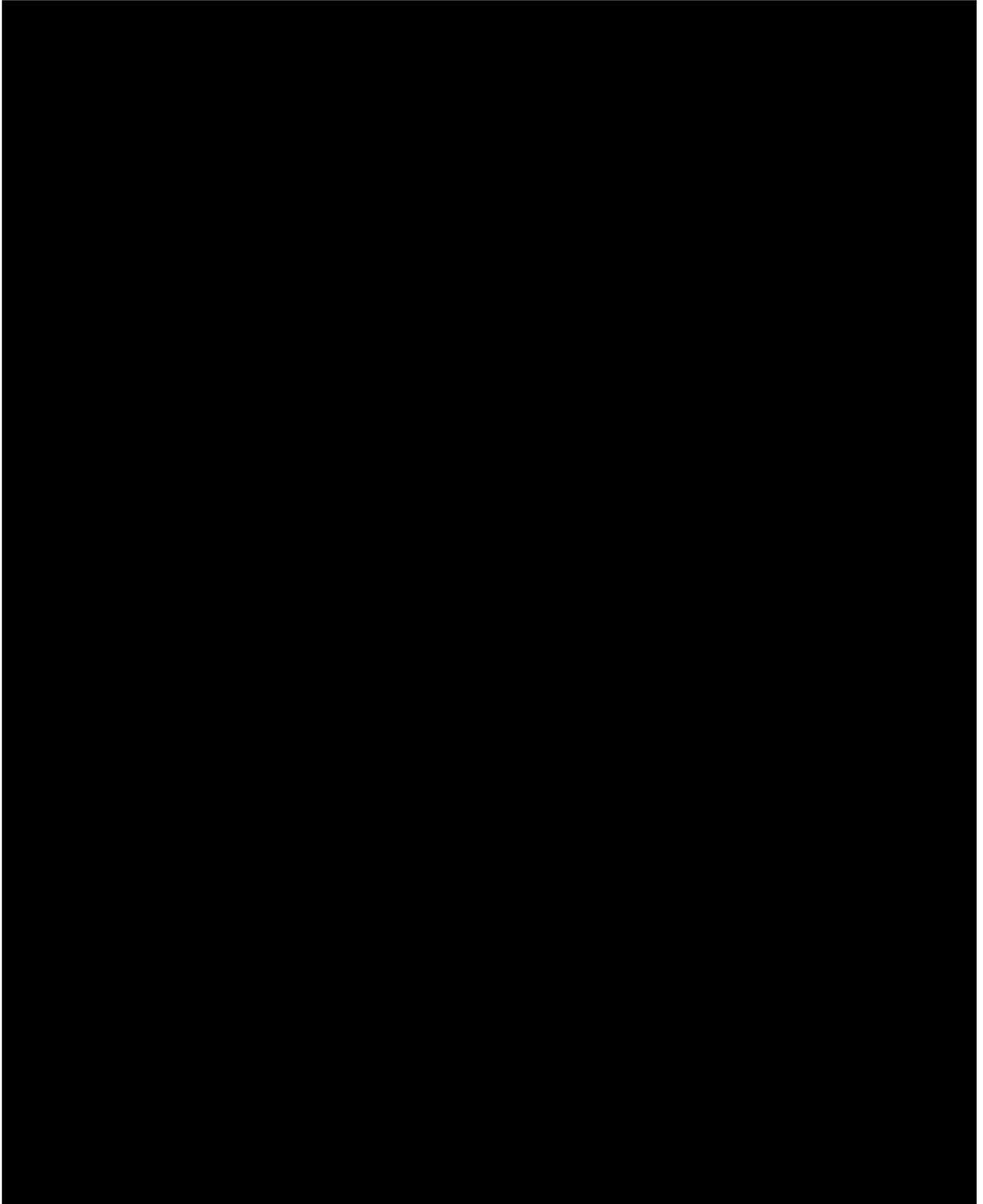


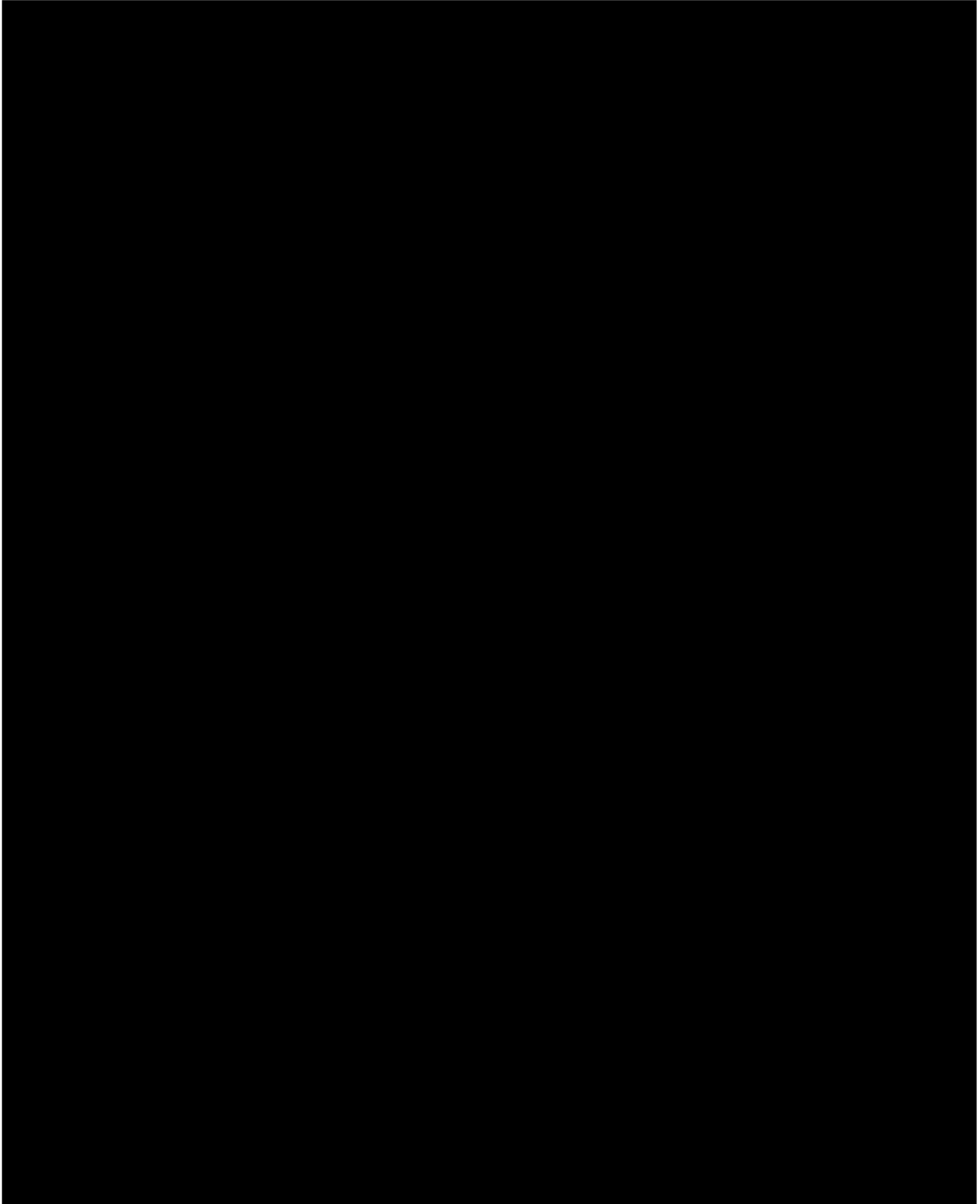


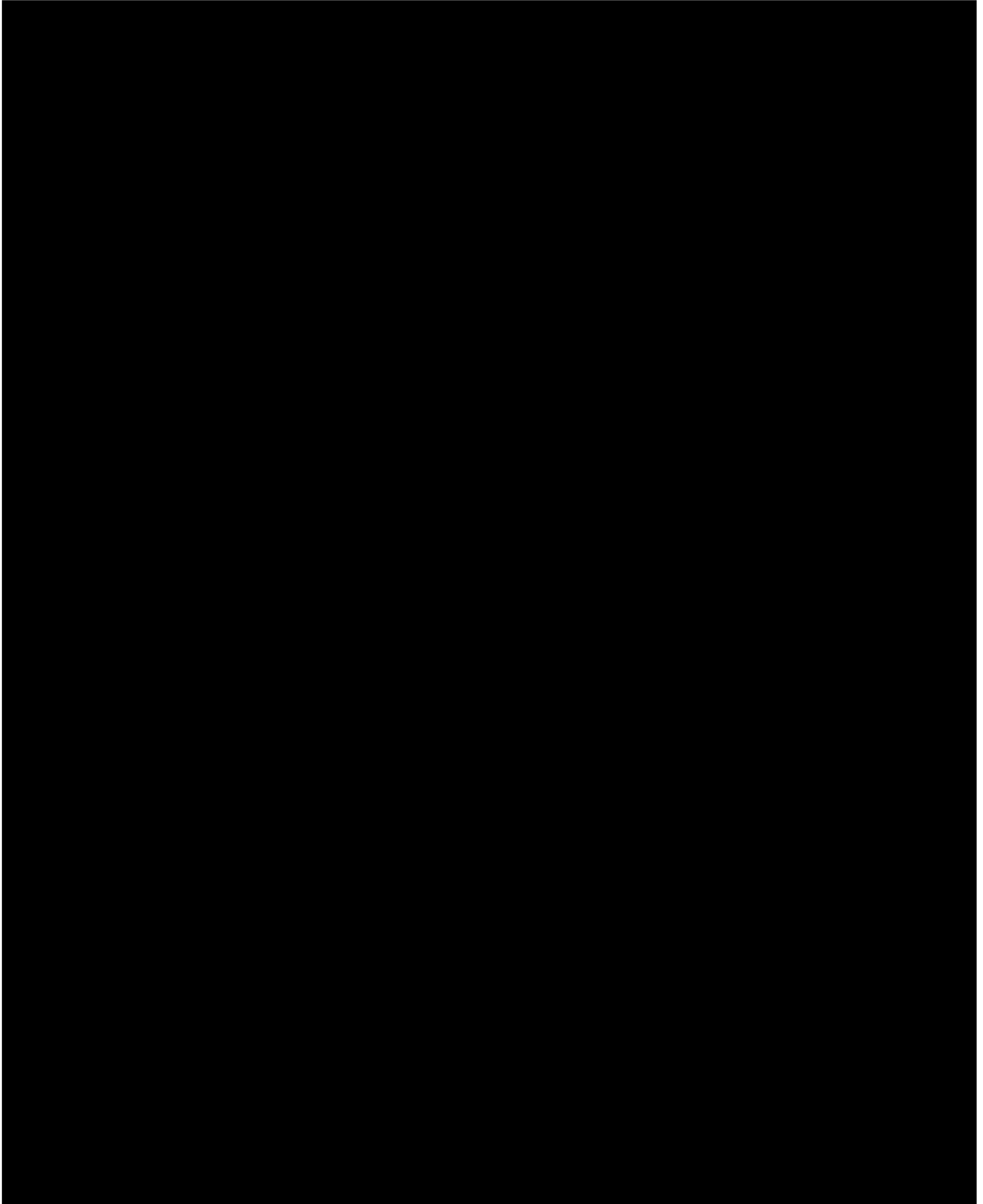


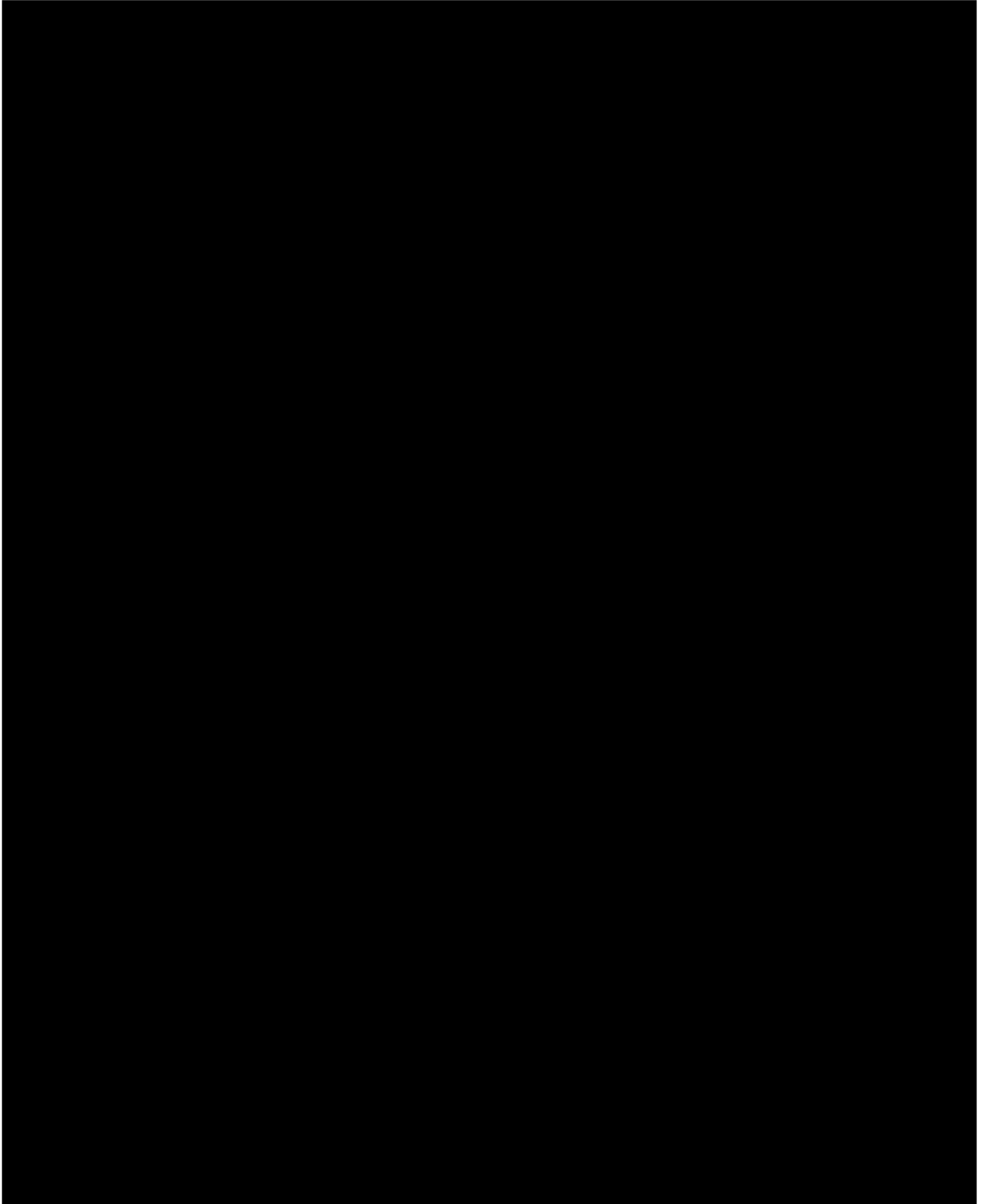




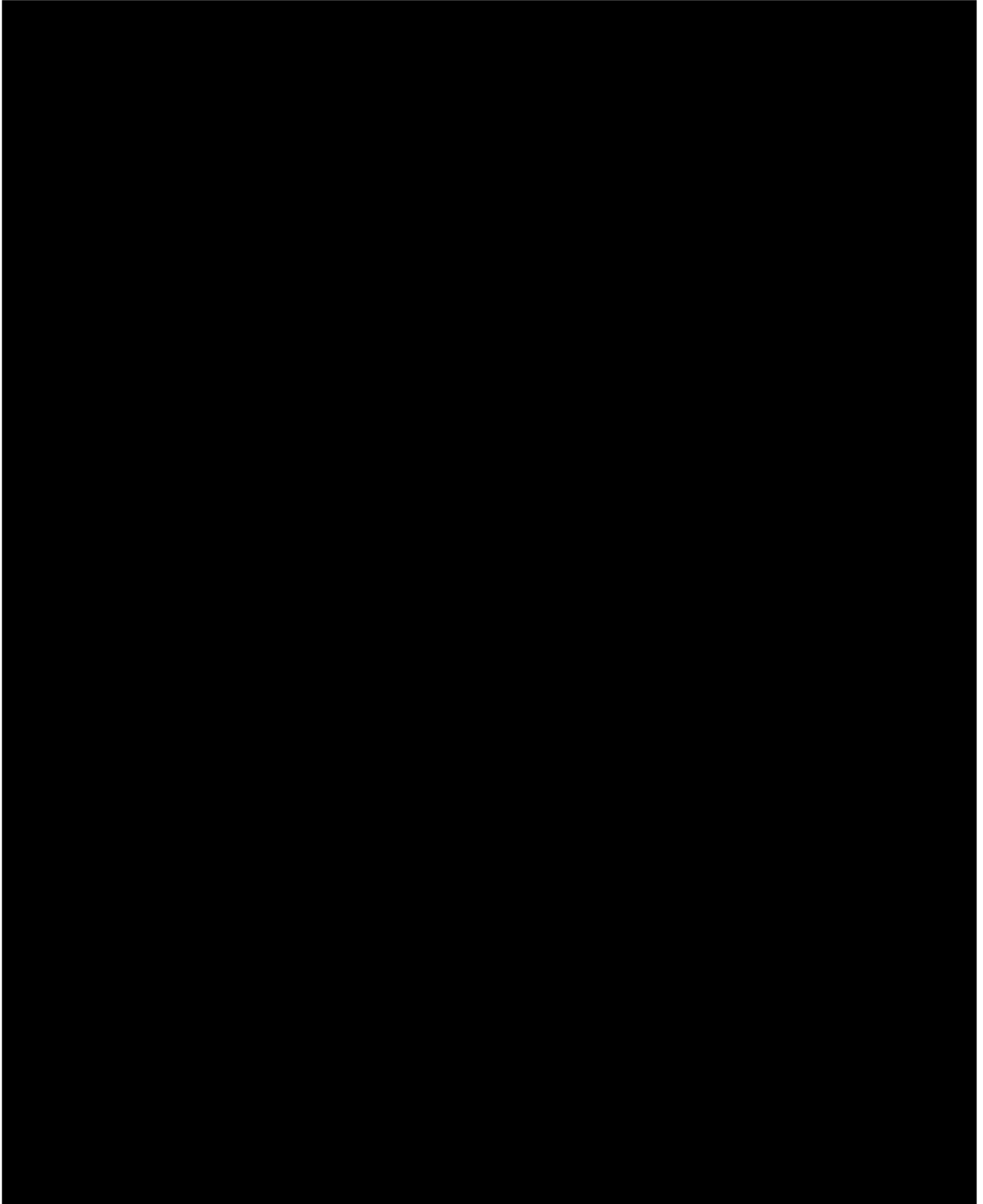


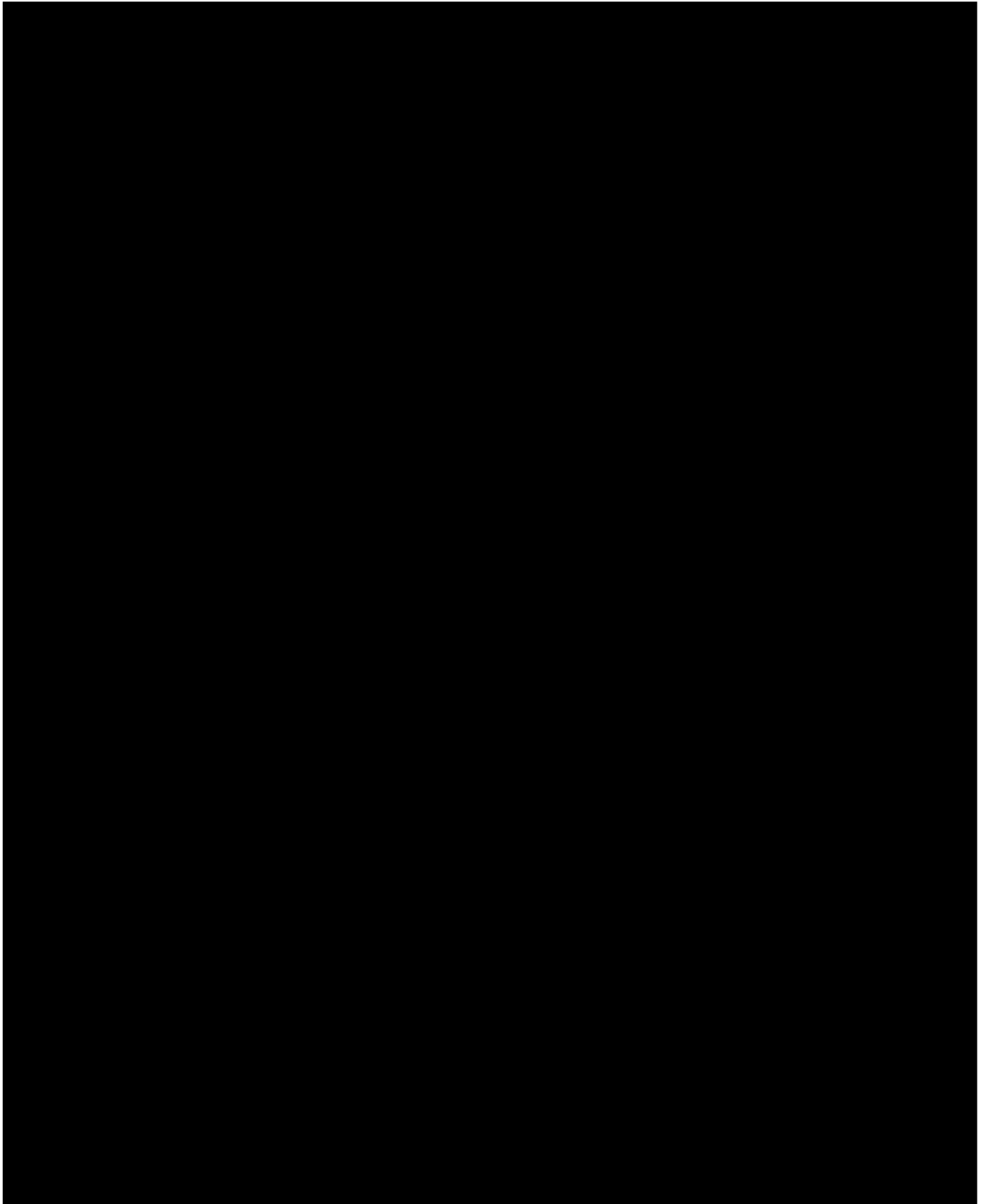


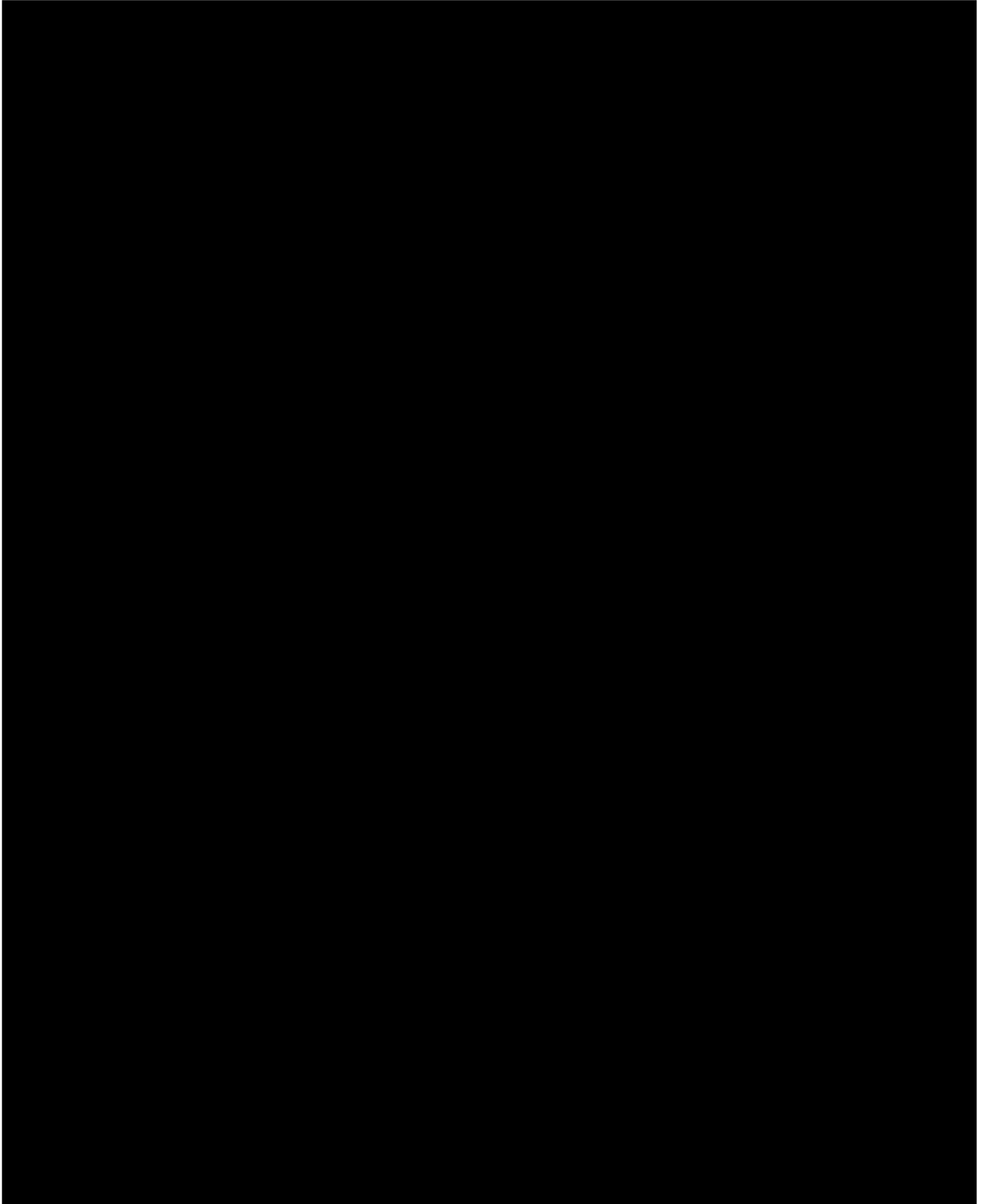


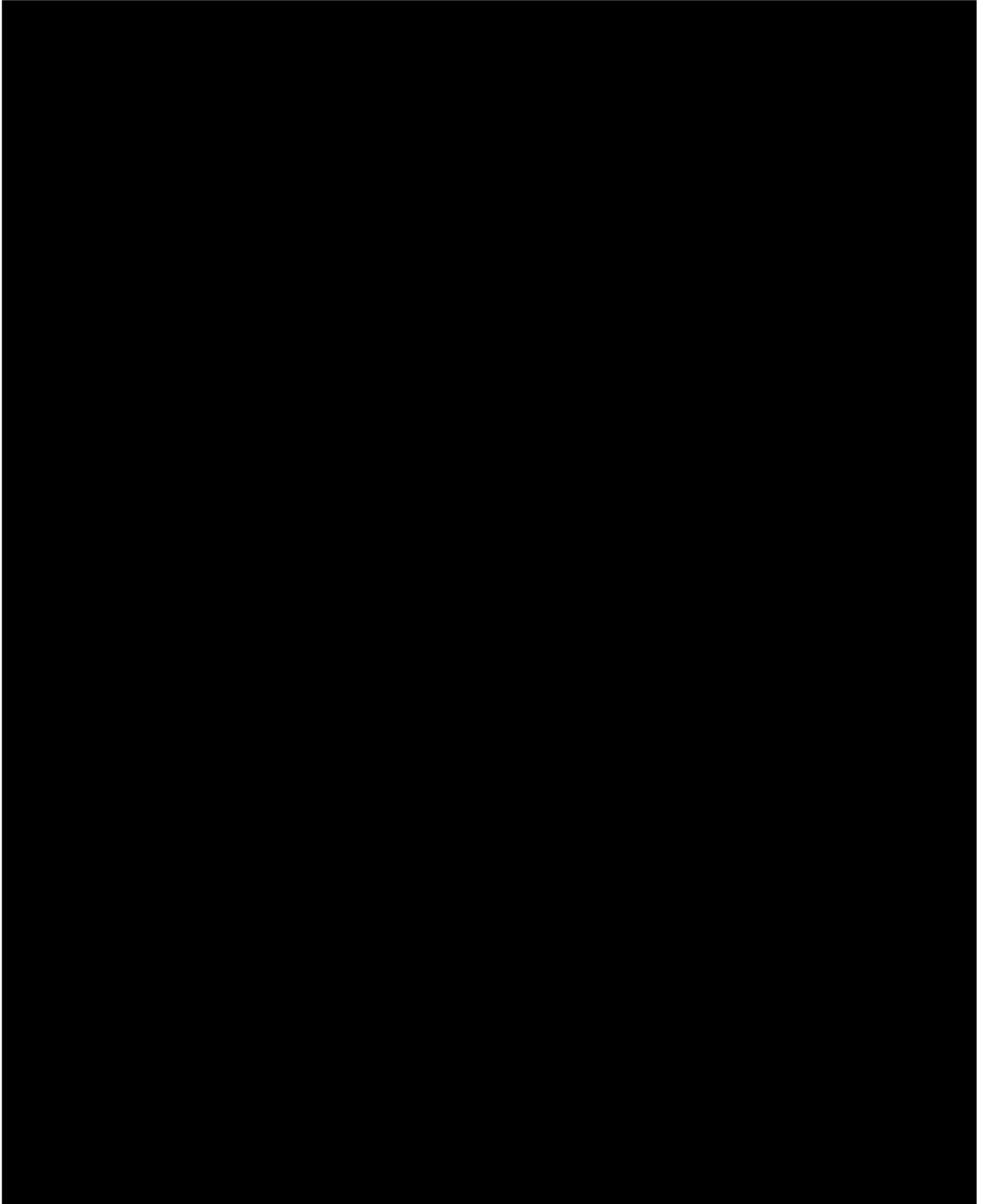


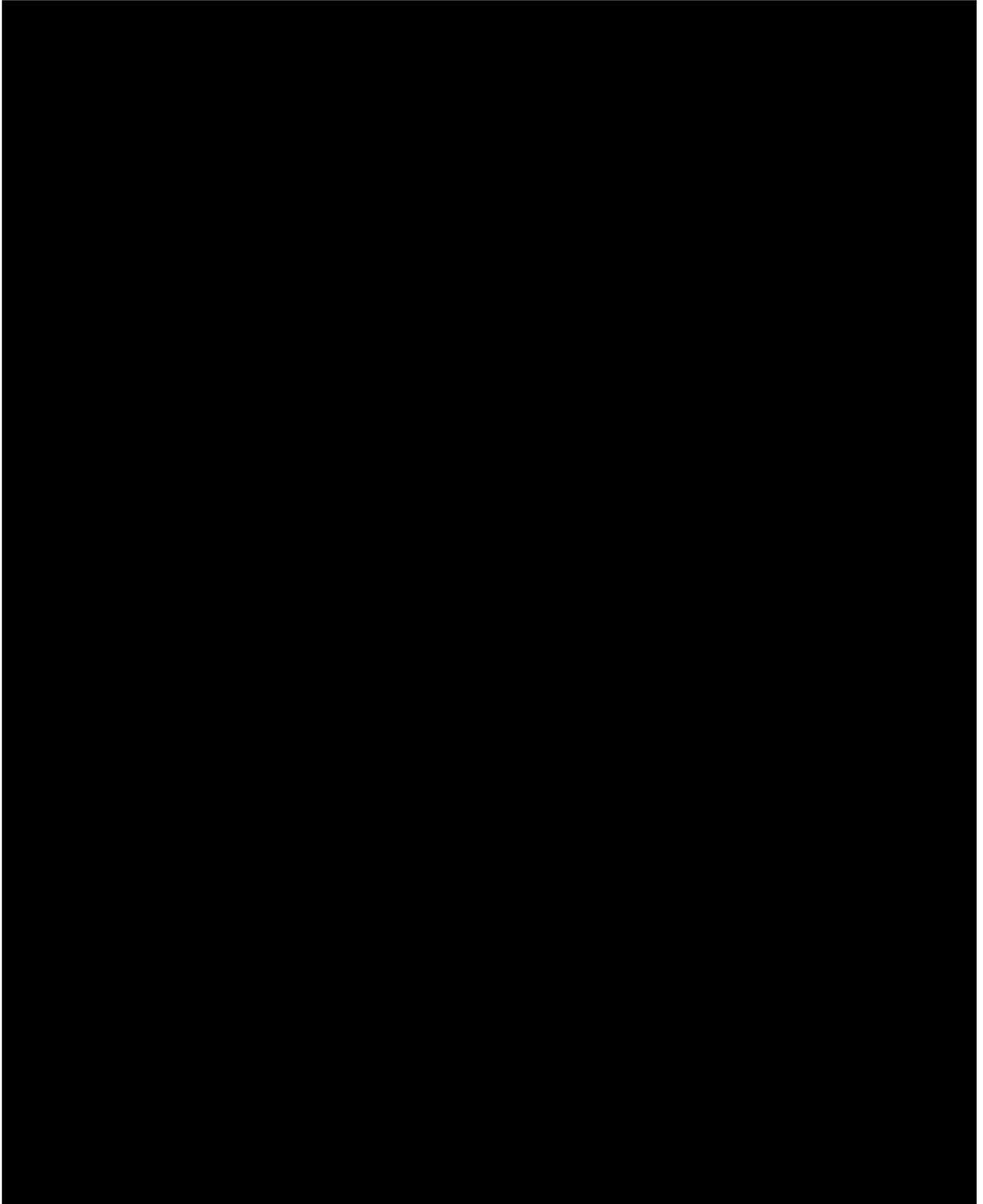


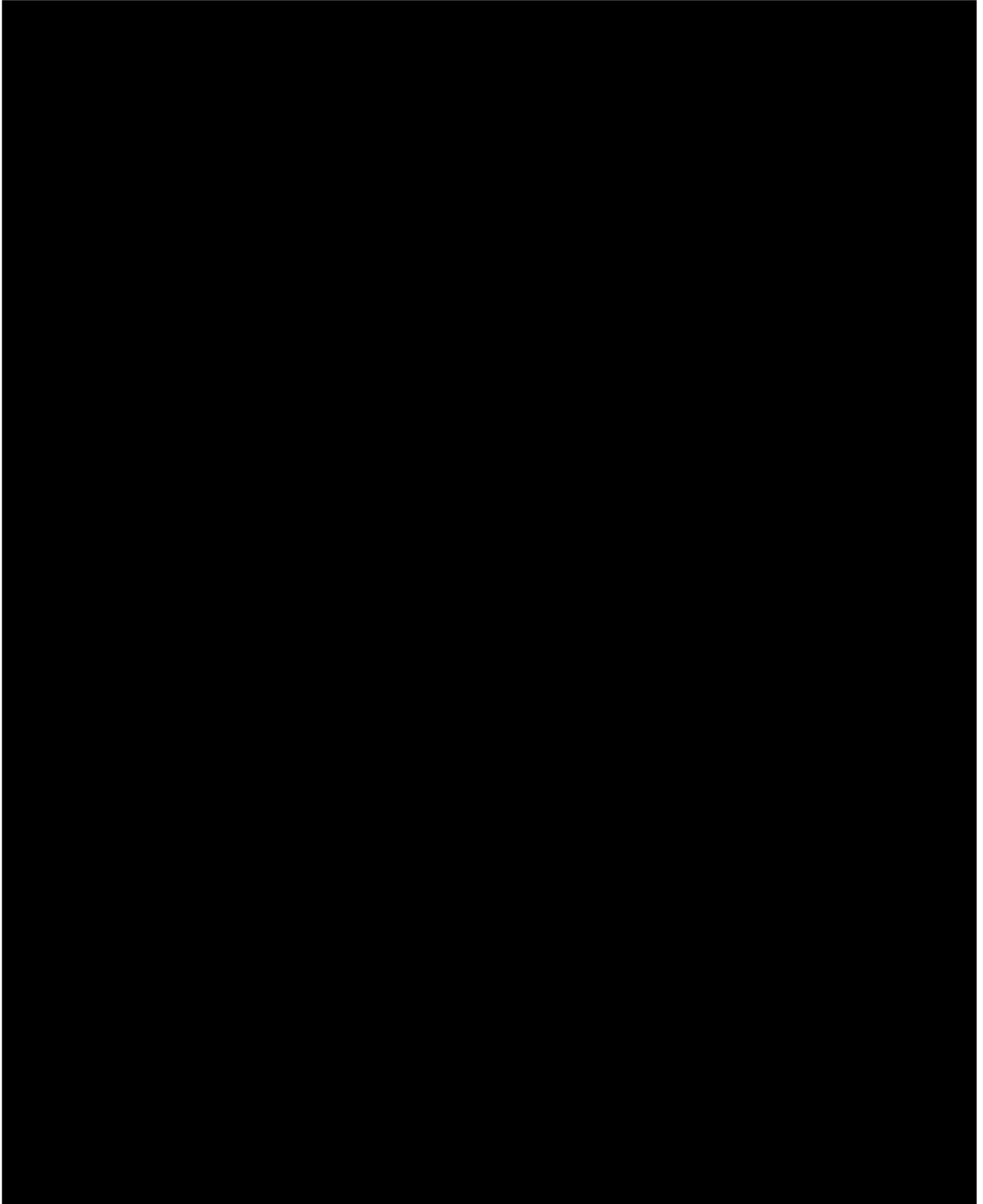


