

APPLICATION



CENTERCITY
C A R E

VentureForth LLC

Application Questions for Dispensaries

QUESTION 1

Please provide the following:

For partnership or limited liability company:

1. Legal name of the business or, if the business will be using a trade name other than its legal name, a copy of the trade name registration from the Department of Consumer and Regulatory Affairs.
2. Names and addresses of each member of the limited liability company.
3. Date of birth of each member of the limited liability company.
4. Certificate of Good Standing for the limited liability company issued by the Department of Consumer and Regulatory Affairs.

QUESTION 1 RESPONSE

1. Legal Name: The business is organized as a Washington, D.C., Limited Liability Company. The legal name of the business is "VentureForth LLC." The trade name of the business at the proposed location is "CenterCity Care."
2. Names and Addresses of Each Member:
 - David Guard, M.P.P.
Washington, DC 20002
 - Dr. Gregory Concepcion, Ph.D.
Gregory Thomas Concepcion
Cockeysville, MD 21030
 - Scott Morgan
Washington, DC 20009
 - Jerald Bryant a/k/a Kymone Freeman
Washington, DC 20017

Jeremy Joseph, Esq.

Washington, DC 20011

Sean Gabriel

Great Falls, VA 22066

3. Date of Birth of Each Member:

David Guard:

Dr. Gregory Concepcion:

Scott Morgar.....

Jerald Bryant a/k/a Kymone Freeman:

Jeremy Joseph:

Sean Gabriel:

4. Certificate of Good Standing: See Appendix A.

Appendix A: Copy of Trade Name Registration Form; Certificate of Good Standing.

QUESTION 2

1. Provide the proposed physical address of the dispensary.
2. In the case of new construction, provide the lot and square numbers upon which the establishment will be located.
3. Provide the size and design of the dispensary.
4. Provide the proposed date on which the applicant plans to open the establishment.

QUESTION 2 RESPONSE

1. Proposed Physical Address: 1334/1336 North Capitol Street N.W. Washington, DC 20001
2. Lot and Square Numbers: Not applicable. This is not new construction.
- 3.

4.

QUESTION 3

Provide evidence of compliance with the zoning requirements in Section 5201 of the Notice of Emergency and Fourth Proposed Rulemaking published in the DC Register on August 12, 2011, for the proposed physical address to be utilized as a dispensary. You must also provide a certified surveyor's report setting forth the proximity of the dispensary to the nearest public or private, preschool, primary or secondary school or recreation center, and the name of the school or recreation center.

QUESTION 3 RESPONSE

The proposed dispensary location at 1334/1336 North Capitol Street N.W., Washington, DC 20001 is located in the city's community business center zone.

As required by Section 5412 of the Notice of Emergency and Fourth Proposed Rulemaking, the proposed dispensary is not located in a residential-use district as defined in the Zoning Regulations.

As demonstrated by the Certified Surveyor's Report, hereto at Appendix C, CenterCity Care's proposed facility complies with Section 5201 of the Rules in that it is not located within 300 feet of the property line of a preschool, primary or secondary school, or recreation center.

Appendix C: Certified Surveyor's Report

QUESTION 1: APPENDIX A

Trade Name Registration & Certificate of Good Standing

A

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
CORPORATIONS DIVISION



C E R T I F I C A T E

THIS IS TO CERTIFY that all applicable Trade Name requirements of the Omnibus Regulatory Reform Act of 1998 have been complied with and accordingly, this **CERTIFICATE OF TRADE NAME REGISTRATION** is hereby issued to:

VENTUREFORTH, LLC

Trade Name: CENTERCITY CARE

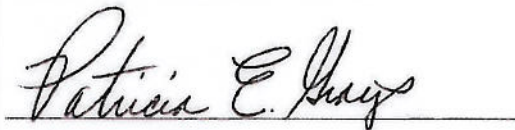
IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of **10/27/2011**



Vincent C. Gray
Mayor

Tracking #: 0JOBM4YL9R

Business and Professional Licensing Administration



PATRICIA E. GRAYS
Superintendent of Corporations
Corporations Division

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
CORPORATIONS DIVISION



C E R T I F I C A T E

THIS IS TO CERTIFY that there were received and accepted for record in the Department of Consumer and Regulatory Affairs, Corporations Division, on 02/08/2011 Articles of Organization of:

VENTUREFORTH, LLC

WE FURTHER CERTIFY that the above named company is in **Good Standing** and duly organized and existing according to the records of Corporations Division, having filed all reports as required by the District of Columbia Limited Liability Company Act.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of **10/27/2011**