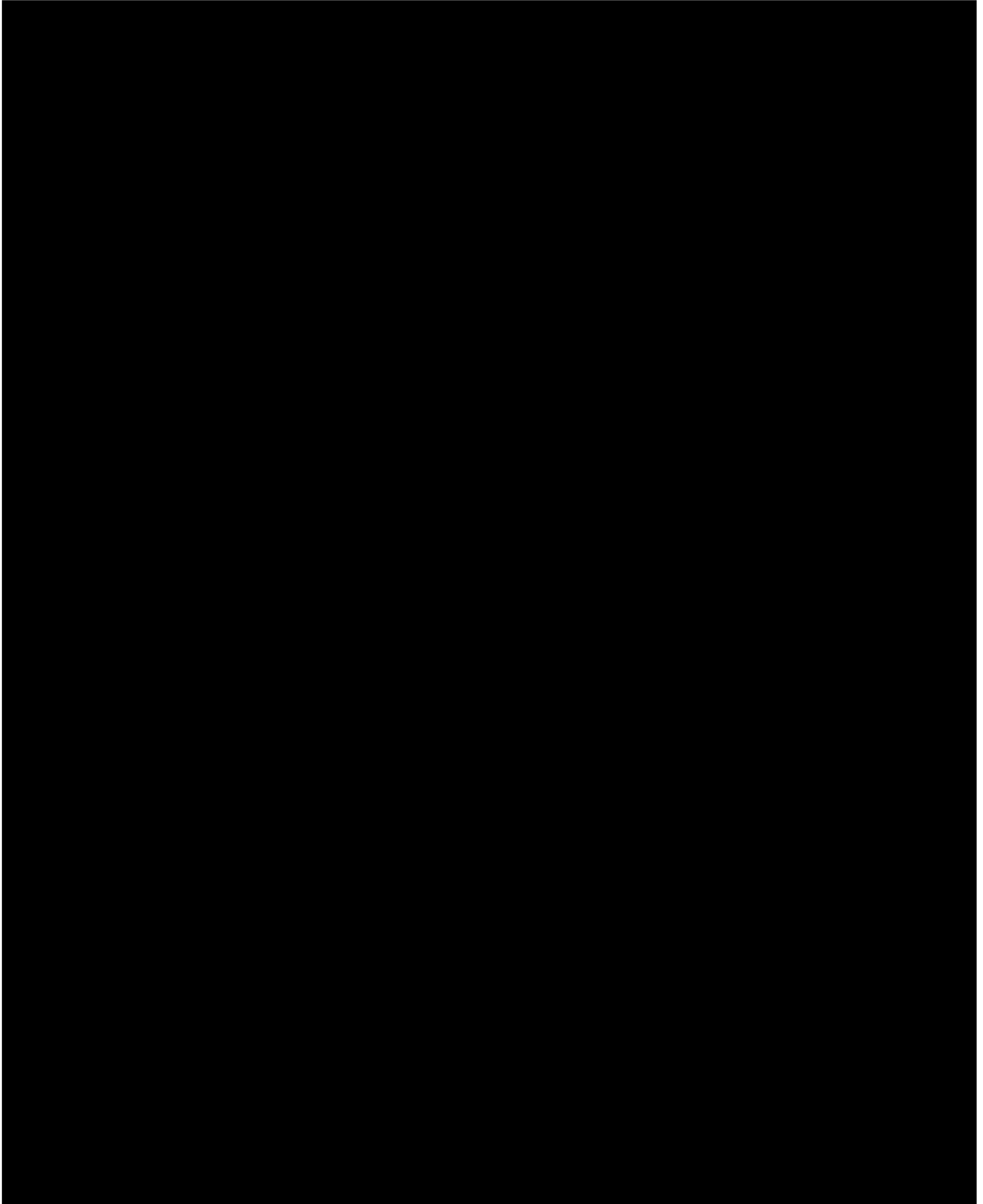


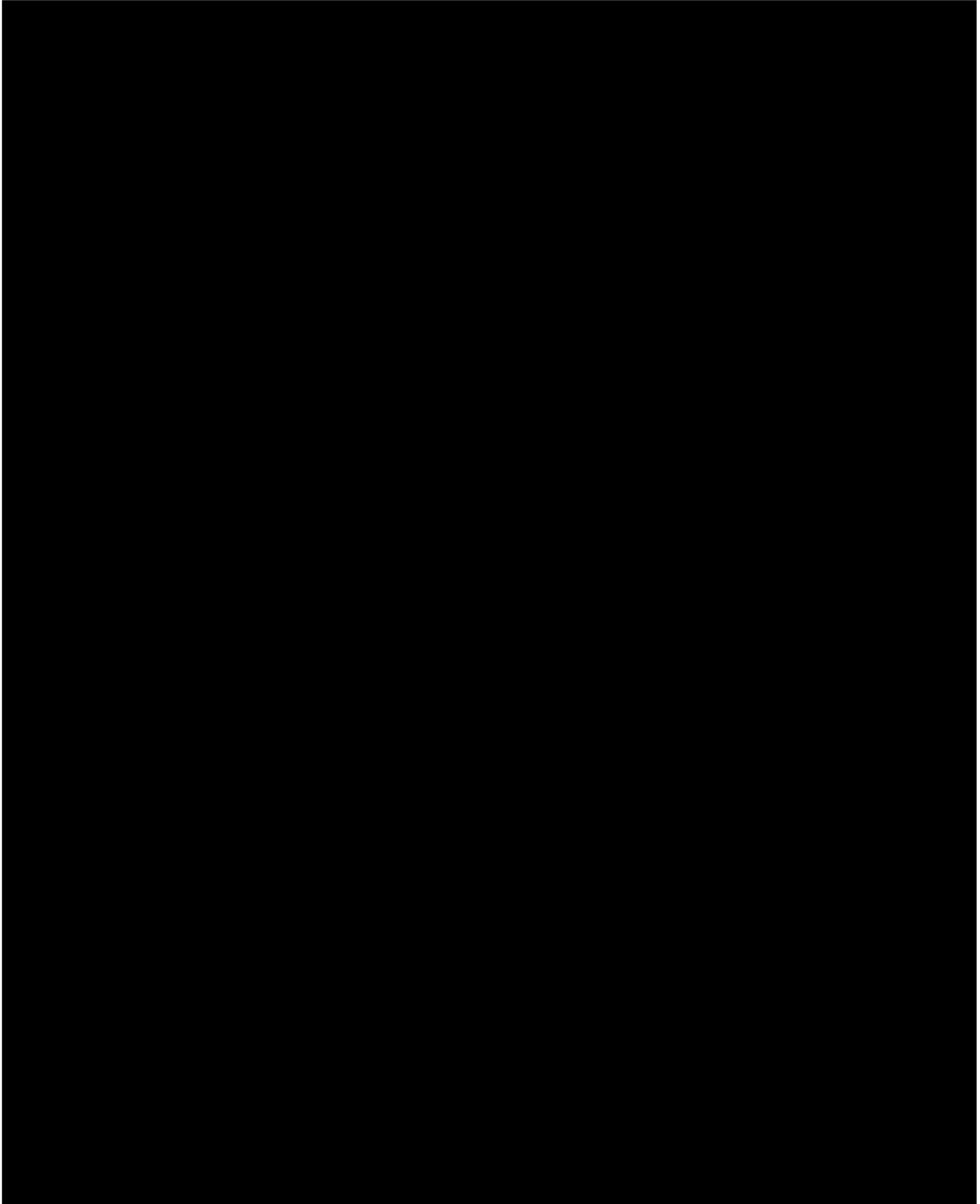




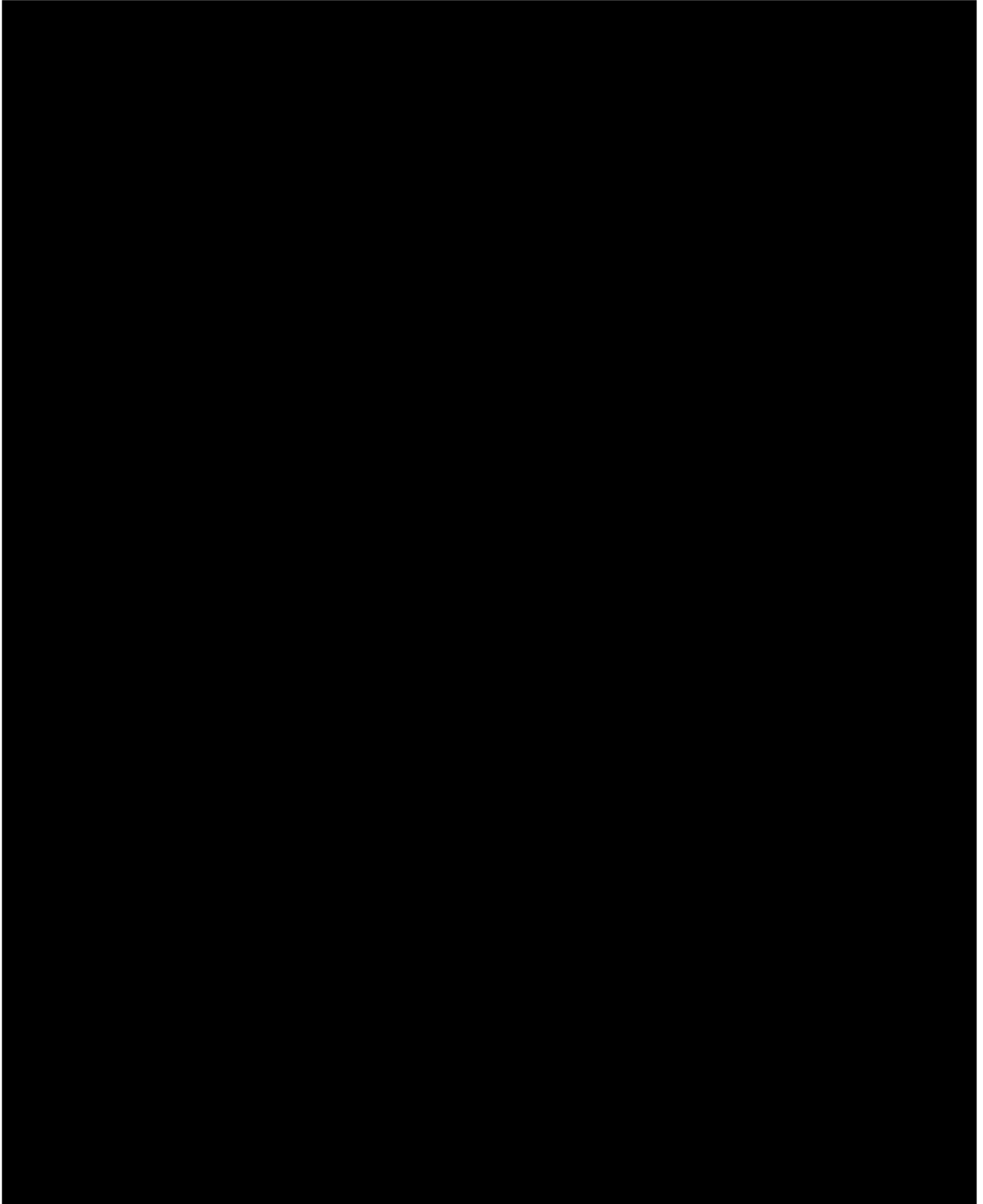


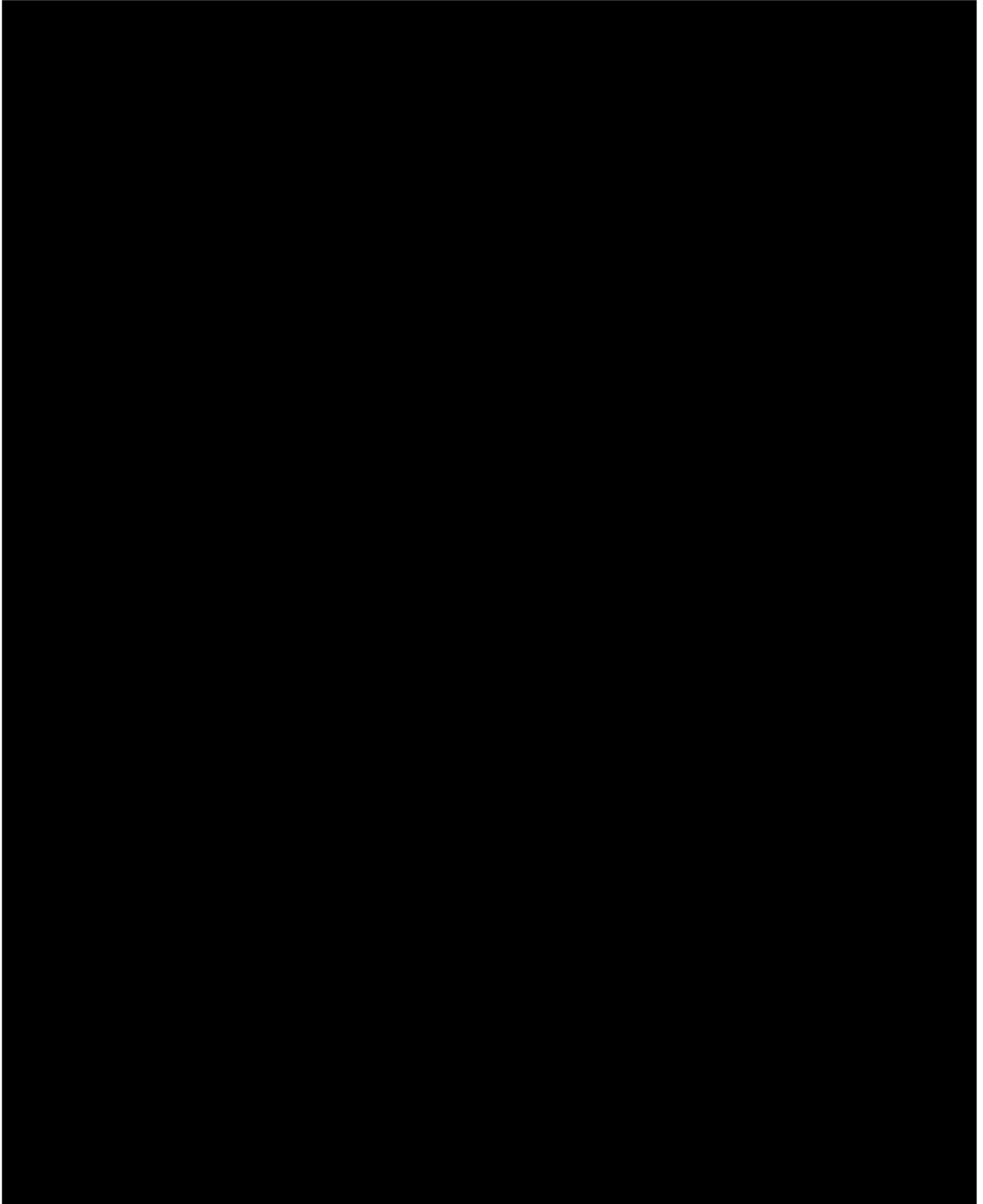


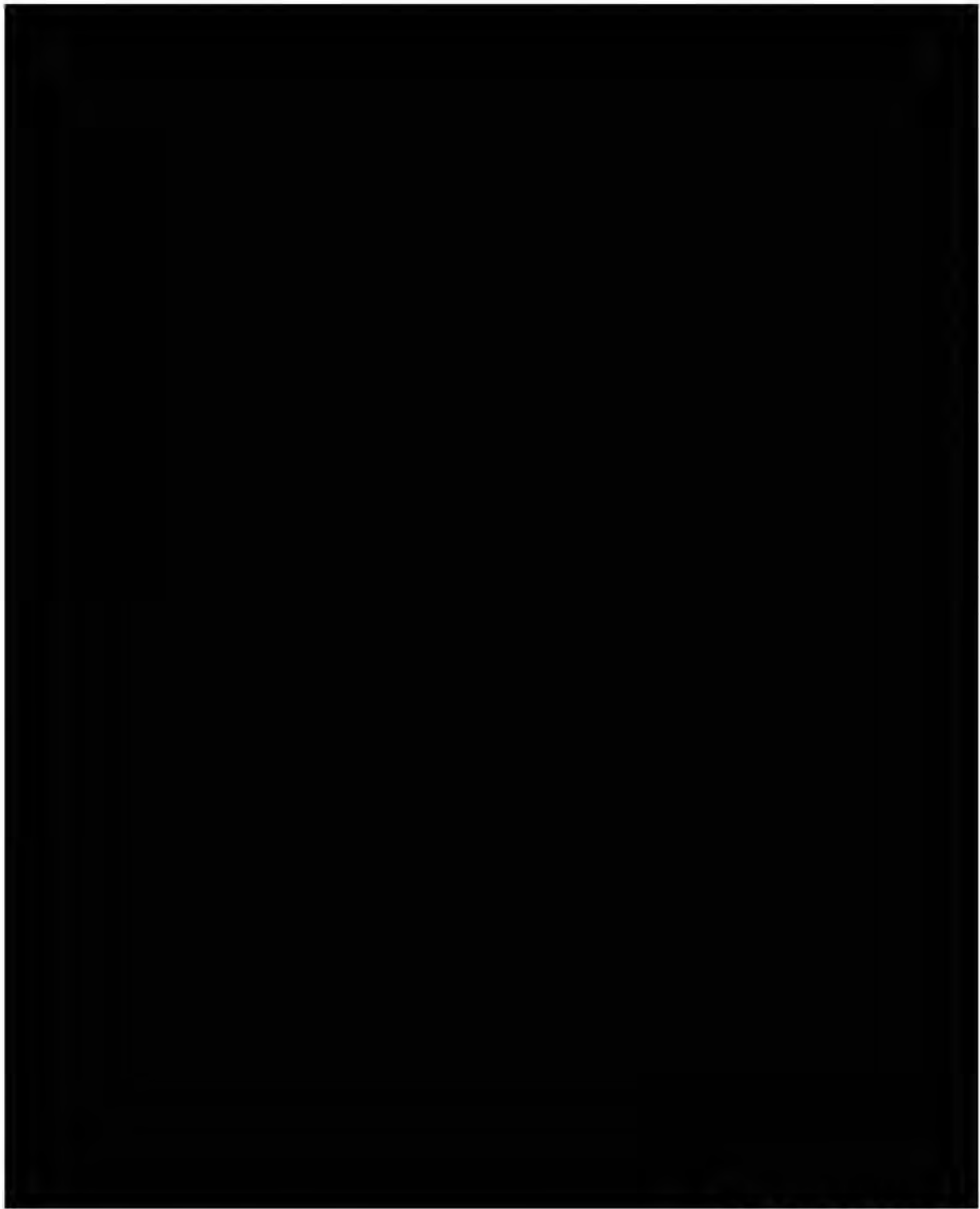








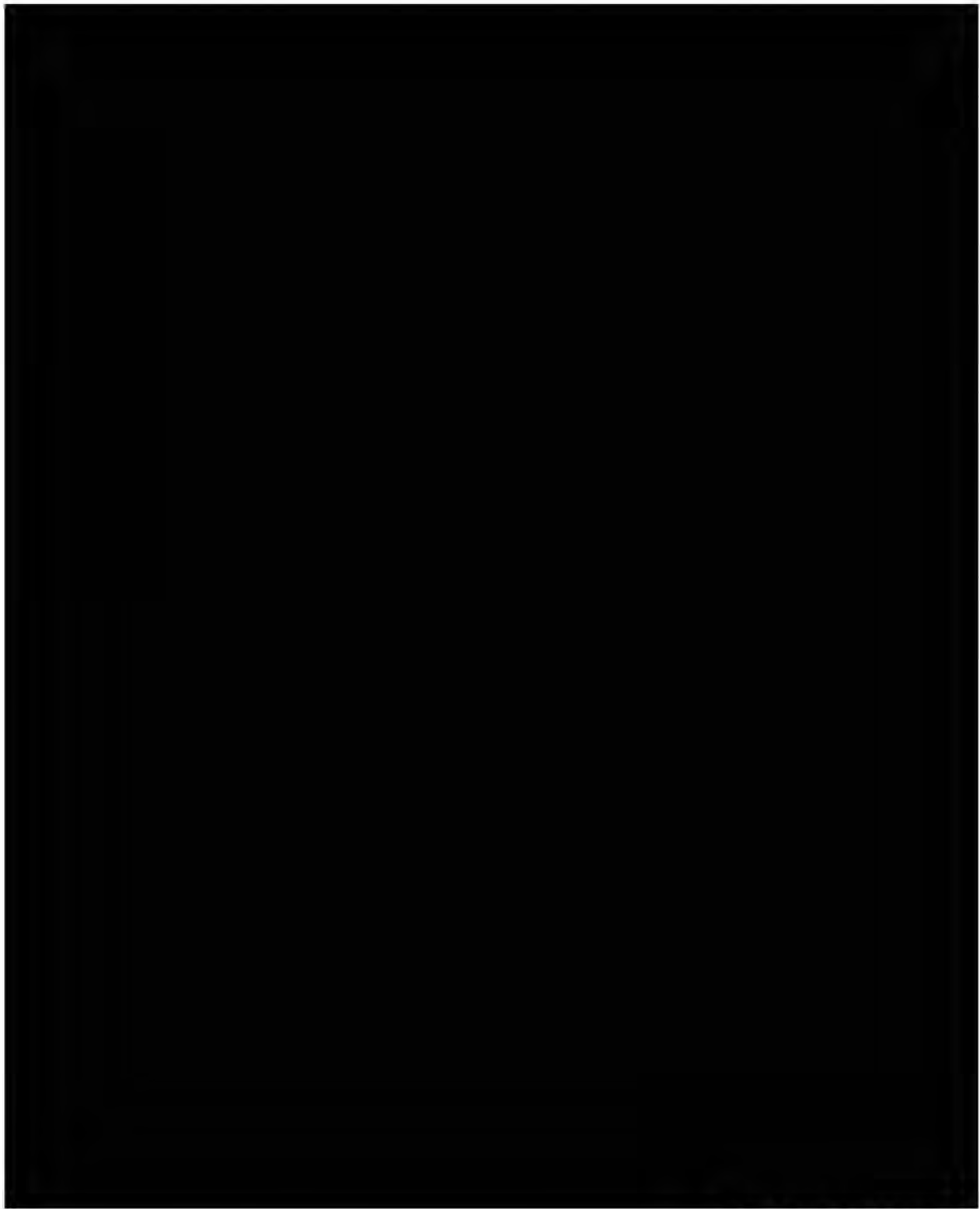




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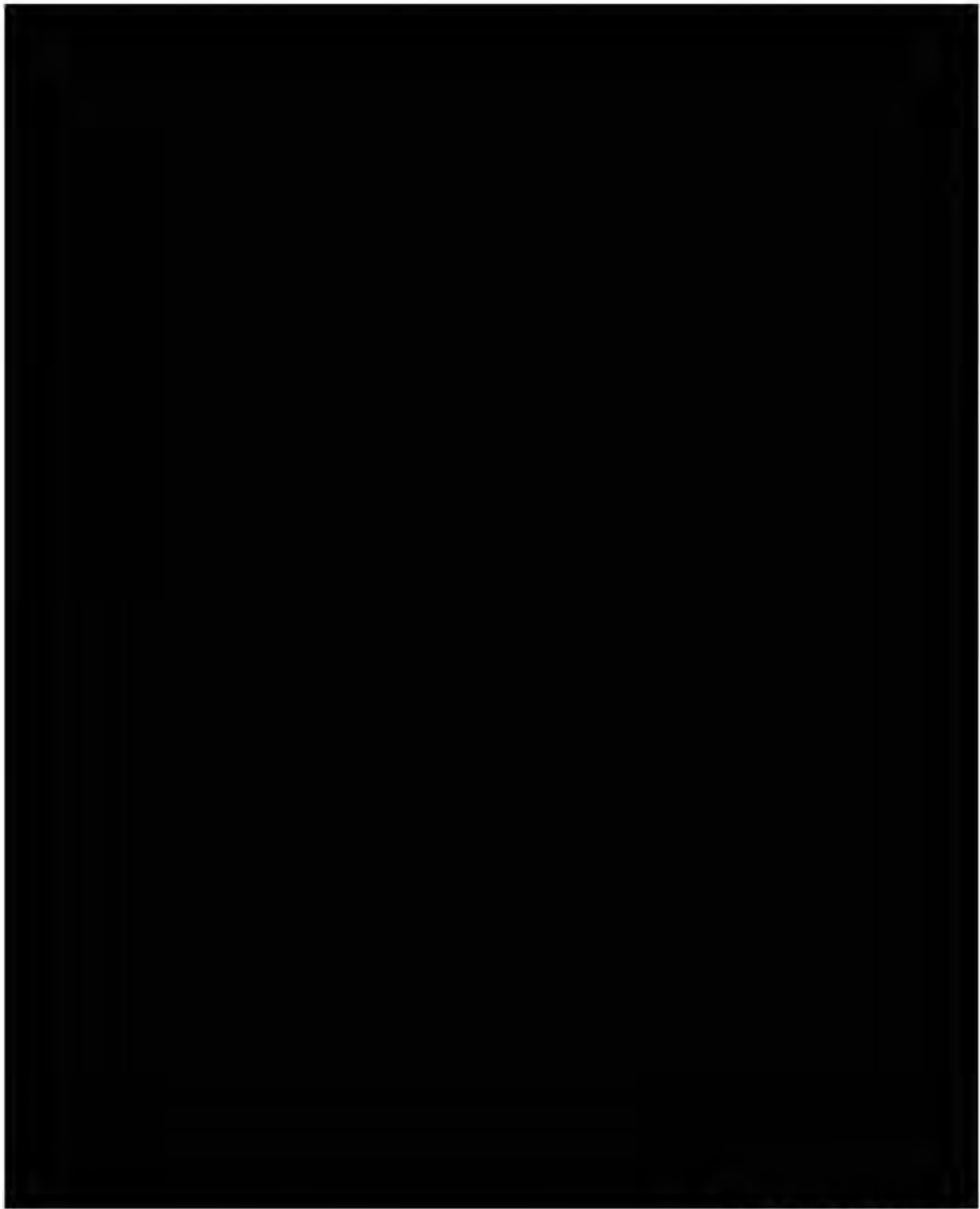
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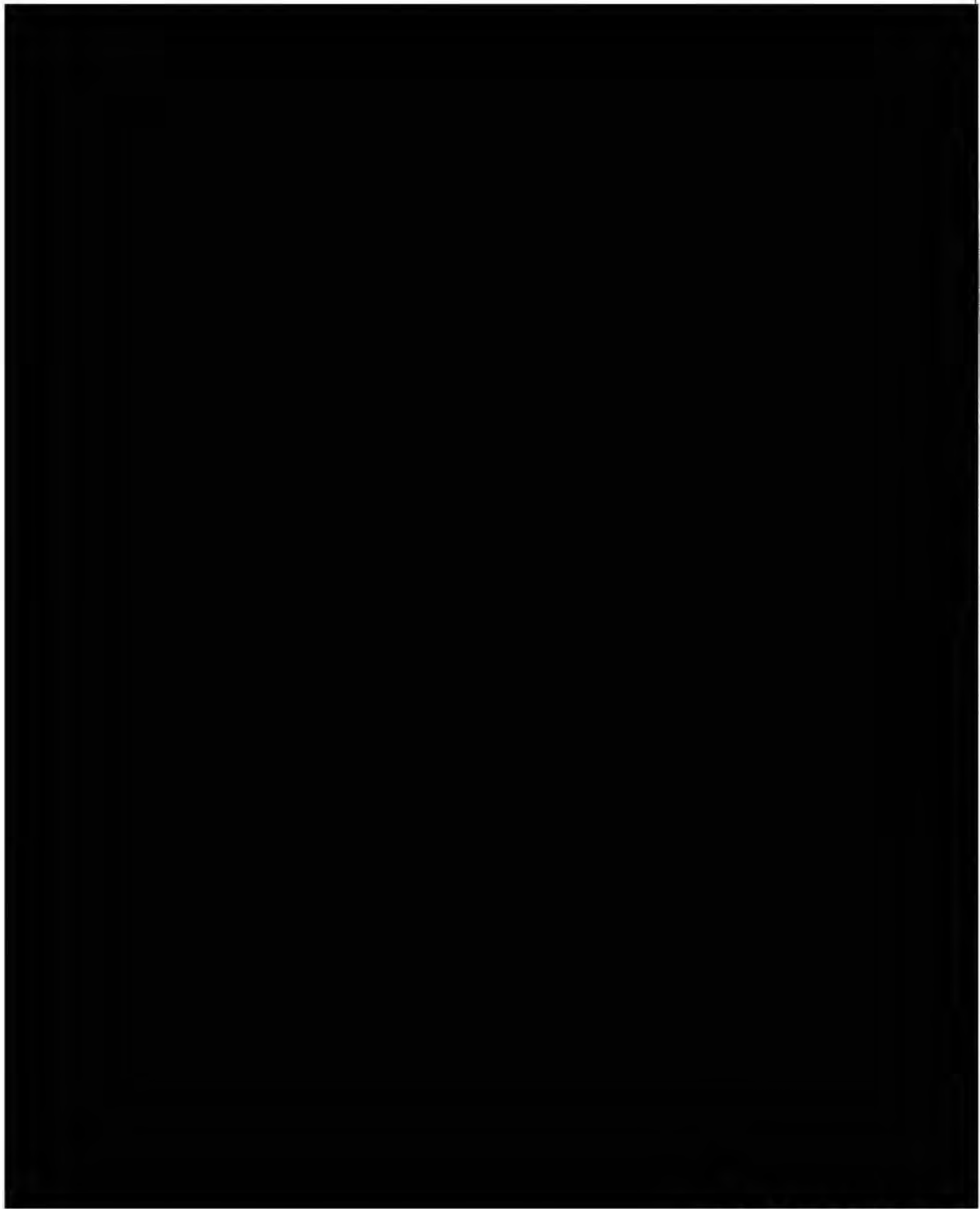
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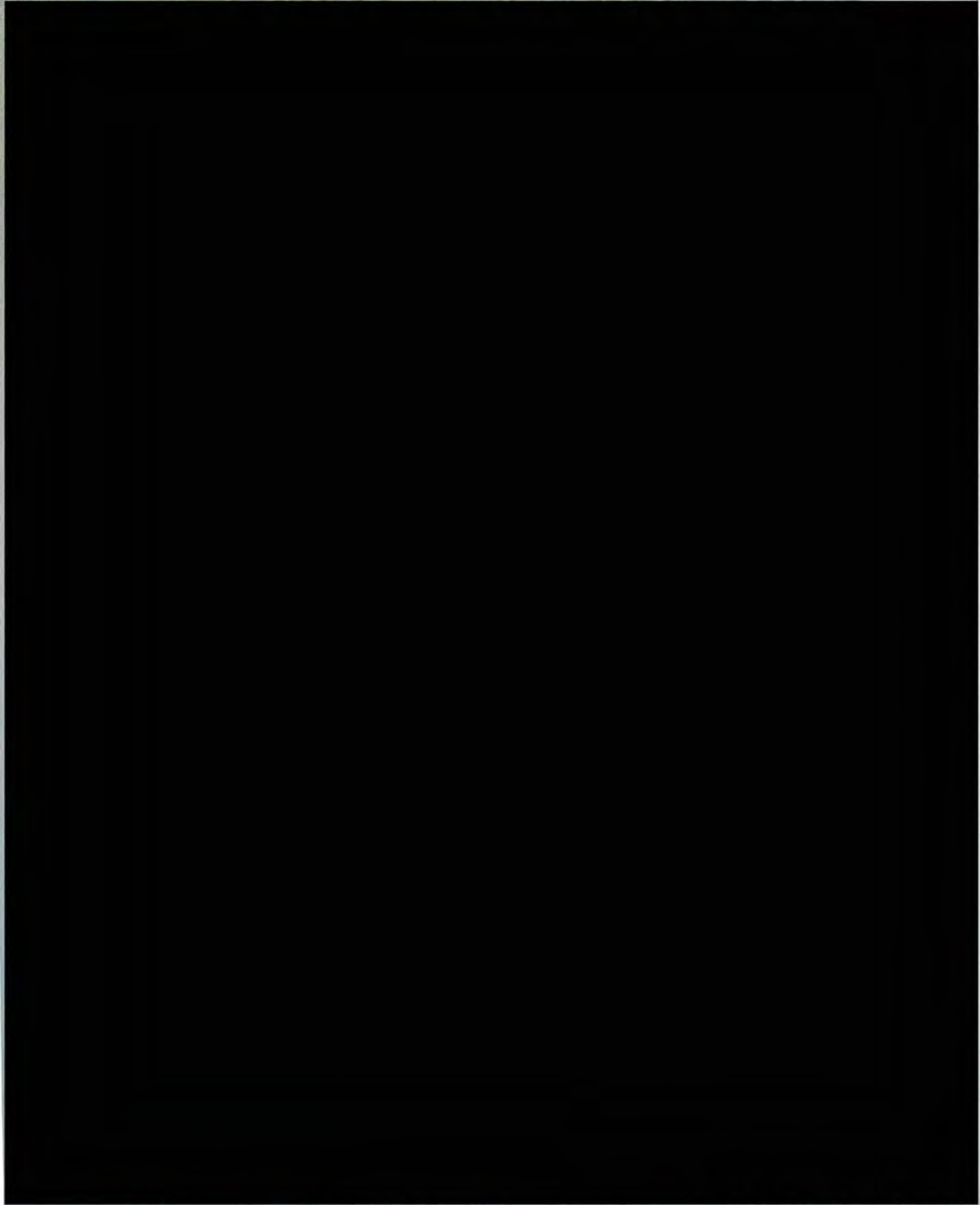
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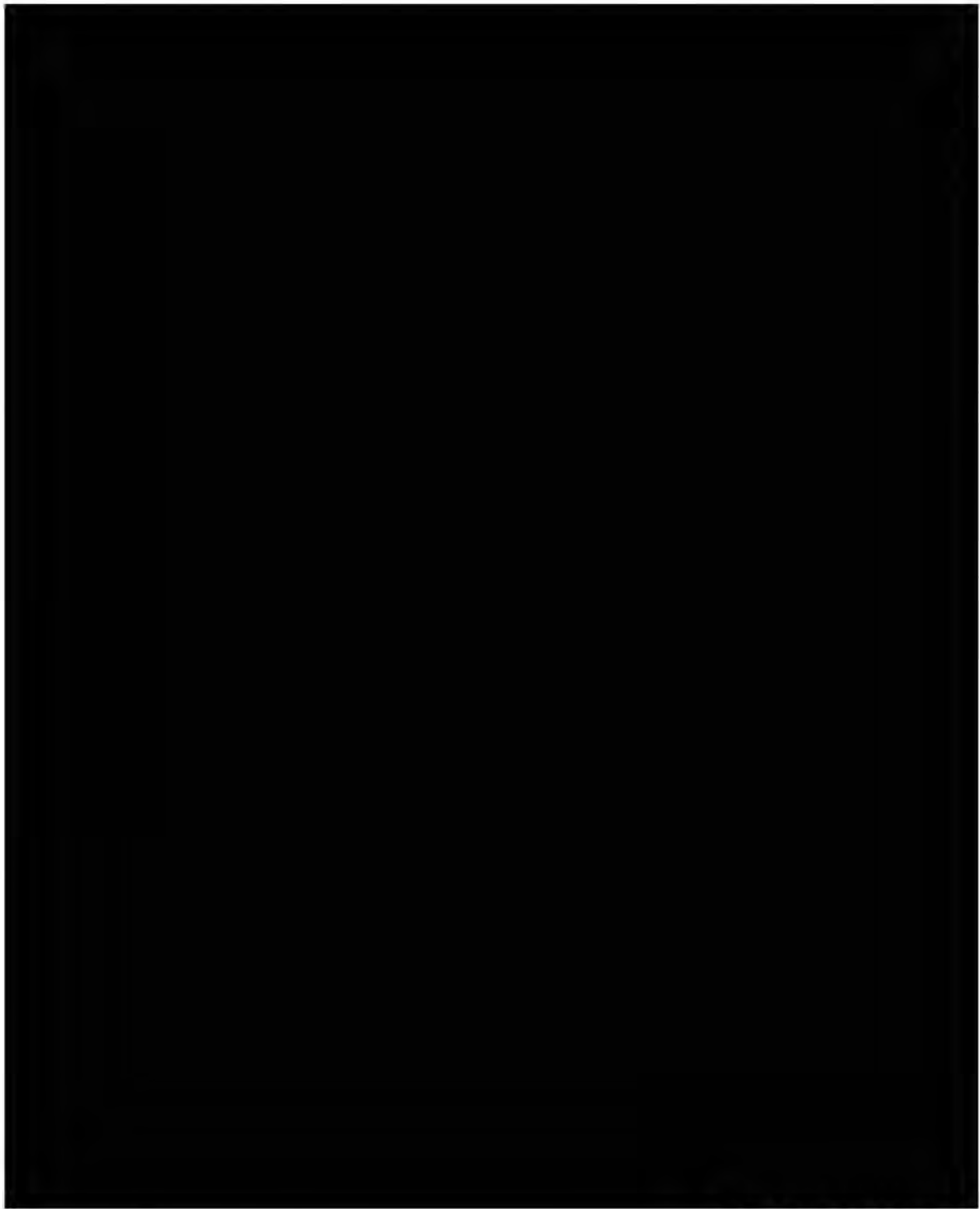
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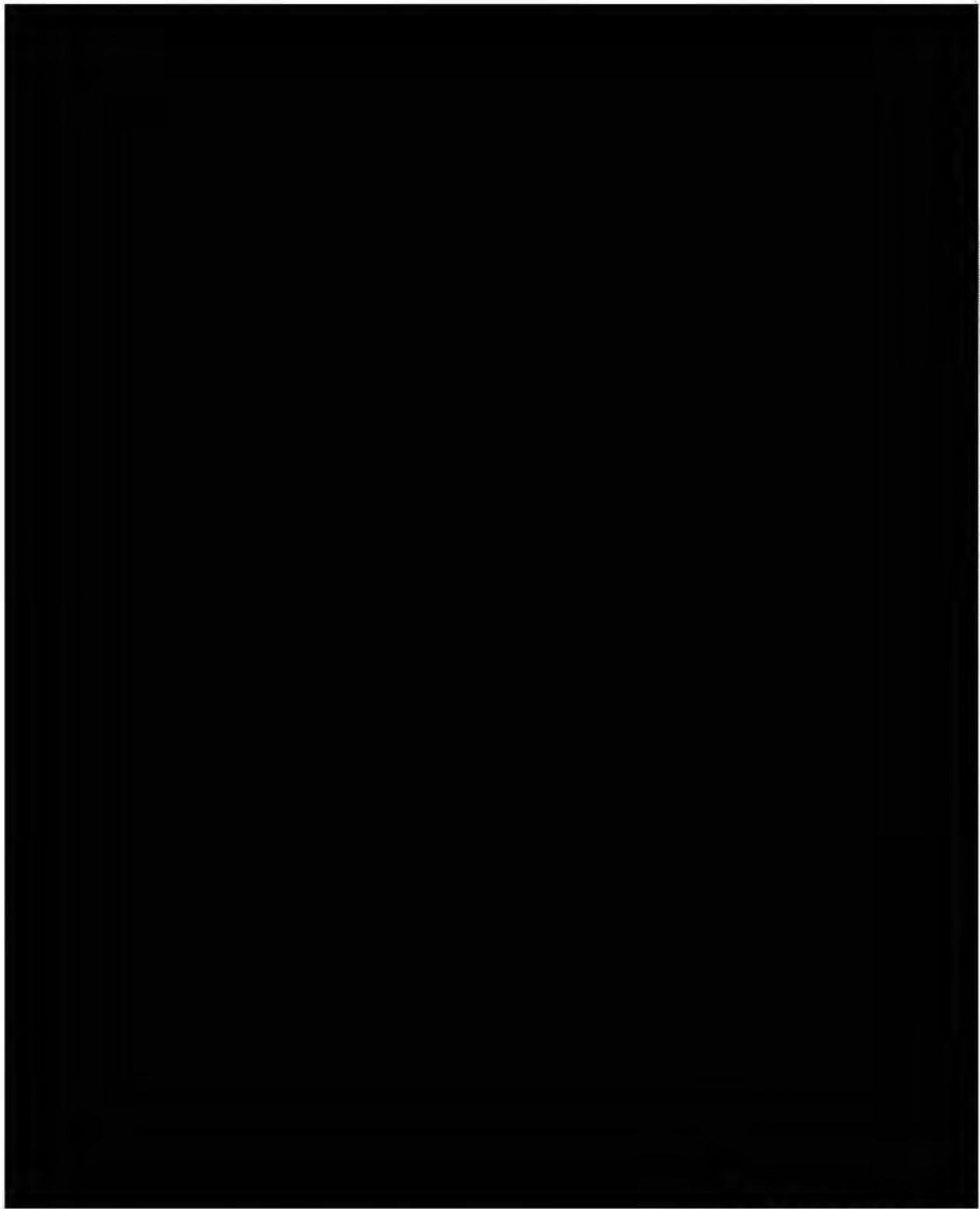
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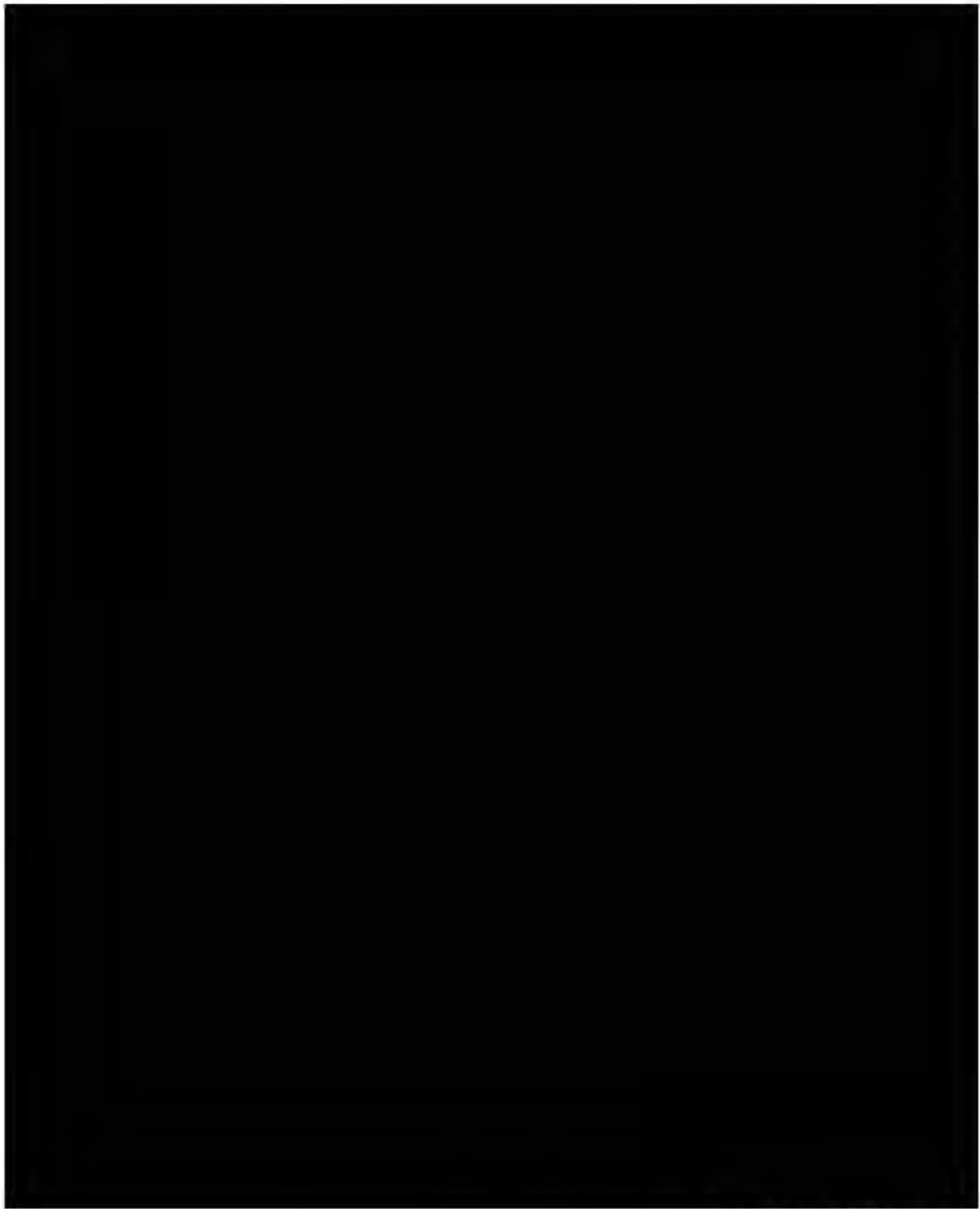