Vincent C. Gray
Mayor

Tracking #: CQT8K5HSKS

Business and Professional Licensing Administration

PATRICIA E. GRAYS
Superintendent of Corporations
Corporations Division

QUESTION 3: APPENDIX C

Certified Surveyor's Report

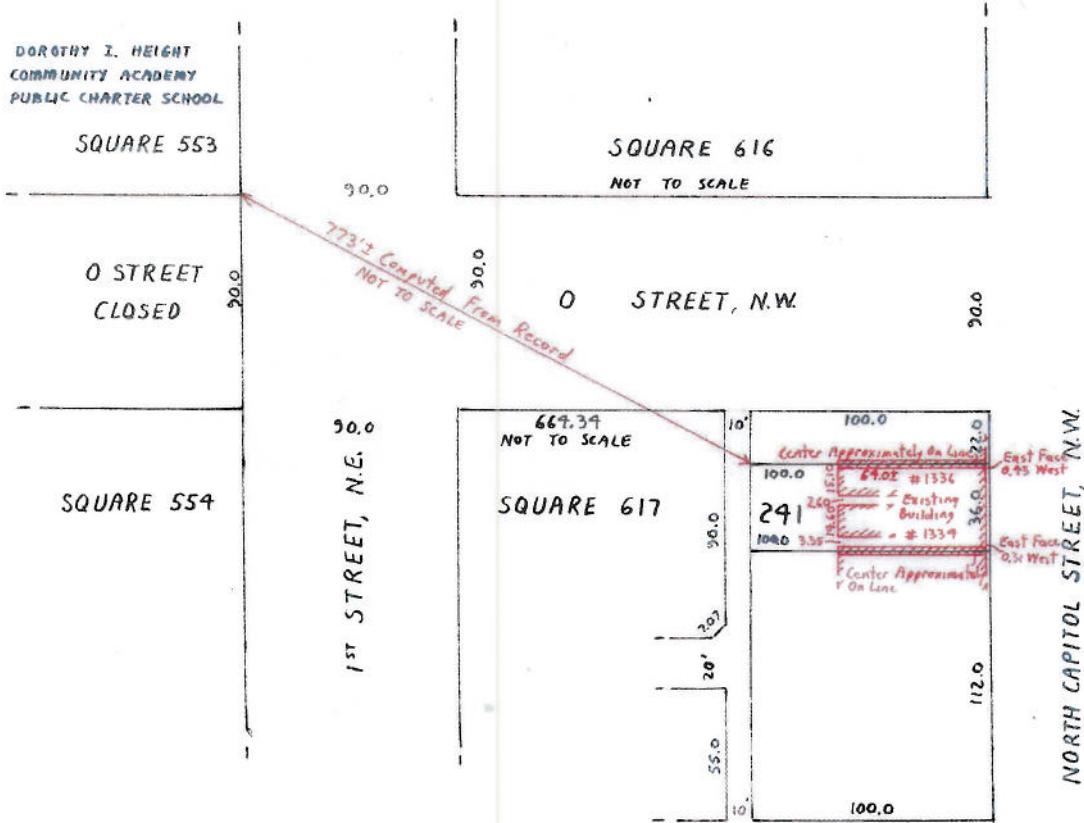
Survey Book No. 1002 , Page No. 377

DISTRICT OF COLUMBIA GOVERNMENT
Office of the Surveyor

Plat of Survey to locate premises #1339 & #1336 North Capitol Street, N.W. in relation to Dorothy I. Height Community Academy Public Charter School. SQUARE 617

Scale: 1 inch = 40 feet

S.O. Receipt No. 50-05658



S.O. SEAL



OFFICE OF THE SURVEYOR, D.C.

This plat is accepted for recordation in accordance with Chapter 28 of Title 10 DCMR.

September 19, 2011 Alan M. Schiffer
Date Surveyor, D.C.

Recorded at 10:45 AM on SEPTEMBER 19 2011
Recorded in Survey Book 1002 , Page 377

RLS SEAL



REGISTERED LAND SURVEYOR'S CERTIFICATION

I certify that the survey shown hereon was made by me or under my direction in accordance with Chapter 28 of Title 10 DCMR.

Sept. 10, 2011 Alan Schiffer
Date Signature

Name of RLS: Alan M. Schiffer
D.C. Registration Number: 96-05

Business Address and Telephone No.:
Datum East, Inc.
205 North Lincoln Avenue
Sterling VA 20164

QUESTION 13: EXHIBIT M

Zoning Determination Letter

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
OFFICE OF THE ZONING ADMINISTRATOR**



September 2, 2011

VIA EMAILED PDF

Mr. David A. Guard, CEO
VentureForth, LLC
718 6th St., N.E., Apt. 2
Washington, DC 20002

RE: 1334/6 North Capitol St., N.W., Washington, DC, 20001 (Square 617, Lot 241)

Dear Mr. Guard:

This letter confirms substance of our discussion on Wednesday, August 30, 2011 and my office's subsequent review of your proposed medical marijuana dispensary to be located at 1334/6 North Capitol St., N.W., in Washington, D.C. ("the Property"). My analysis included applying the zoning regulations set forth in Title 11 of the District of Columbia Municipal Regulations (DCMR) and the medical marijuana regulations set forth in Title 22, Subtitle C of the DCMR (these regulations were adopted, on emergency basis, by the Mayor on August 10, 2011 and were published in the *D.C. Register* on August 12, 2011 (58 D.C.R. 7207)).

After reviewing the District's zoning map, I found that the Property is zoned C-2-A, which denotes the District's Community Business Center zone. Under the D.C. zoning regulations, specifically 11 DCMR § 701.4(i) and 721.1, a property zoned C-2-A permits "Drug store or pharmacy" uses. As the Zoning Administrator, I interpret the zoning regulations on a case-by-case basis. As such, I have determined that a medical marijuana dispensary is permitted in a C-2-A zone.

Under 22C DCMR §§ 5201.1 and 5403.2, a medical marijuana dispensary shall not be located "within three hundred feet (300 ft) of a preschool, primary or secondary school, or recreation center." Based on the information you provided, the Property complies with these distance requirements. My office independently researched the District's Geographic Information System and found no identified preschools, primary or secondary schools, or recreation centers within a 300-foot radius of the Property's lot lines.

Therefore, based on the medical marijuana regulations, the zoning regulations, your representations, and my office's independent research, I conclude that your proposed medical marijuana dispensary at the Property is allowed as a matter of right use. As you are aware, this use is subject to the licensing requirements of the D.C. Department of Health, which administers and regulates the medical marijuana program.

Please feel free to contact me at matthew.legrant@dc.gov if you have any questions.

Sincerely,


Matthew Le Grant

File: Det Let re 1334 N Capitol St NW to Guard 9-2-2011

**1100 4th Street, S.W., 3rd Floor, Washington, DC 20024
Telephone: (202) 442-4576 Fax: (202) 442-4871**

QUESTION 16: EXHIBIT P

Signed and Notarized Dispensary Acknowledgement and Attestation Forms

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health**

Health Regulation and Licensing Administration ★ ★ ★
[Redacted]
[Redacted]

**Medical Marijuana Program
Dispensary
Acknowledgement and Attestation Form**

This form must be signed and notarized as part of the application process.

1. The undersigned applicant has not been convicted of any felony before filing the application.
2. The undersigned applicant has not been convicted of a misdemeanor for a drug-related offense before filing the application.
3. The undersigned applicant is not a person whose authority to be a caregiver or qualified patient has been revoked by the Department.
4. The undersigned applicant certifies that I do not owe more than \$100.00 to the District of Columbia government as a result of:
 - A. Fines, penalties or interest assessed pursuant to the Litter Control Administration Action of 1985, effective March 25, 1986 (D.C. Code § 6-2901 et seq.);
 - B. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Code § 6-2911 et seq.);
 - C. Fines, penalties or interest assessed pursuant to the Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, effective October 5, 1986 (D.C. Law 6-42; D.C. Code § 6-2701 et seq.); or
 - D. Past due taxes.

The undersigned applicant understands that if he/she knowingly falsifies this Certification, the Department will move to revoke the license or permit for which he/she is applying, and to fine me \$1,000.00. He/she further understand that the Department may conduct an investigation to ascertain the veracity of this certification. The undersigned applicant understands that this Certification is now required as documentation to accompany my application for a license or permit, and that by completing this Certification, he/she is not guaranteed that my license or permit will be approved. Please read carefully and completely before signing. A false statement on this certification requires that the Department proceed immediately to revoke the license or permit for which the undersigned applicant is now applying and fine him/her \$1000.00. This

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certificate is required by the "CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT ACT OF 1996". (Effective May 11, 1996, D.C. Law 11-118, D.C. Code §47-2861 et seq.)