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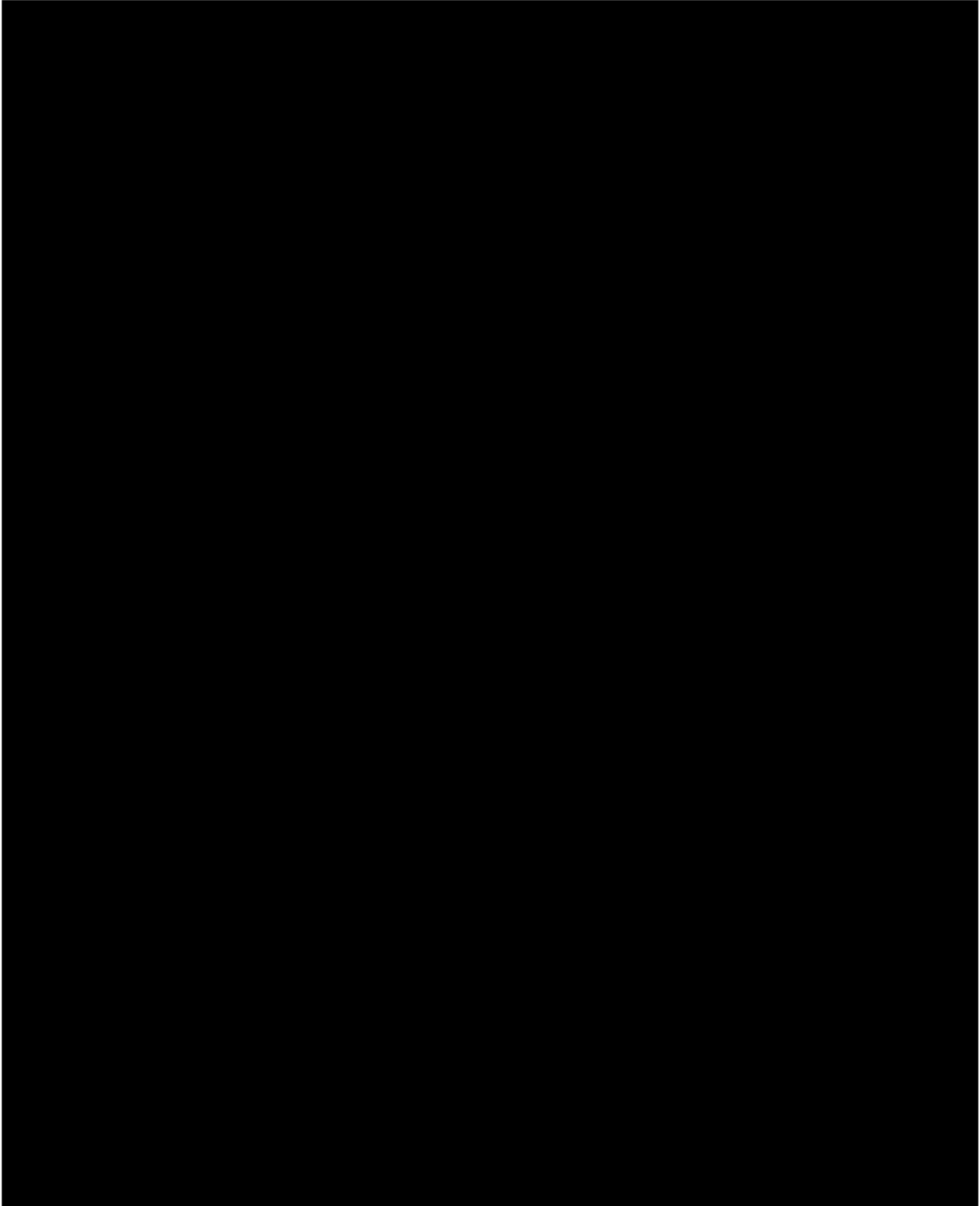
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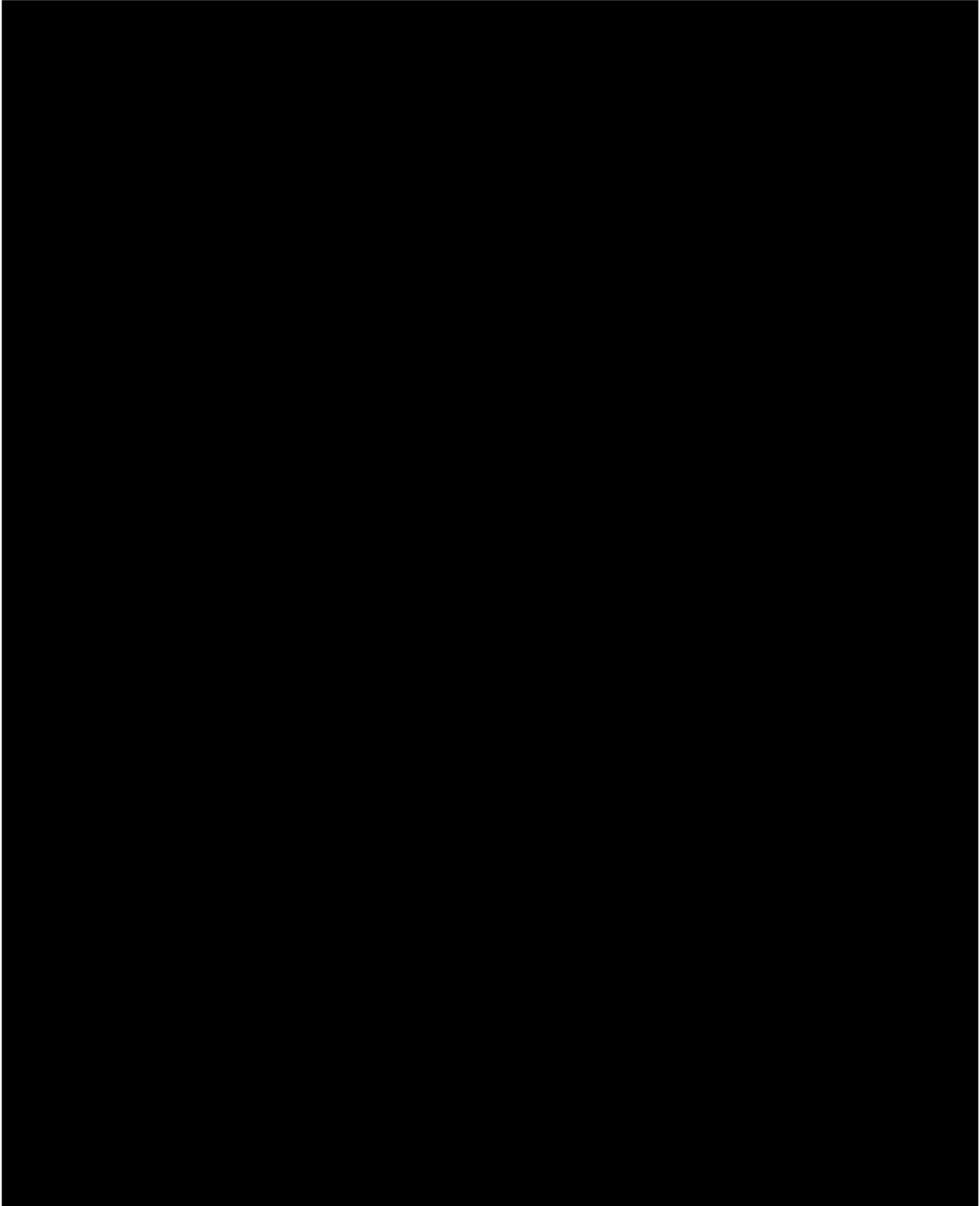
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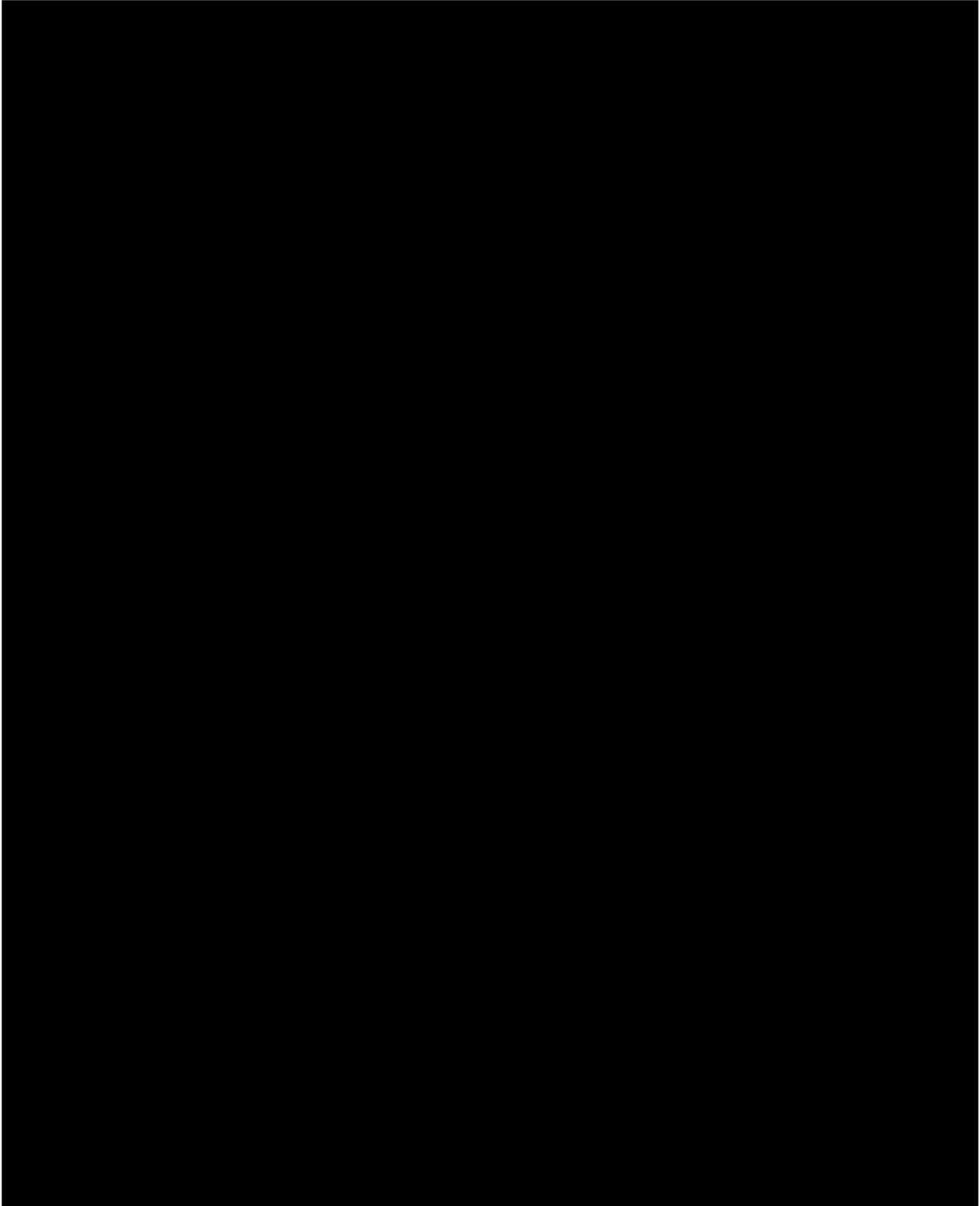
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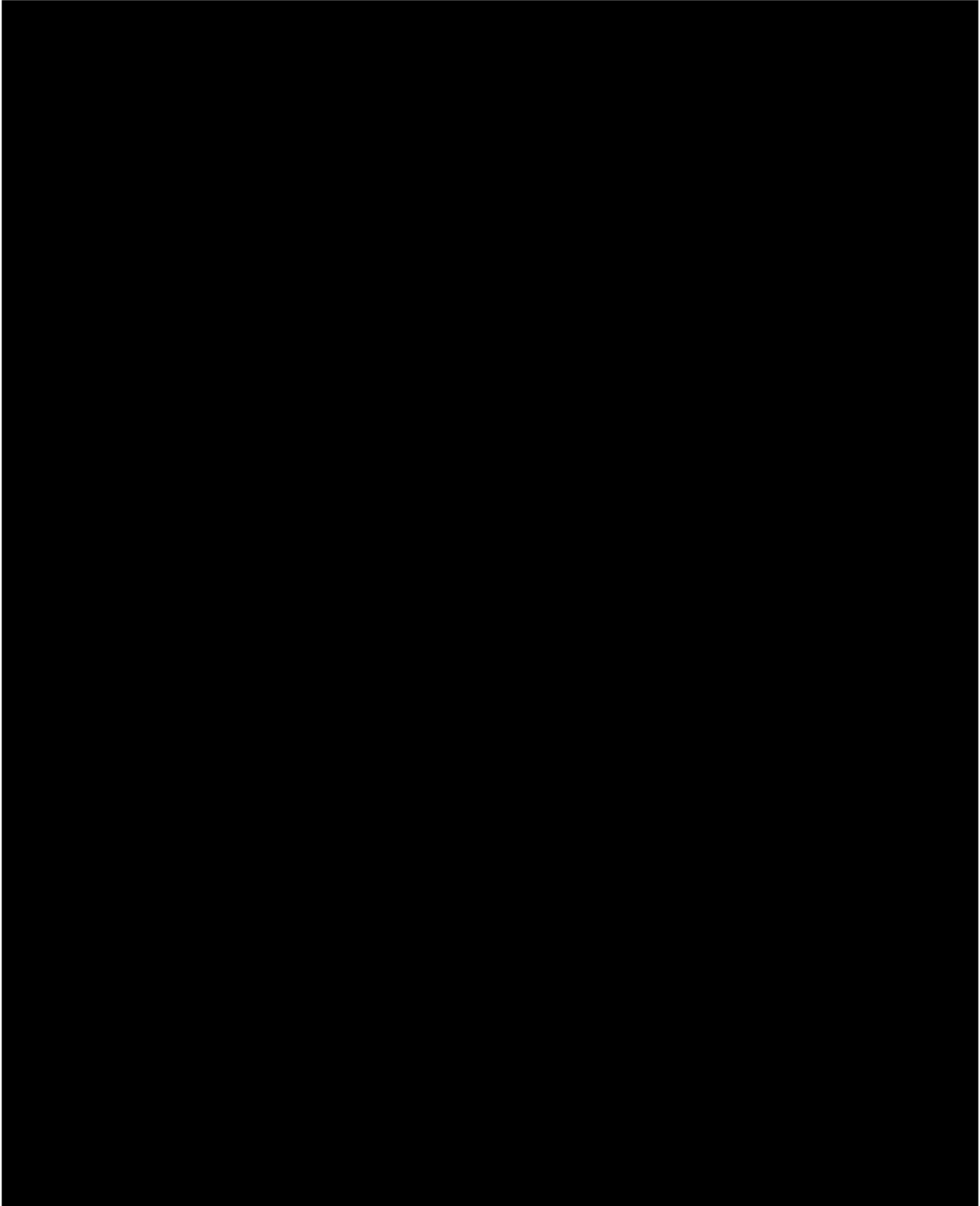
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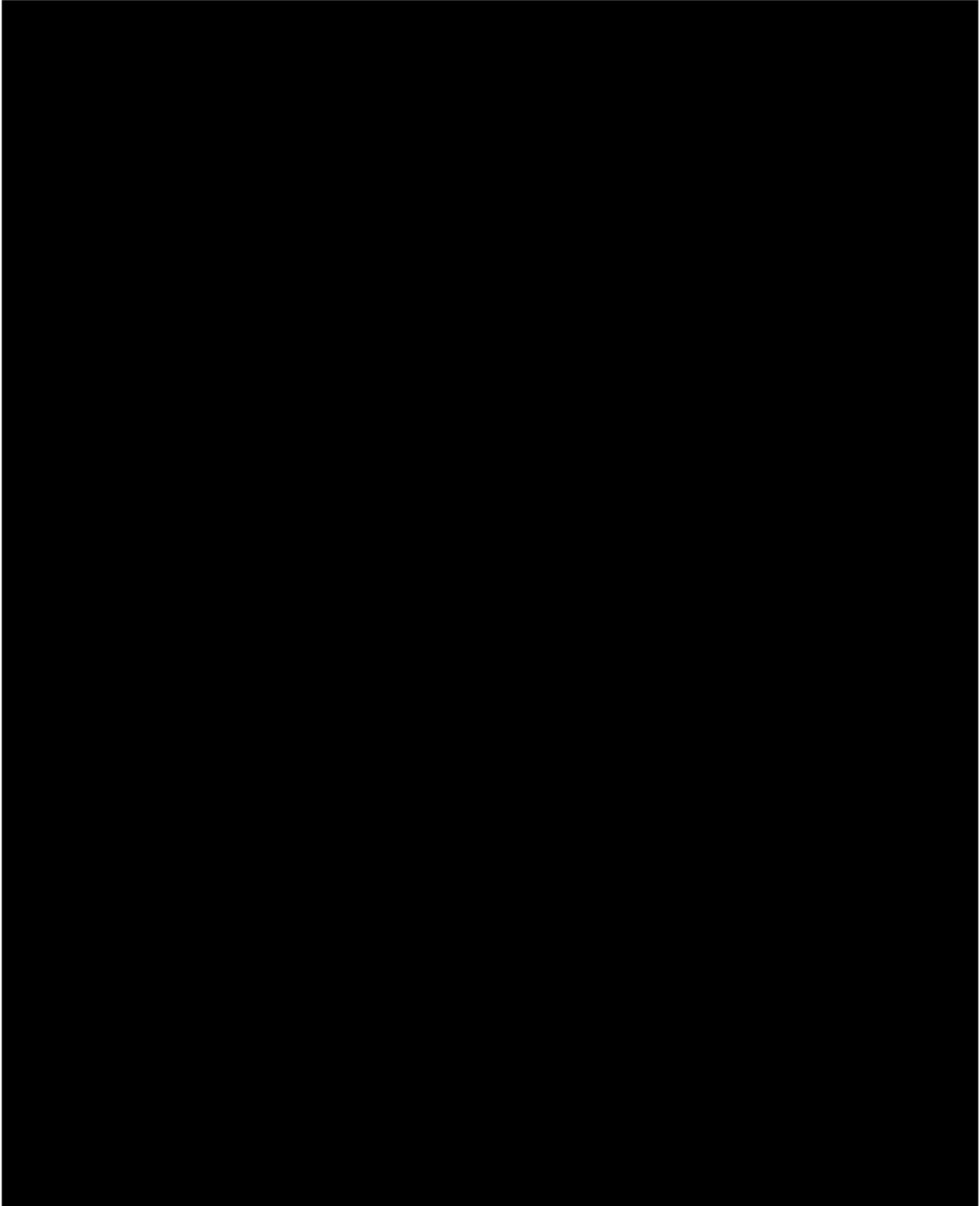
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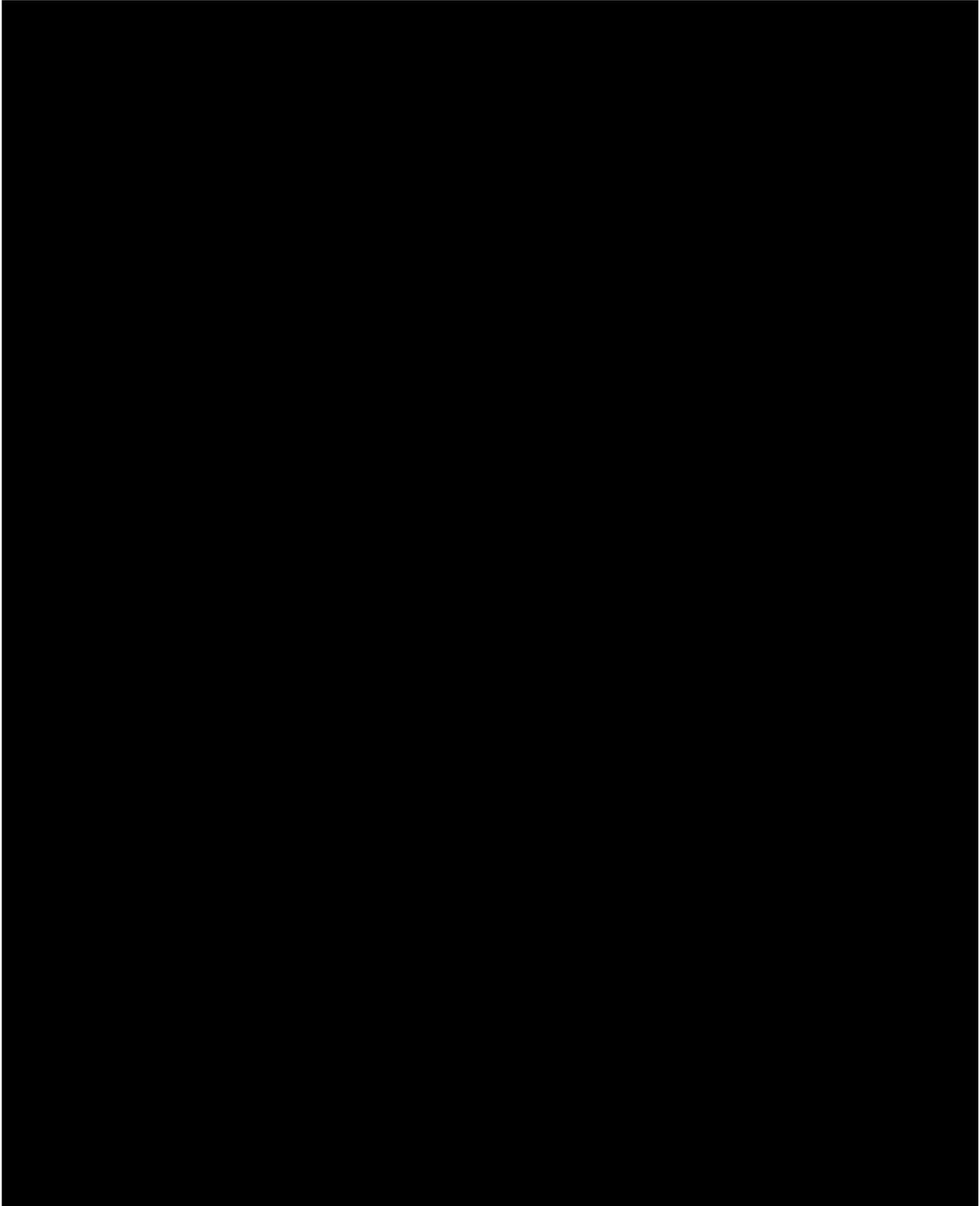
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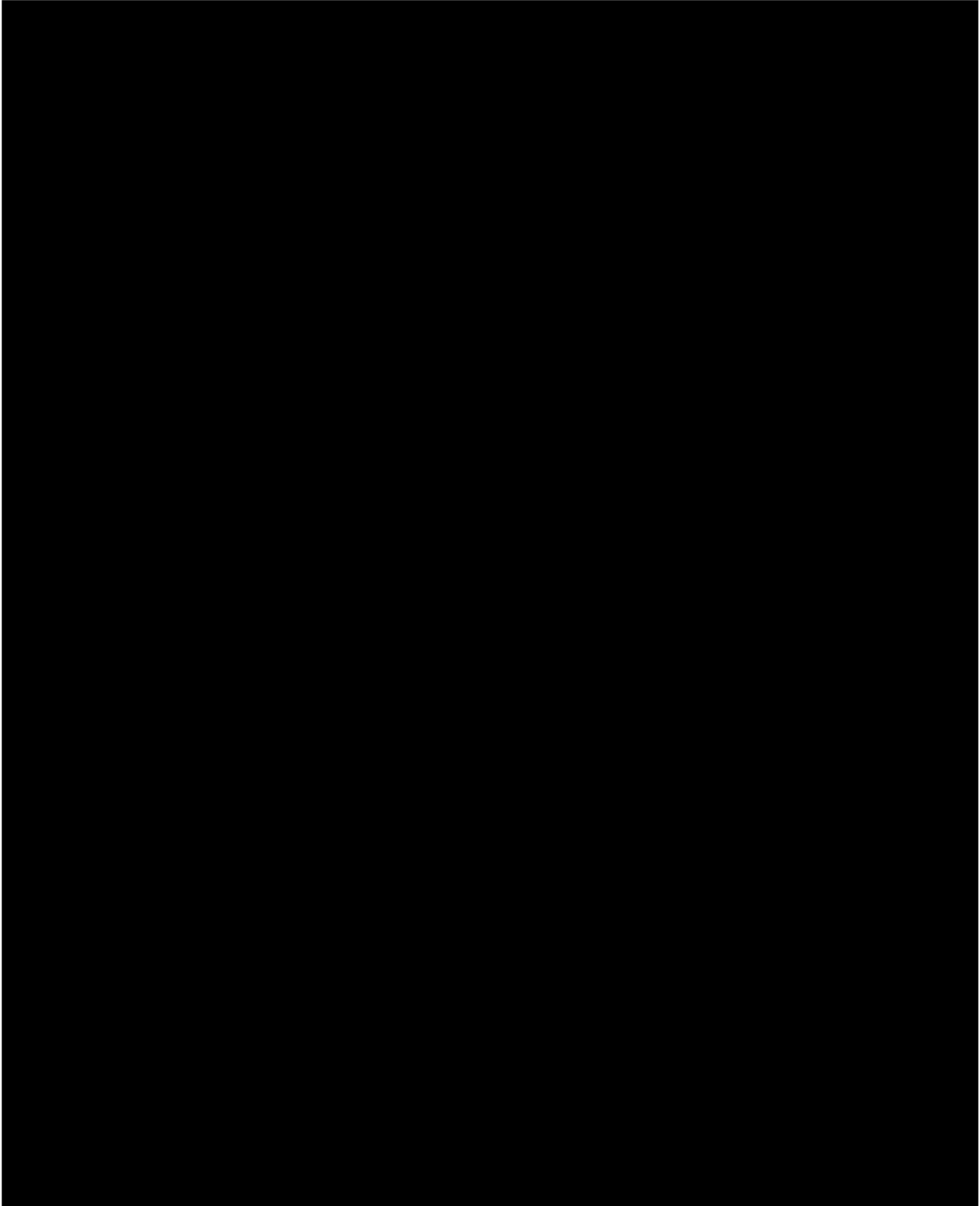


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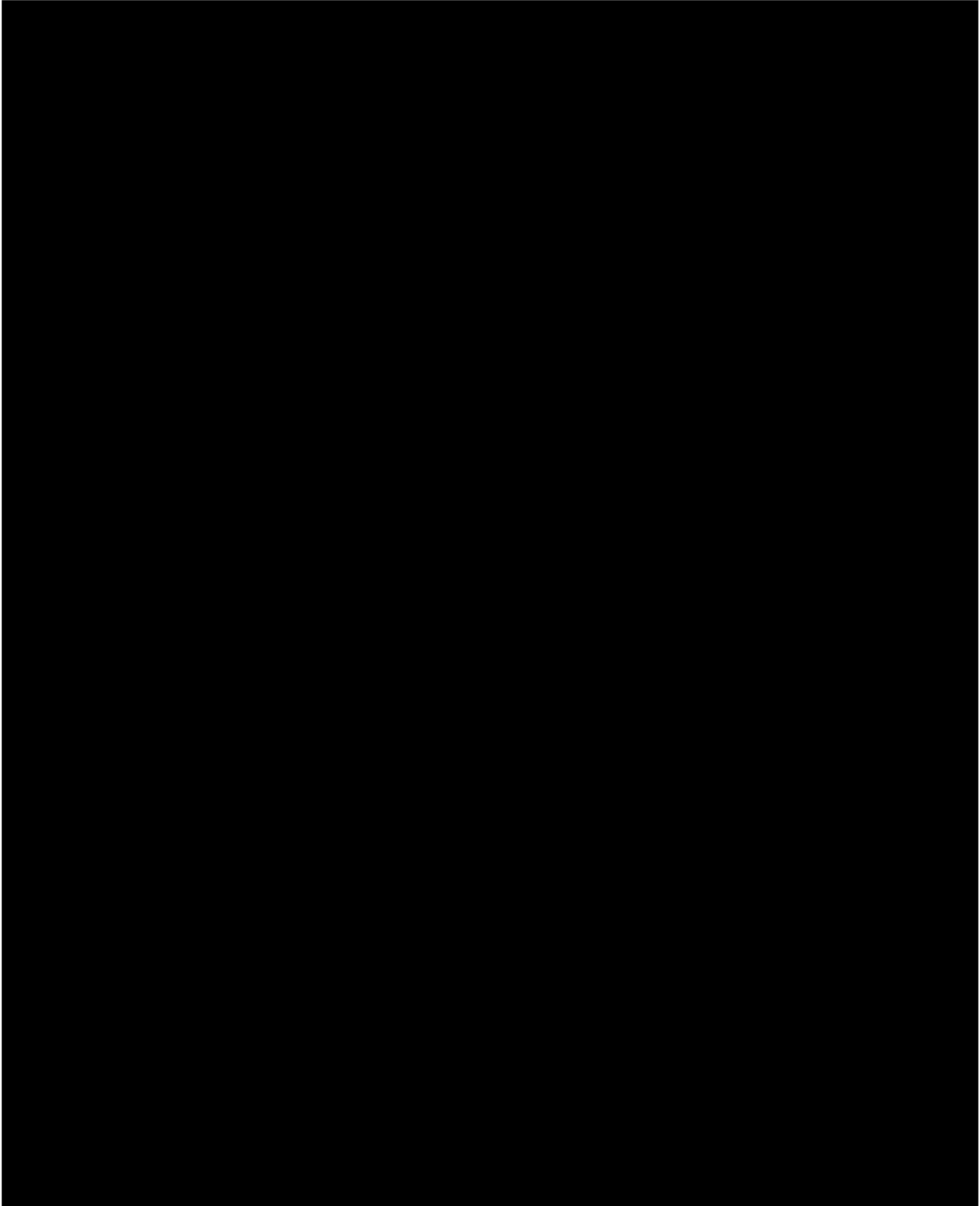




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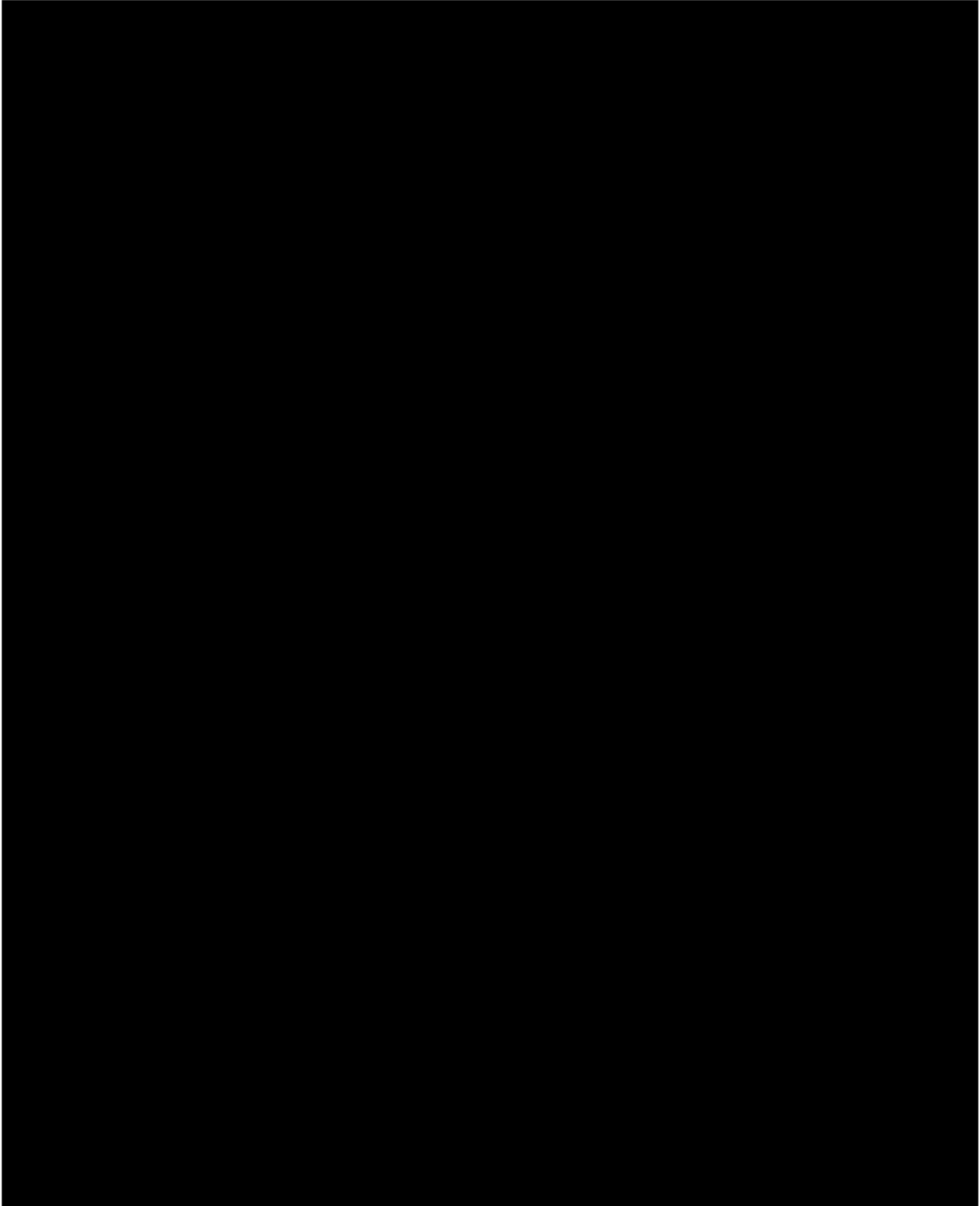
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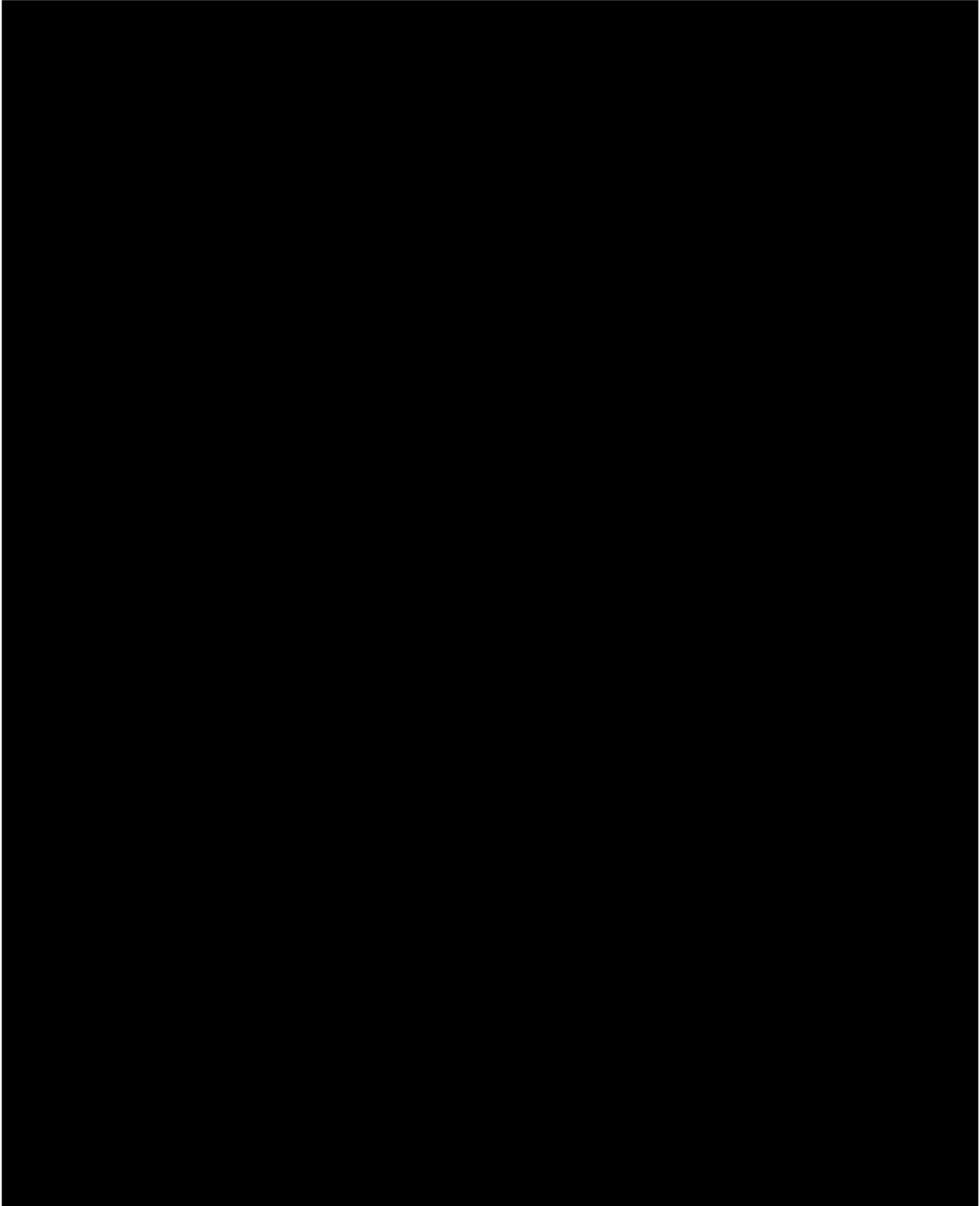
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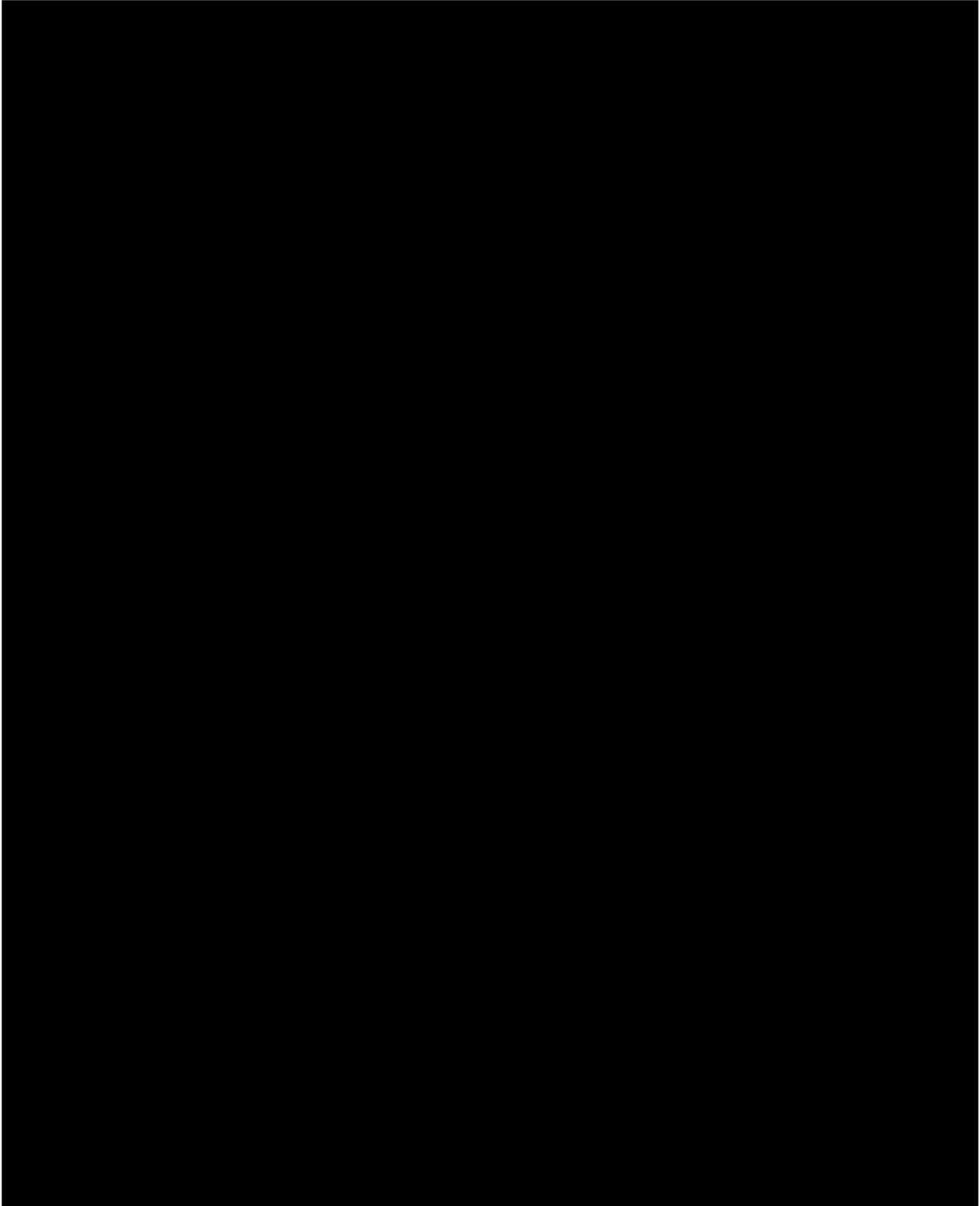
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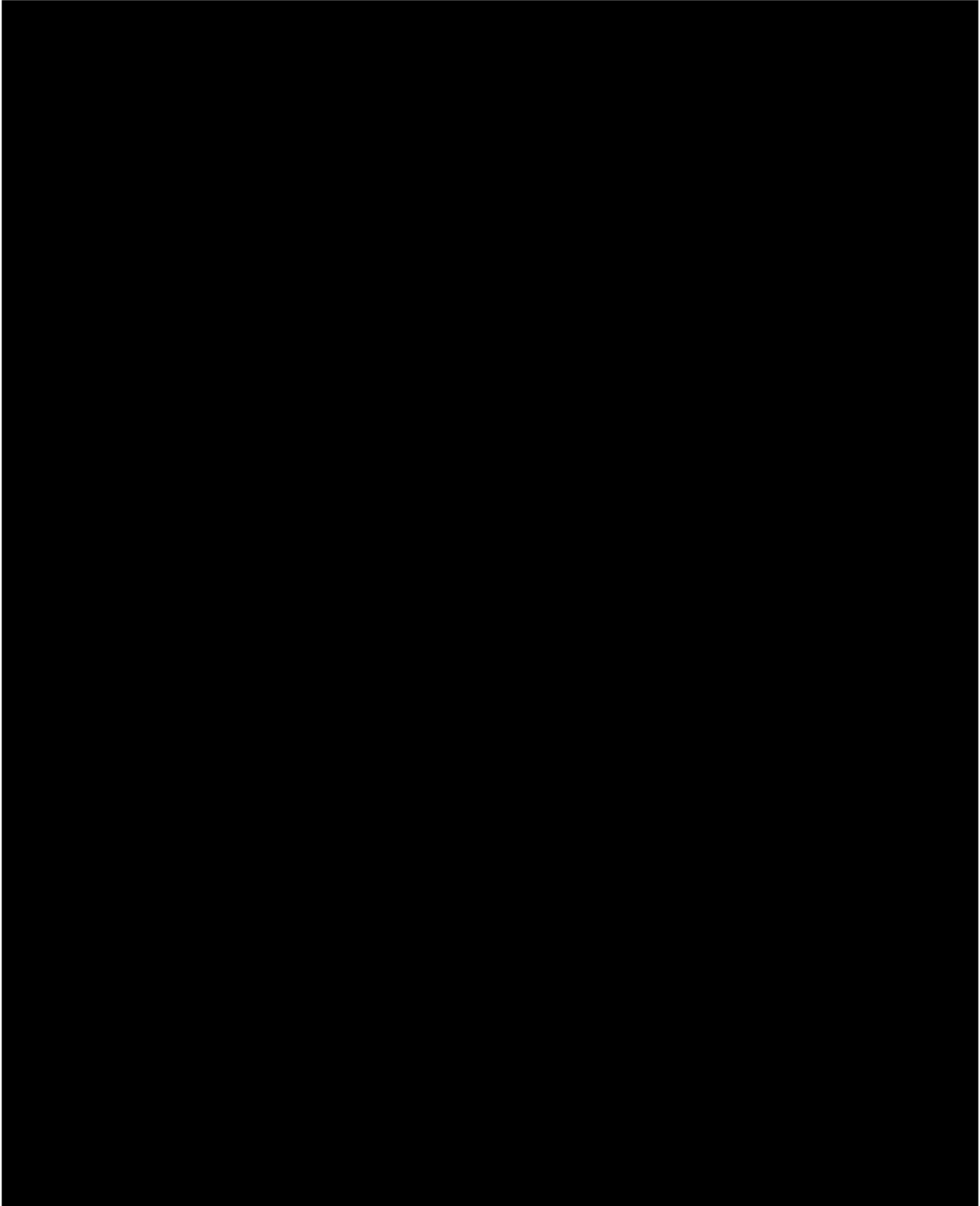
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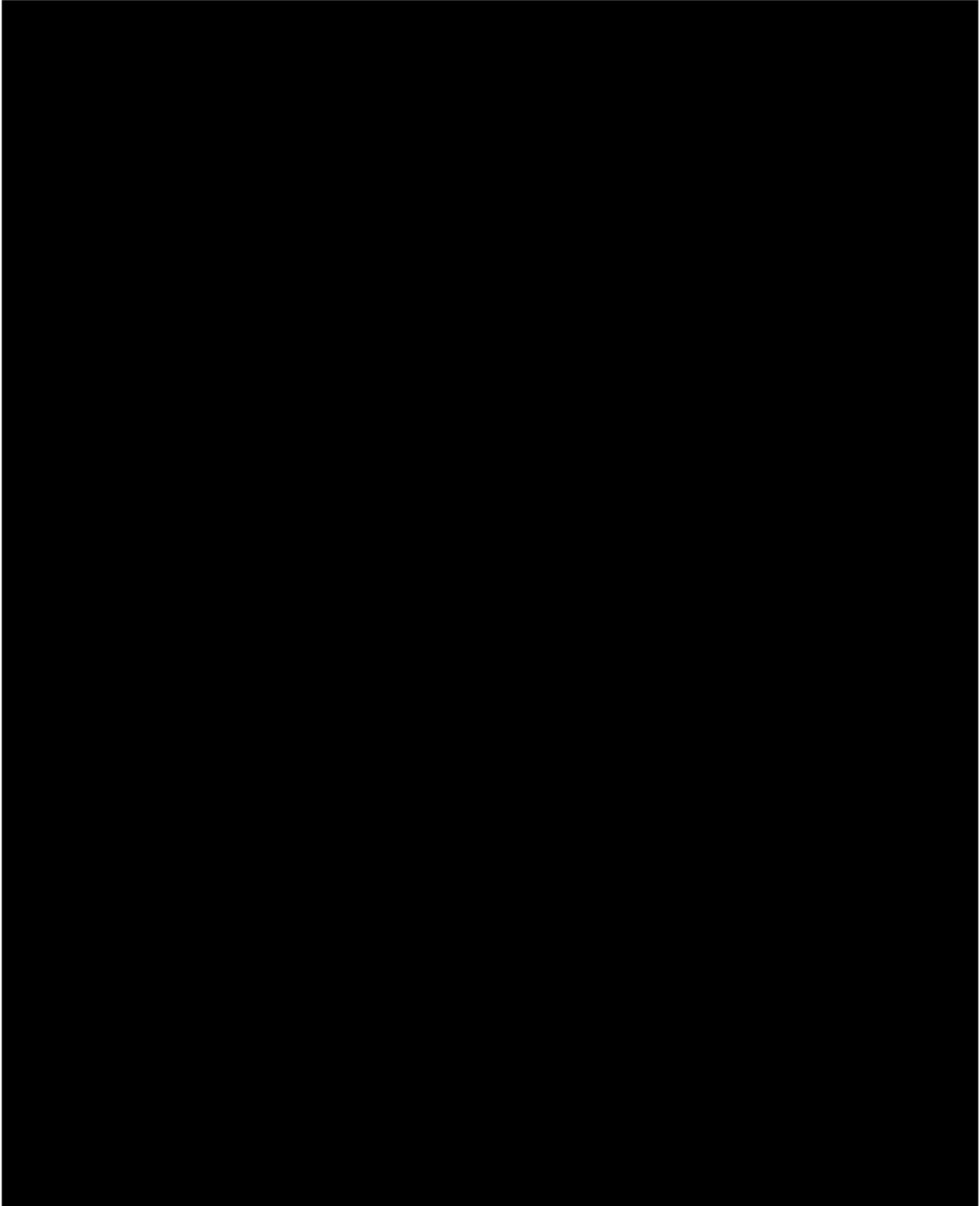
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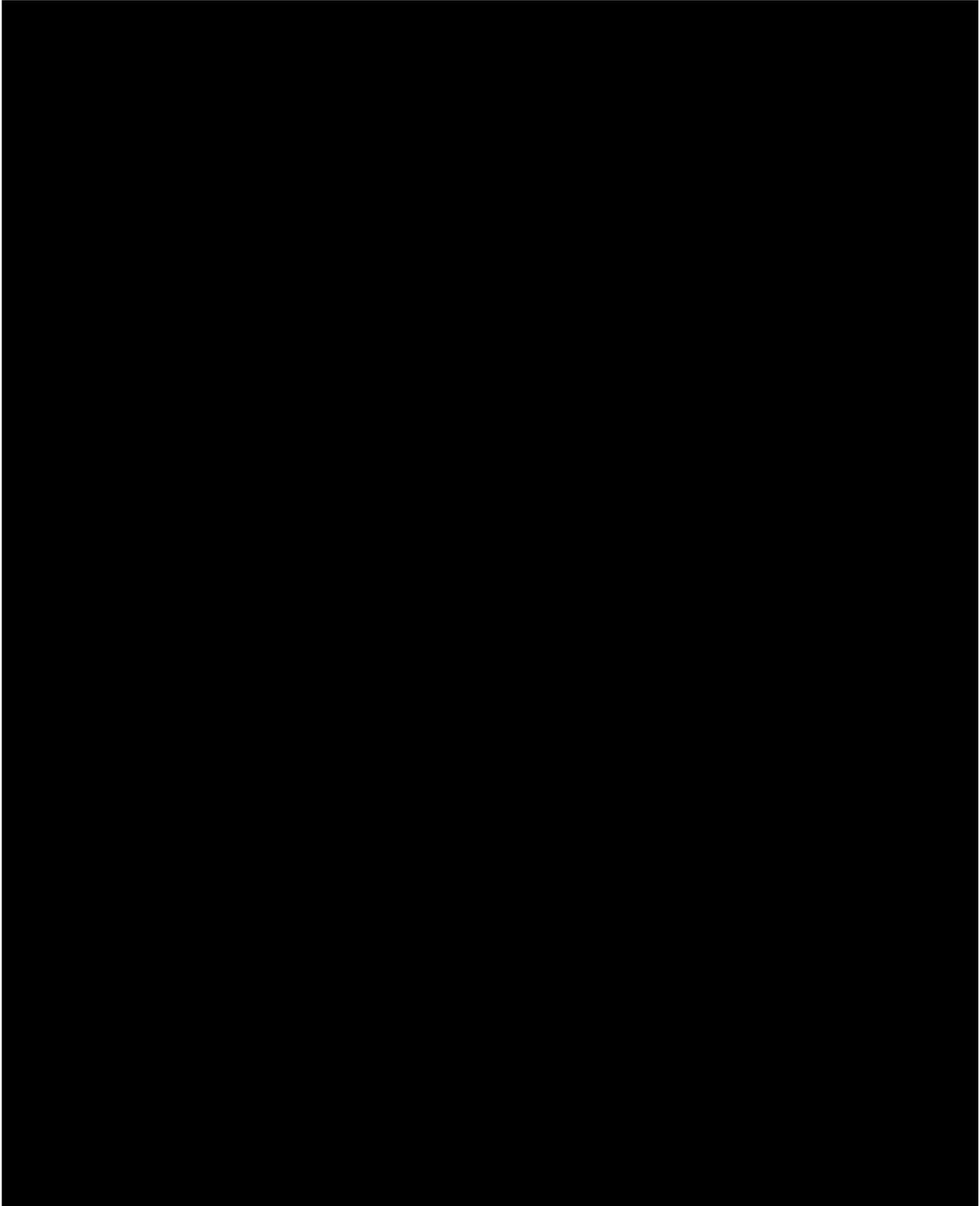
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HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

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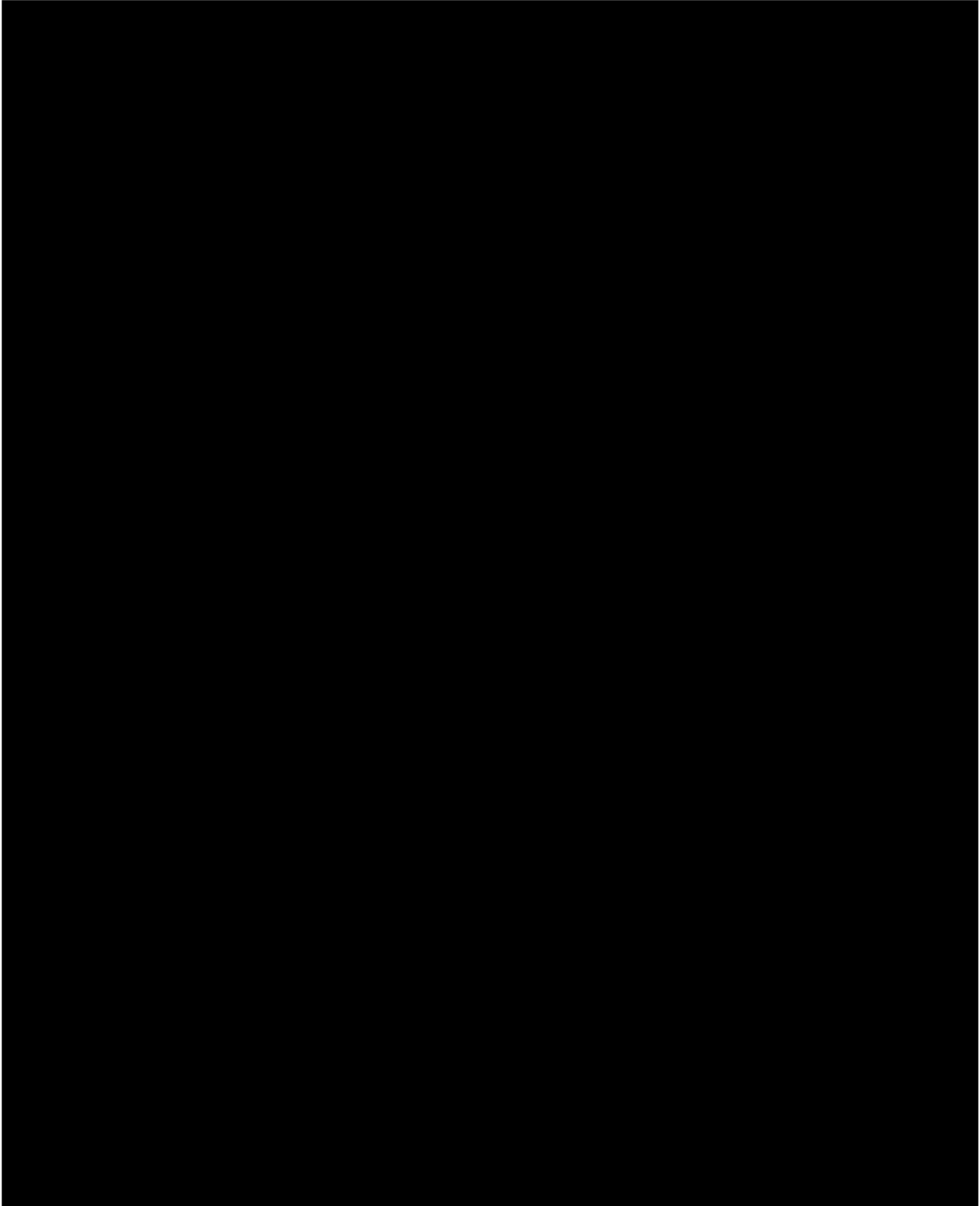


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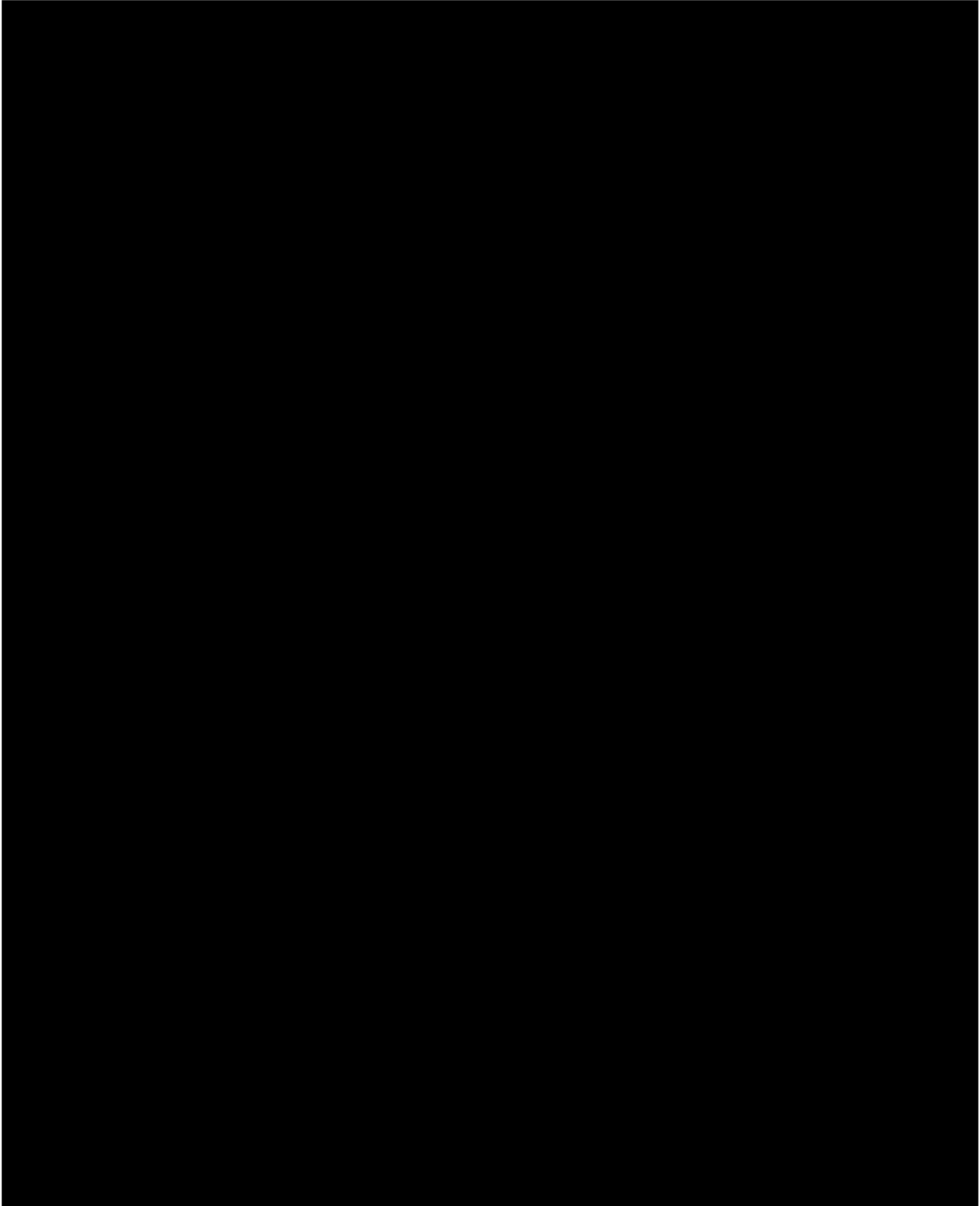




HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

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0012-00093  
SA002967



HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

DOT-THCNV000094

0012-00094  
SA002968

#### **5.2.8.1 Tab VIII – Documentation of Liquid Assets**

On the following pages, please find two documents that together demonstrate THC Nevada, LLC's access to liquid assets in excess of \$750,000 (to cover necessary funds for up to three marijuana retail stores). These liquid assets are unencumbered and can be converted within 30 days after a request to liquidate such assets.

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DOT-THCNV000095

0012-00095  
SA002969



September 11, 2018

State of Nevada  
Department of Taxation  
1550 College Parkway, Suite 115  
Carson City, Nevada 89706-7937

REF: Recreational Marijuana Establishment License Application, Part I, 5.2.8 Tab VIII –  
Documentation of Liquid Assets

To Whom It May Concern,

The applicant, THC Nevada, LLC, has at least \$250,000 in liquid assets which are unencumbered and can be converted within 30 days after a request to liquidate such assets. The source of those liquid assets is presented below as of July 31, 2018.

Cash \$418,656  
Accounts Receivable \$301,505

Sincerely,

A handwritten signature in black ink, appearing to read "Rex Miller".

Rex Miller, CPA  
Managing Director  
TGG Accounting  
5940 S. Rainbow Blvd.  
Las Vegas, NV 89118

TGG Accounting | San Diego | Denver | Irvine | Las Vegas

DOT-THCNV000096

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00096  
SA002970

Sanford & Company

CERTIFIED PUBLIC ACCOUNTANTS

801 South Rancho Drive • Quail Park 1, Suite B-1  
Las Vegas, Nevada 89106

(702) 382-1141 • Fax (702) 382-2825

August 31, 2018

Nevada Department of Taxation  
Attn: Jorge Pupo  
555 E. Washington Ave.  
Las Vegas, NV 89101

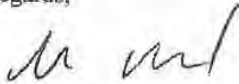
Re: THC Nevada, LLC

To whom it may concern,

I have been Mr. [REDACTED] independent Certified Public Accountant for over a decade and responsible for all tax matters with state and federal authorities. As such I am familiar with his financial affairs. Please be advised that [REDACTED] has cash and cash equivalents in excess of Five Hundred Thousand Dollars (\$500,000), all of which he will commit to project(s) for which THC Nevada seeks permits.

Should you have any questions, my office number is 702-382-1141.

Regards,



John Sanford, CPA

JMS/pf

Encl JA

cc: [REDACTED] and THC Nevada, LLC

DOT-THCNV000097

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0012-00097  
SA002971

5.2.8.2 Tab VIII - Source of Liquid Assets

**Balance Sheet  
December, 2017**

ASSETS		LIABILITIES	
<div></div>		<div></div>	
		<div></div>	
Total Assets		Total Liabilities	\$ 200,000.00
		<div></div>	
Total Assets			
ANNUAL INCOME		ANNUAL EXPENDITURES	

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DOT-THCNV000098

0012-00098  
SA002972

**5.2.8.2 Tab VIII - Source of Liquid Assets**

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Total Income	\$	<u>843,400.00</u>
--------------	----	-------------------

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Total Expenditures	\$	<u>377,000.00</u>
--------------------	----	-------------------

**5.2.8.2 Tab VIII - Source of Liquid Assets**



**SCHEDULE 1 - Securities Owned**

Description	Title in Name of	How Held	Amt at Which Carried on Statement	Present Market Value
				\$54,450
				\$29,000

**SCHEDULE 2 - Life Insurance**

Insured	Face Amount	Ins.	Beneficiary	Cash Value	Loans
	of Policy	Co.			
				\$45,250	0
				\$14,400	0

**SCHEDULE 3 - Real Estate**

Address & Type of Property	Title in Name of	How Held	Cost	Present Market Value	Total Balance Owed
			Yr Acquired		
				\$722,000	\$0
				\$200,000	0
				Incl.	0



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DOT-THCNV000100

0012-00100  
SA002974





5.2.8.2 Tab VIII - Source of Liquid Assets

Cash flow summary	THIS PERIOD	THIS YEAR
Closing value of cash and sweep balances	\$24,315.97	

Income summary *	THIS PERIOD	THIS YEAR
TAXABLE		
Total income	\$5.16	\$28.36

\* Certain distributions made in the current year are reported as prior year income according to IRS regulations. This may cause a difference between Cash Flow and Income Summary totals.

Gain/loss summary	UNREALIZED	THIS PERIOD REALIZED	THIS YEAR REALIZED
Short term (S)	0.00	0.00	0.00
Long term (L)	0.00	0.00	0.00
Total	\$0.00	\$0.00	\$0.00

5282 Tab VIII - Source of Liquid Assets

WELLS  
FARGO

ADVISORS

SNAPSHOT

Page 3 of 7

AUGUST 1, 2018 - AUGUST 31, 2018  
ACCOUNT NUMBER: [REDACTED]

Your Financial Advisor

ROGER TABOR / GABRIEL GORDON  
Phone: 702-562-3920 / 888-419-8855

1120 N TOWN CENTER DR  
SUITE 240  
LAS VEGAS, NV 89144

Client service information

Client service: 800-266-6263  
En español: 800-326-8977  
Website: www.wellsfargoadvisors.com

Account profile

Full account name:

ALLEN PULIZ &

Account type: Brokerage Cash Services  
Brokerage account number: 6829-8473  
Brokerage Cash Services number: 9074336226  
Tax status: Taxable  
Investment objective/Risk tolerance: MODERATE GROWTH & INCOME  
Time horizon: LONG TERM (10+ YEARS)  
Liquidity needs: NONE  
Cost Basis Election: First in, First out  
Sweep option: STANDARD BANK DEPOSIT

\*For more information, please visit us at: www.wellsfargoadvisors.com/disclosures

Available funds

[REDACTED]

Your total available funds \$24,315.97

For your consideration

Go paperless. Accessing your account documents online is easy, secure, and costs nothing. Sign on to [wellsfargoadvisors.com](http://wellsfargoadvisors.com) with your Access Online Username and Password, select **Statements & Docs**, and then click on the **Delivery Preferences** Quick Link. Choose **Electronic Delivery** to go paperless or select specific account documents for electronic delivery. If you do not have a Username and Password, visit [wellsfargoadvisors.com/signup](http://wellsfargoadvisors.com/signup) or call 1-877-879-2495 for enrollment assistance.

Document delivery status

	Paper	Electronic
Statements:		X
Trade confirmations:		X
Tax documents:	X	
Shareholder communications:		X
Other documents:		X

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DOT-THCNV000103

0012-00103  
SA002977

### 5.2.8.2 Tab VIII - Source of Liquid Assets

Page 4 of 7

[REDACTED]  
[REDACTED]  
[REDACTED]

AUGUST 1, 2018 - AUGUST 31, 2018  
ACCOUNT NUMBER: [REDACTED]

## Portfolio detail

### Cash and Sweep Balances

Sweep Balances - You have the right, in the course of normal business operations, to withdraw balances in the Bank Deposit Sweep Program(s) or redeem shares of the money market mutual fund used in the sweep, subject to any open commitments in any of your accounts and have the proceeds returned to your accounts or remitted to you. Note, however, that as required by federal banking regulations, the banks in the Bank Deposit Sweep Program(s) reserve the right to require seven days prior notice before permitting a transfer out of the Bank Deposit Sweep Program(s). In addition, the money market mutual funds in the sweep reserve the right to require one or more day's prior notice before permitting withdrawals.

Standard Bank Deposit Sweep - Consists of monies held at Wells Fargo Bank, N.A. and (if amounts exceed \$250,000) at one Wells Fargo affiliated bank.

Expanded Bank Deposit Sweep - Consists of monies held at Wells Fargo Bank, N.A. and (if amounts exceed \$250,000) at one or more Wells Fargo affiliated or nonaffiliated banks.

Standard Bank Deposit Sweep and Expanded Bank Deposit Sweep assets are not covered by SIPC, but are instead eligible for FDIC insurance of up to \$250,000 per depositor, per institution, in accordance with FDIC rules. For additional information on the Bank Deposit Sweep Programs for your account, please contact Your Financial Advisor.

DESCRIPTION	% OF ACCOUNT	ANNUAL PERCENTAGE YIELD EARNED*	CURRENT MARKET VALUE	ESTIMATED ANNUAL INCOME
STANDARD BANK DEPOSIT	[REDACTED]			
Interest Period 08/01/18 - 08/31/18	[REDACTED]			
<b>Total Cash and Sweep Balances</b>	<b>42.85</b>		<b>\$24,315.97</b>	<b>\$61.00</b>

\* APYE measures the total amount of the interest paid on an account based on the interest rate and the frequency of the compounding during the interest period. The annual percentage yield earned is expressed as an annualized rate, based on a 365 day year.

### Annuities/Insurance

**These positions are not held in your account and are not protected by SIPC. These positions are held directly by the issuing insurance company.** Annuity and insurance information is provided directly from the insurance companies. Accuracy is not guaranteed and surrender charges may apply. IRA holders will receive a separate IRS Form 5498/FMV Statement in compliance with IRS requirements. Total premium(s) represents the gross amount of premiums made since the contract issue date and is not reduced by any withdrawals. Elected benefit rider information may not be available from all insurance companies. Verify contract and rider information prior to taking action on your contract as values may have changed. Please contact Your Financial Advisor should you have any questions about the contracts you own.

#### Variable Annuities

DESCRIPTION	% OF ACCOUNT	AS OF VALUE DATE	ESTIMATED MARKET VALUE
[REDACTED]		08/30/18	32,433.61

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DOT-THCNV000104

0012-00104  
SA002978

5.2.8.2 Tab VIII - Source of Liquid Assets



[REDACTED]  
[REDACTED]  
[REDACTED]

AUGUST 1, 2018 - AUGUST 31, 2018  
ACCOUNT NUMBER: [REDACTED]

**Annuities/Insurance continued**

**Variable Annuities**

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

GMDB Rollup Stepup Death Benef		
<b>Total Variable Annuities</b>	<b>57.15</b>	<b>\$32,433.61</b>
<b>Total Annuities/Insurance</b>	<b>57.15</b>	<b>\$32,433.61</b>

**Activity detail**

**Income and distributions**

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

**Total Income and distributions: \$5.16**

**Cash sweep activity**

Our Cash Sweep program allows you to earn a return on the idle cash balances in your account by automatically investing such balances into one of our cash sweep options. These 'sweep transactions' may represent a net amount for the day and occur on settlement date. The following section displays transfers into and out of your sweep option. Transactions displayed here are Transfer To, Transfer From and Reinvested Dividends and Interest. These transaction amounts are not included in your cash flow summary.

DATE	TRANSACTION	DESCRIPTION	AMOUNT	DATE	TRANSACTION	DESCRIPTION	AMOUNT
[REDACTED]			24,310.81	08/31		ENDING BALANCE	24,315.97
			5.16				

5.2.8.2 Tab VIII - Source of Liquid Assets

[REDACTED]  
[REDACTED]  
[REDACTED]

AUGUST 1, 2018 - AUGUST 31, 2018  
ACCOUNT NUMBER: [REDACTED]

Bank Deposits Through Teller				August 1 - August 31
Wells Fargo Bank, N.A. (Member FDIC)		Account number	[REDACTED]	Questions? Call us at 1-800-266-6263
Deposits made in a bank branch on the last business day of the month will typically appear on your next statement.				
DATE	TRANSACTION	DESCRIPTION	AMOUNT	BANK BALANCE
08/01		BEGINNING BALANCE		\$0.00
08/31		ENDING BALANCE		\$0.00



## Statement balancing guide

- 1 Record in your account register all items which may appear on this statement that have not previously been entered in your account register, such as ATM/Check Card transactions, automatic transfers, preauthorized drafts, interest earned, service charges, proceeds from sales, security purchases, etc.
- 2 In your account register, check off the additions and subtractions as shown in the Activity Detail Section.
- 3 In the Outstanding Additions section at the right (Section A), list any outstanding additions such as deposits, dividends and interest, proceeds from sales, etc., that have been made since the date of this statement.
- 4 In the Outstanding Subtractions section at the right (Section B), list any checks that have not yet been paid and any outstanding subtractions such as ATM/Check Card transactions and any margin interest, service fees and purchases, etc., that have been made since the date of this statement.
- 5 Write in the Closing Balance shown in the Cash flow summary. \_\_\_\_\_
- 6 Write in the total amount of Outstanding additions (Section A). + \_\_\_\_\_
- 7 Total the amounts in lines 5 & 6. = \_\_\_\_\_
- 8 Write the total amount of Outstanding Subtractions (Section B). - \_\_\_\_\_
- 9 Subtract the amount in line 8 from the amount in line 7. This is your **Adjusted Statement Balance.** = \_\_\_\_\_

A. Outstanding Additions		
Date	Amount	
	\$	
Total		

B. Outstanding Subtractions		
Number	Amount	
	\$	
Total		

**5.2.8.2 Tab VIII - Source of Liquid Assets**

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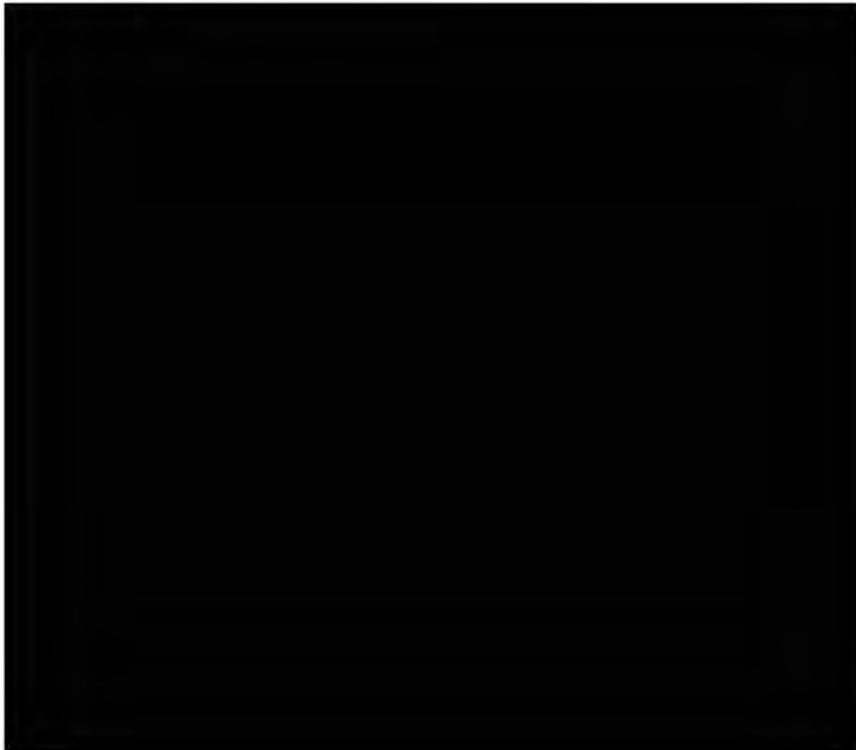
Online Banking

**[REDACTED]: Account Activity**

Balance Summary: \$46,056.55 (available as of today 09/07/2018)  
View: today 09/07/2018

Print

**All Transactions**



DOT-THCNV000109

<https://secure.bankofamerica.com/myaccounts/details/deposit/search.go?adx=2ee886b6c16a...> 9/6/2018

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0012-00109  
SA002983

Statement Of Account - Internet Explorer

https://secure3.internet-estatemnts.com/cowww/DocumentServer/ViewDoc?ApplID=315&DocumentID=144853&PrimaryKey=144853&AppViewerID=774&DownloadLink=0&PrintMode=all

First Security Bank

OF NEVADA

P.O. Box 34240

Las Vegas NV 89133-4240

702-853-0900

Account Number

Statement Period

Aug 06, 2018 To Sep 09, 2018

Advantage One Checking

Account Number

Account Summary

New Balance

\$46,389.69

Deposits/Credits

Date

Transaction Details

Amount

Daily Balances

Date	Balance	Date	Balance
Aug 05, 2018	\$34,417.95	Aug 14, 2018	\$46,389.69

5.2.8.2 TAB VIII - Source Liquid

MEMBER LENDER

9:42 AM

9/6/2018

DOT-THC-NY000110



5.2.8.2 Tab VIII - Source of Liquid Assets

8912 Spanish Ridge Ave Suite 100  
Las Vegas, NV 89148  
3250 South Highway 160 Suite 3  
Pahrump, NV 89048

2970 St. Rose Pkwy Suite 100  
Henderson, NV 89052  
6518 South McCarran Blvd  
Reno, NV 89509

2141 East Camelback Rd Suite 120  
Phoenix, AZ 85016  
50 West Liberty St Suite 100  
Reno, NV 89501



Date 8/31/18  
Account Number  
Enclosures

Page 1

Checking Account(s)

Not signed up for Online Banking? Meadows Bank Online Banking delivers real-time interactive information to you on all of your accounts and allows you to securely perform routine banking transactions anywhere you are 24 hours a day, 7 days a week - through a personal computer or our mobile banking app on any smartphone or tablet. Maximize convenience and minimize trips to the branch-set up Online Banking today-contact us at hereforyou@meadowsbank.com.

Money Market

Number of Enclosures

0

Ending Balance

8,982.53

DAILY BALANCE SUMMARY

Date	Balance	Date	Balance
8/01	8,977.95	8/31	8,982.53

\*\*\* END OF STATEMENT \*\*\*

MEMBER FDIC

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

DOT-THCNV000111

Payments received at the address indicated on this statement by 5:00 p.m. Pacific Time each banking day will be credited as of that date.

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00111  
SA002985



## Portfolio By Wells Fargo®

Questions? Please contact us:

**Wells Fargo Premier Banking Team** <sup>SM</sup>

Available 24 hours a day, 7 days a week

Telecommunications Relay Services calls accepted

*Phone:* 1-800-742-4932 , *TTY:* 1-800-600-4833

*Spanish:* 1-877-727-2932

華語 1-800-288-2288 (6 am to 7 pm PT, M-F)

*Online:* wells Fargo.com

*Write:* Wells Fargo Bank, N.A.

P.O. Box 6995

Portland, OR 97228-6995

### August 31, 2018

**Total assets:** **\$238,917.35**

**Total liabilities:** **\$16,776.76**

Qualifying Balance : **\$255,694.11**

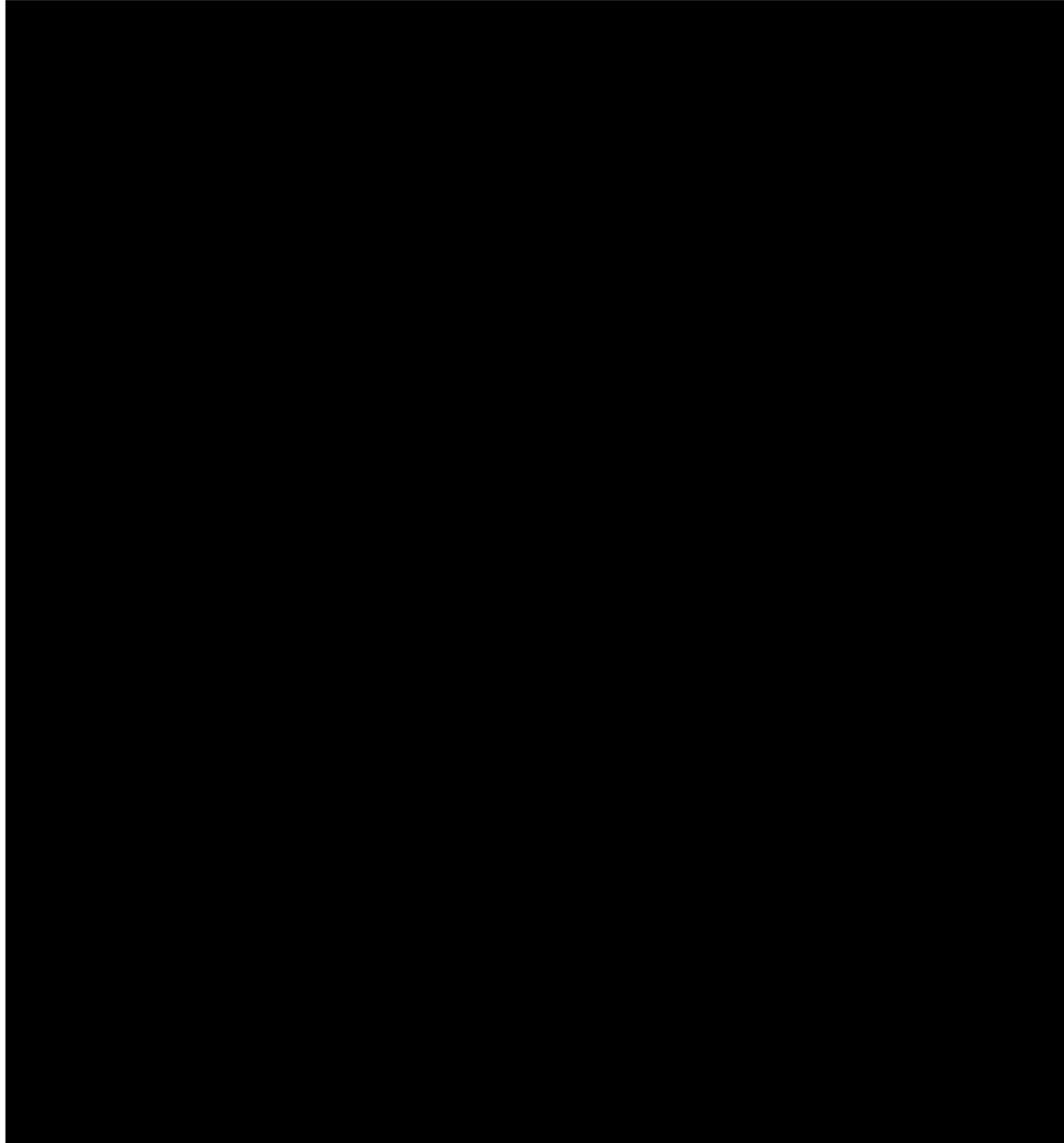
Deposit Balance : **\$238,917.35**

<b>Contents</b>	<i>Page</i>
Overview. . . . .	2
Wells Fargo Portfolio Checking. . . . .	5
Wells Fargo Credit Card. . . . .	7
Go Far™ Rewards (2). . . . .	8



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## Your Portfolio by Wells Fargo overview



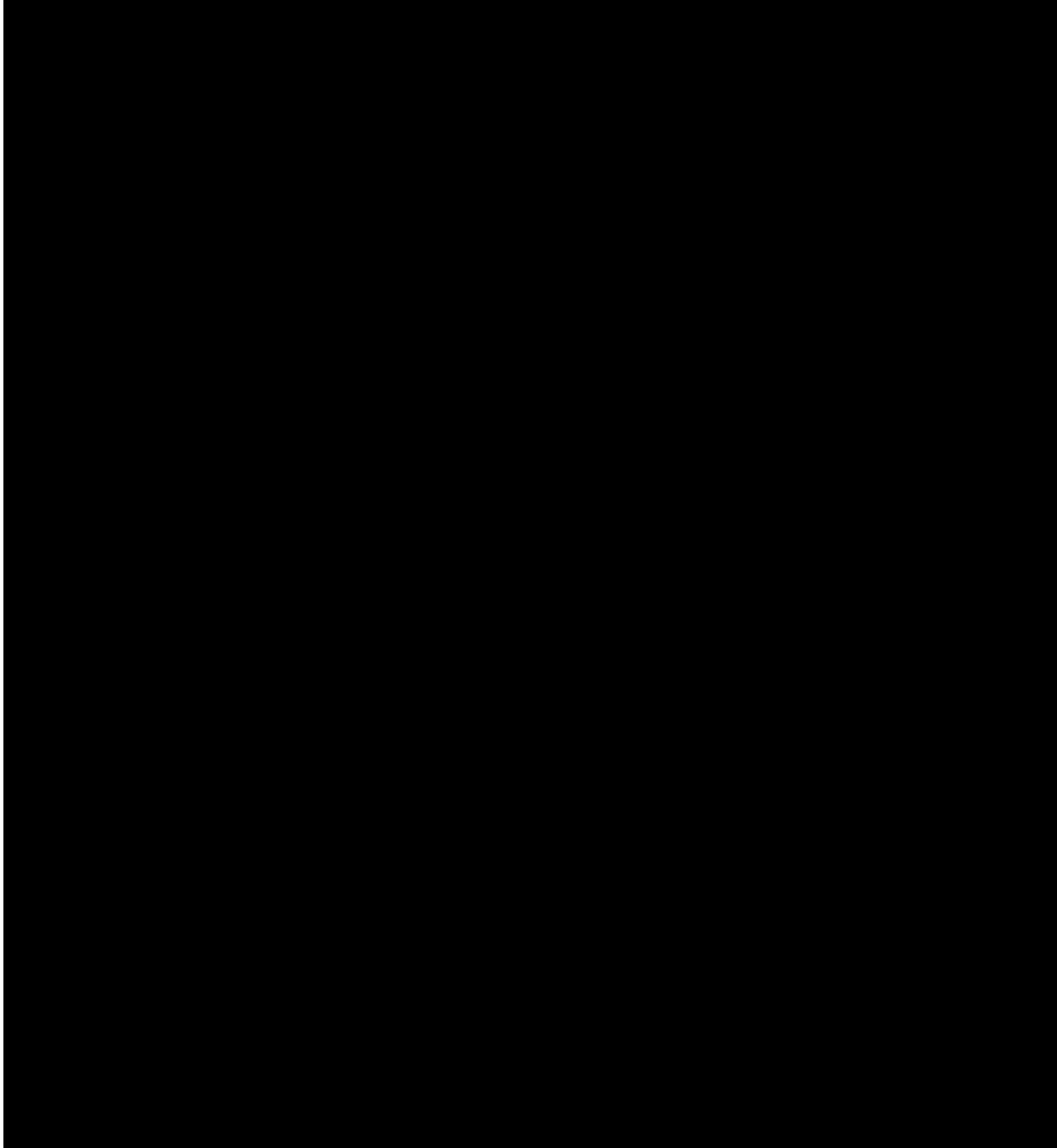
DOT-THCNV000113

66764

HIGHLY CONFIDENTIAL – ATTORNEYS' EYES ONLY

0012-00113  
SA002987

WELLS  
FARGO



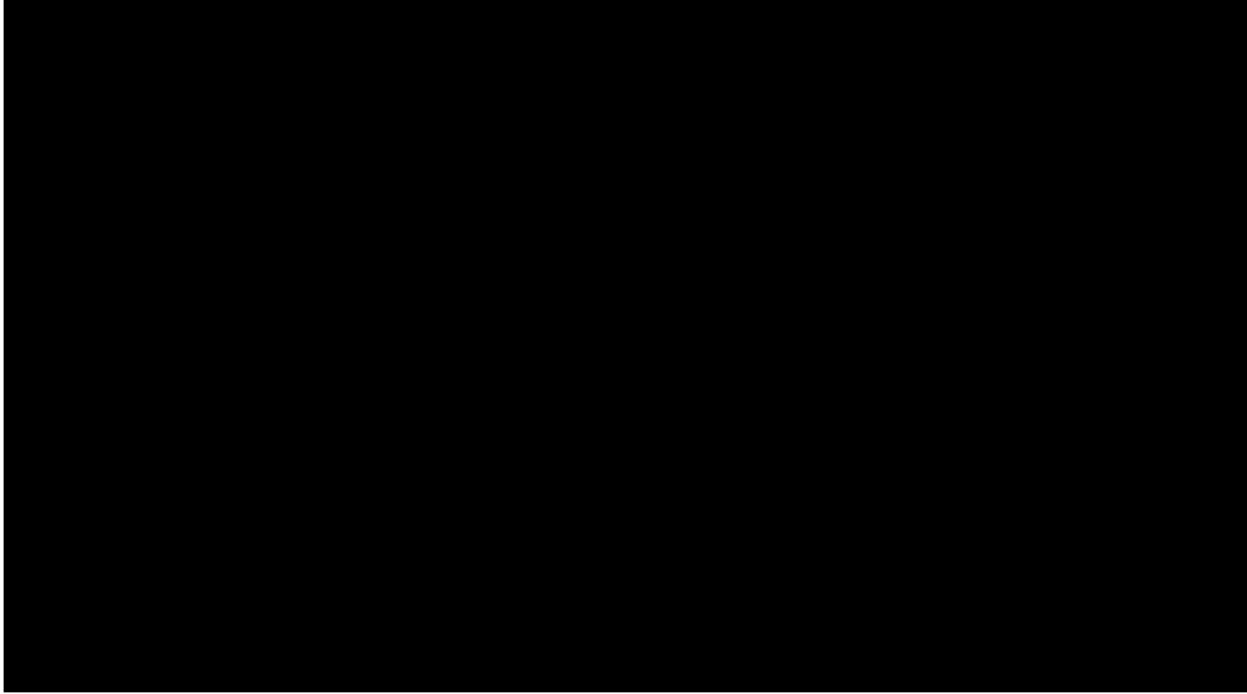
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66765

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0012-00114  
SA002988

WELLS  
FARGO



66766

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

DOT-THCNV000115

0012-00115  
SA002989

**WELLS  
FARGO**

## Wells Fargo Portfolio Checking

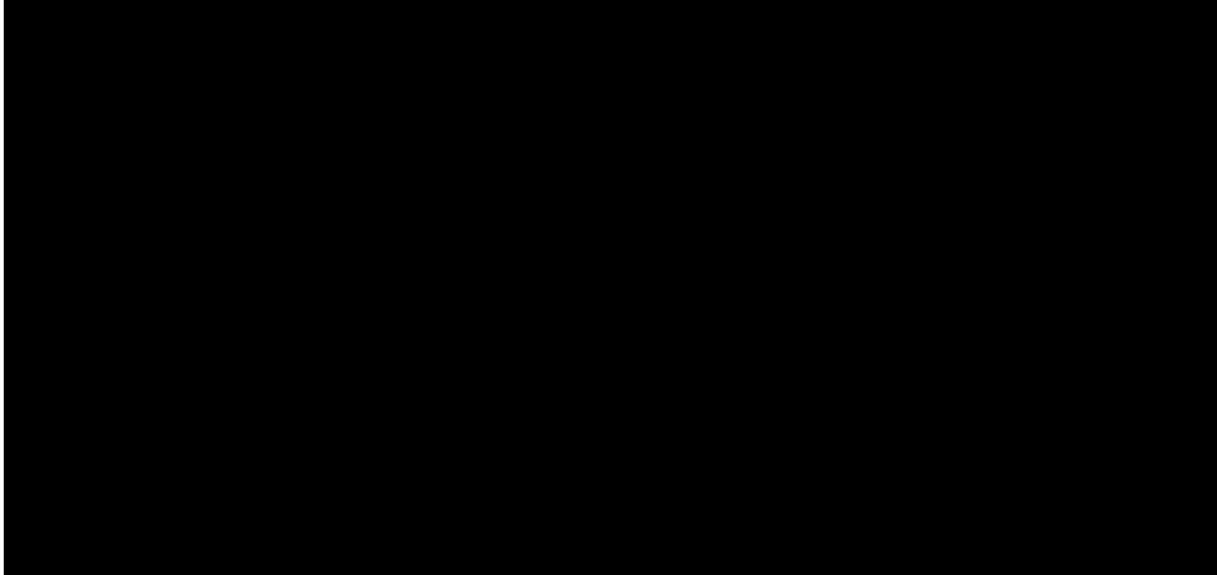
**Activity summary**

Balance on 8/1	210,154.52
Deposits/Additions	34,836.00
Withdrawals/Subtractions	- 6,073.17
<b>Balance on 8/31</b>	<b>\$238,917.35</b>

Account number: [REDACTED]  
[REDACTED]  
[REDACTED]*Wells Fargo Bank, N.A. (Member FDIC)**NEVADA account terms and conditions apply*Questions about your account: **1-800-742-4932**Worksheet to balance your account and General  
Statement Policies can be found towards the  
end of this statement.



WELLS  
FARGO



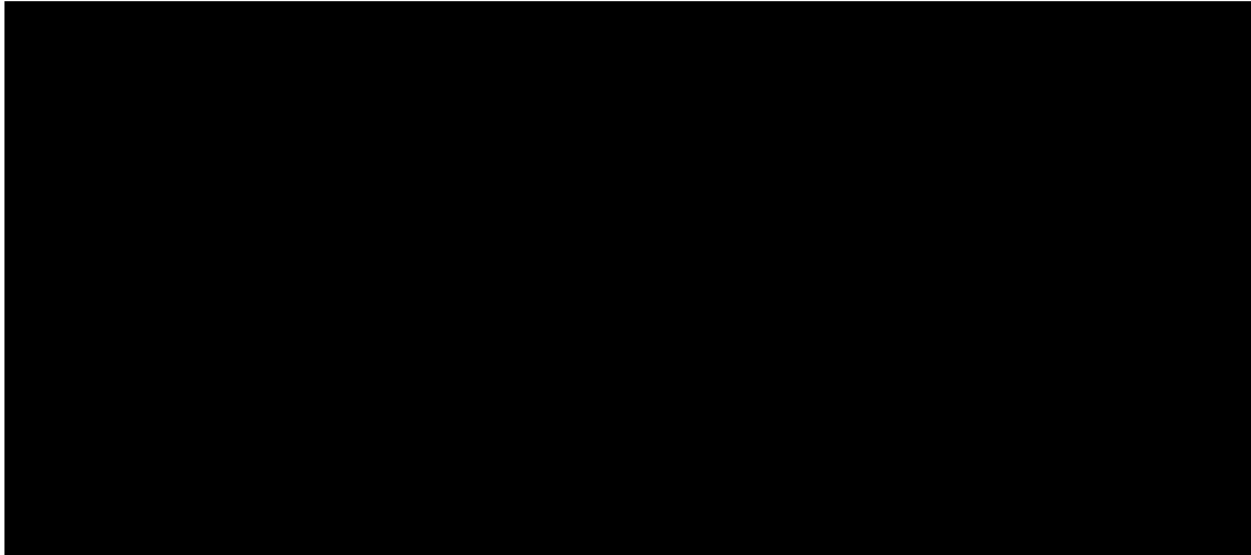
66768

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

DOT-THCNV000117

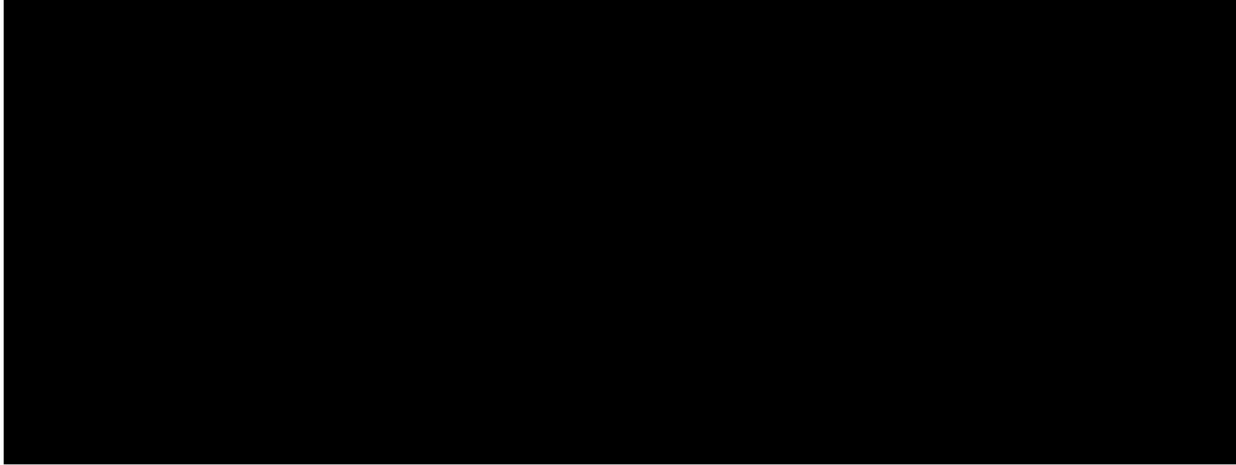
0012-00117  
SA002991

WELLS  
FARGO



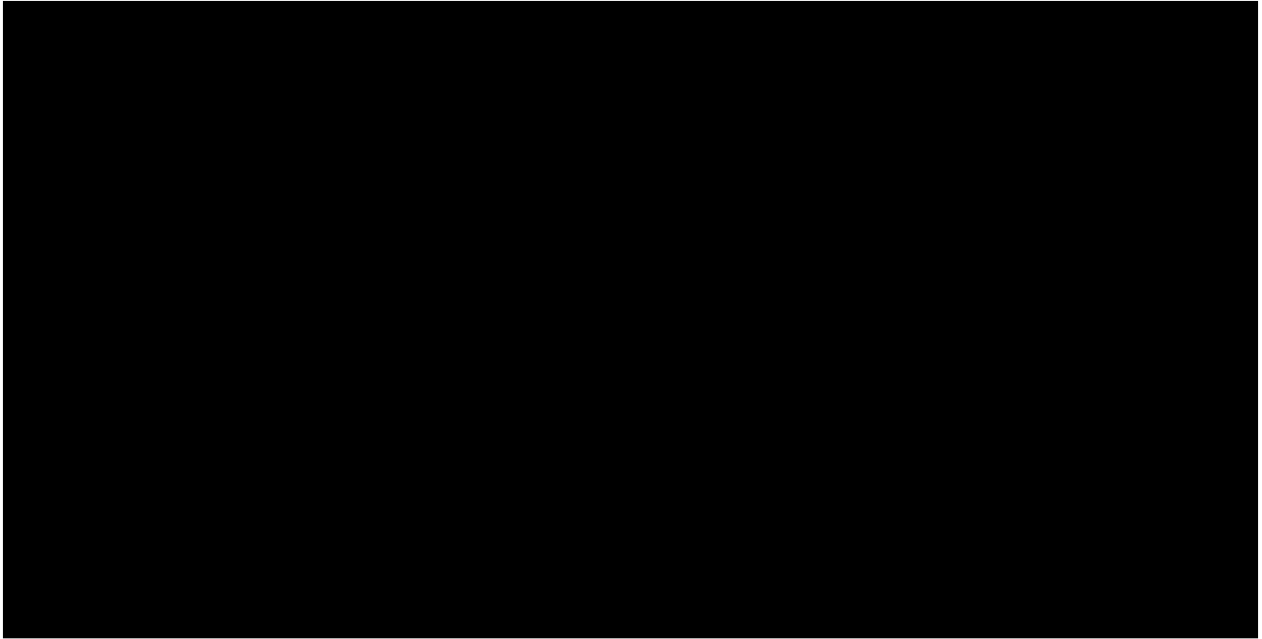


Visit [GoFarRewards.wf.com](https://www.wellsfargo.com/goFarRewards) for up-to-date rewards information and more ways to earn and redeem rewards. The available rewards balance shown may be inclusive of other contributing rewards accounts.

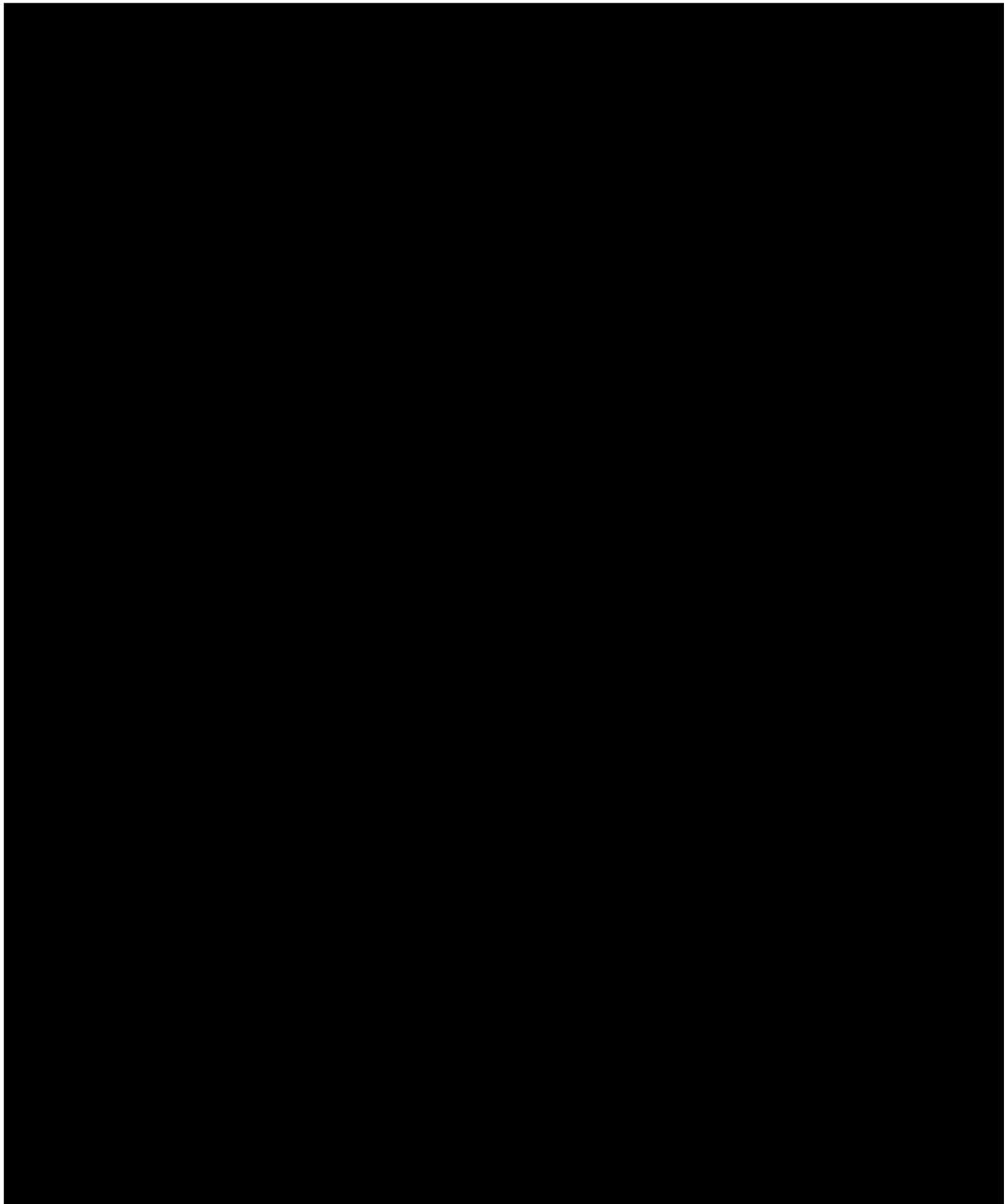


**WELLS  
FARGO**

Visit [GoFarRewards.wf.com](https://GoFarRewards.wf.com) for up-to-date rewards information and more ways to earn and redeem rewards. The available rewards balance shown may be inclusive of other contributing rewards accounts.



WELLS  
FARGO



66772

DOT-THCNV000121

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0012-00121  
SA002995

5.2.8.2 Tab VIII - Source of Liquid Assets

P.O. Box 1800  
Saint Paul, Minnesota 55101-0800

3767 TRN S Y ST01

Business Statement

Statement Period:

Jul 2, 2018

through

Jul 31, 2018

Page 1 of 3

000059118 01 AB 0.408 106481674650062 P Y  
SUNNY BRITE, LLC  
DBA METROPOLITAN LAUNDRY AND LINEN  
SERVICE



To Contact U.S. Bank

24-Hour Business

Solutions:

1-800-673-3555

U.S. Bank accepts Relay Calls

Internet:

usbank.com

INFORMATION YOU SHOULD KNOW

Effective September 14th, 2018 the "Your Deposit Account Agreement" booklet will include a number of updates and may affect your rights. Starting September 14, you may pick up copies at your local branch, view copies at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for a copy. Please see the Additional Information Section of this statement for the main updates that were made to "Your Deposit Account Agreement" booklet.

If the scheduled assessment of an Extended Overdraft Fee does not fall on a business day, it will be posted to the account on the next business day.

GOLD BUSINESS CHECKING

U.S. Bank National Association

Account Summary

Member FDIC

Account Number 1-537-5511-6883

Ending Balance on Jul 31, 2018 \$ 349,107.52

HIGHLY CONFIDENTIAL - ATTORNEYS' EYES ONLY

0012-00122  
SA002996

5.2.8.2 Tab VIII - Source of Liquid Assets

Sanford & Company  
CERTIFIED PUBLIC ACCOUNTANTS  
801 South Rancho Drive • Quail Park 1, Suite B-1  
Las Vegas, Nevada 89106  
(702) 382-1141 • Fax (702) 382-2825

August 31, 2018

Nevada Department of Taxation  
Attn: Jorge Pupo  
555 E. Washington Ave.  
Las Vegas, NV 89101

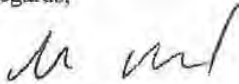
Re: THC Nevada, LLC

To whom it may concern,

I have been Mr. [REDACTED] independent Certified Public Accountant for over a decade and responsible for all tax matters with state and federal authorities. As such I am familiar with his financial affairs. Please be advised that [REDACTED] has cash and cash equivalents in excess of Five Hundred Thousand Dollars (\$500,000), all of which he will commit to project(s) for which THC Nevada seeks permits.

Should you have any questions, my office number is 702-382-1141.

Regards,



John Sanford, CPA

JMS/pf

Encl JA

cc: [REDACTED]

DOT-THCNV000123

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0012-00123  
SA002997

5.2.8.2 Tab VIII - Source of Liquid Assets



Deposit Account Balance Summary

08/16/2018

Requestor information:



Summary of Deposit Account				
Account Number	Account Type	Open Date	Current Balance	Avg Balance (12 mos)
[REDACTED]	Chase Total Checking	07/10/2014	\$319,453.54	[REDACTED]
Customer Information				
[REDACTED]		Primary Joint Or		
		Secondary Joint Or		

Deposit Account Balance Summary request completed by:

TIANCA RAMOS  
(702) 243-5134  
Lake Mead and Rampart

**PLEASE NOTE THAT THE INFORMATION PROVIDED IN THIS LETTER WILL BE THE ONLY INFORMATION RELEASED BY JPMorgan Chase, N.A.**

This letter is written as a matter of business courtesy, without prejudice, and is intended for the confidential use of the addressee only. No consideration has been paid or received for the issuance of this letter. The sources and contents of this letter are not to be divulged and no responsibility is to attach to this bank or any of its officers, employees or agents by the issuance or contents of the letter which is provided in good faith and in reliance upon the assurances of confidentiality provided to this bank. Information and expressions of opinion of any type contained herein are obtained from the records of this bank or other sources deemed reliable, without independent investigation, but such information and expressions are subject to change without notice and no representation or warranty as to the accuracy of such information or the reliability of the sources is made or implied or vouched in any way. This letter is not to be reproduced, used in any advertisement or in any way whatsoever except as represented to this bank. This bank does not undertake to notify of any changes in the information contained in this letter. Any reliance is at the sole risk of the addressee.

DOT-THCNV000124

HIGHLY CONFIDENTIAL – ATTORNEYS’ EYES ONLY

0012-00124  
SA002998



**J.P.Morgan**Statement Period  
**August 01 - August 31, 2018**Account Number  
[REDACTED][REDACTED]  
RUBY MOUNTAIN HOLDING CO., LLC  
[REDACTED]**Investment Statement****Account Value with Accruals**

Account Description	Previous Period	This Period
Brokerage	226,935.94	227,133.05
<b>ACCOUNT VALUE</b>	<b>\$226,935.94</b>	<b>\$227,133.05</b>

See page 3 for footnotes and more detail.

**Questions?**

For Full Service Accounts, Call Financial Advisor

(914) 899 5927 Melinda Clooback

**Branch Address**925 Westchester Ave, Suite 405  
White Plains, NY, 10604

www.jpmorgan.com

More contact information on page 13

If you have any questions about your statement or concerns about your account, please call us at the toll free number provided above.

INVESTMENT AND INSURANCE PRODUCTS ARE: • NOT FDIC INSURED • NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY  
• NOT A DEPOSIT OR OTHER OBLIGATION OF, OR GUARANTEED BY, JPMORGAN CHASE BANK, N.A. OR ANY OF ITS AFFILIATES  
• SUBJECT TO INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF THE PRINCIPAL AMOUNT INVESTED

Page 1 of 20

Account is held at J.P. Morgan Securities LLC (JPMS), member Financial Industry Regulatory Authority (FINRA) and Securities Investor Protection Corporation (SIPC). This statement summary is provided for convenience purposes only. For information about your JPMS account(s), please refer to your official JPMS account statement(s), which follows this statement summary. Neither this statement summary nor your official JPMS account statement(s) should be used for tax reporting purposes.

STATEMENT SUMMARY

BROKERAGE

IMPORTANT INFORMATION

DOT-THCNV000125

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0012-00125  
SA002999

**5.2.8.2 Tab VIII - Source of Liquid Assets**

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