5. The undersigned applicant attests that he/she has read the Legalization of Marijuana for Medical Treatment Initiative of 1999 (Act), effective July 27, 2010, the Emergency and the Fourth Proposed Rulemaking published, August 12, 2011 in the D.C. Register, and has knowledge of District and federal laws and regulations relating to marijuana and medical marijuana.
6. The undersigned applicant assumes any and all risk or liability that may result under District of Columbia and federal laws and regulations from the operation of a medical marijuana dispensary.
7. The undersigned applicant acknowledges that he/she understands that the medical marijuana laws and enforcement thereof of the District of Columbia and the Federal government are subject to change at any time and that the District of Columbia shall not be liable as a result of these changes;
8. The undersigned applicant attests to the fact that the applicant is the true and actual owner of the business for which the registration is sought; the applicant intends to carry on the business for the entity identified in the application and not as the agent of any other individual, partnership, association, or corporation not identified in the application; and the registered establishment will be managed by the applicant in person or by a registered manager approved by the Director;
9. The undersigned attests that the applicant understands and is aware that a dispensary's registration may be revoked at any time for the convenience of the District pursuant to the regulations.
10. The undersigned applicant understands that the Department is not required to issue all of the available registrations to operate a dispensary.
11. The undersigned specifically acknowledges receipt and advisement of the notices below. The undersigned agrees to and accepts the limitation of liability against the District, and the requirement to indemnify, hold harmless, and defend the District.

(a) **Limitation of Liability** – The District of Columbia shall not be liable to registrant, its employees, agents, business invitees, licensees, customers, clients, family members or guests for any damage, injury, accident, loss, compensation or claim, based on, arising out of or resulting from registrant's participation in the District of Columbia's medical marijuana program, including but not limited to the following: arrest and seizure of persons and/or property, prosecution pursuant to federal laws by federal prosecutors, interruption in registrant's ability to operate its medical marijuana cultivation center and/or dispensary; any fire, robbery, theft, mysterious disappearance or any other casualty; the actions of any other

registrants or persons within the cultivation center and/or dispensary. This Limitation of Liability provision shall survive expiration or the earlier termination of this registration if such registration is granted.

(b) **Indemnification, Hold Harmless and Defense Obligations** – Registrant hereby indemnifies and holds the District of Columbia, its officers, directors, employees, affiliates and agents ("**Indemnified Parties**") harmless and shall defend the Indemnified Parties (with counsel satisfactory to District of Columbia) from and against any and all losses, costs, damages, liabilities, expenses, claims and judgments (including, without limitation, attorneys fees and court costs) suffered by or claimed against the Indemnified Parties, directly or indirectly, based on, arising out of or resulting from (i) registrant's establishment and operation of a cultivation center and/or dispensary in the District's medical marijuana program. (ii) the negligence or willful misconduct of registrant or its employees, contractors, agents, licensees, guests or invitees, (iii) any breach or default by registrant in the performance or observance of its covenants or obligations under this registration, or (iv) any violations of law by of registrant or its employees, contractors, agents, licensees, guests or invitees.

(c) **Federal Prosecution** - The United States Congress has determined that marijuana is a controlled substance and has placed marijuana in Schedule I of the Controlled Substance Act. Growing, distributing, and possessing marijuana in any capacity, other than as a part of a federally authorized research program, is a violation of federal laws. The District of Columbia's law authorizing the District's medical marijuana program will not excuse any registrant from any violation of the federal laws governing marijuana or authorize any registrant to violate federal laws.

12. The undersigned applicant certifies that the application is complete and accurate.

Any person who knowingly makes a false statement on an application, or in any accompanying statement under oath that the Department may require, shall be guilty of the offense of making false statements. The making of a false statement, whether made with or without the knowledge or consent of the applicant, shall, in the discretion of the Director, constitute sufficient cause for denial of the application or revocation of the registration. The making of false statements shall also constitute the basis for a criminal offense under D.C. Official Code § 22-2514.

13. The undersigned chooses to sign this attestation willingly and without reservation and is fully aware of its meaning and effect.

Signature of Applicant: 

Print Name: David A. Guard


Company Name: VentureForth LLC

Title: CEO/President

Date: 11.4.11

Subscribed and sworn to before me this 4 day of November, 2011.

My commission expires 01/01/2014

Notary Signature and Seal: 

Terry D. McNeill
Notary Public, District of Columbia
My Commission Expires 1/1/2014

- If the applicant is a sole proprietor, the individual must sign.
- If the applicant is a partnership, each partner must sign a copy of this document and submit a copy of the partnership agreement.
- If the applicant is a corporation, the President or Vice President must sign.
- If the applicant is an LLC, each of the managing member(s) must sign a copy of this document.
- If the applicant is a Limited Partnership, each of the general partner(s) must sign a copy of this document.



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health

Health Regulation and Licensing Administration



Medical Marijuana Program
Dispensary
Acknowledgement and Attestation Form

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6. The undersigned applicant assumes any and all risk or liability that may result under District of Columbia and federal laws and regulations from the operation of a medical marijuana dispensary.
7. The undersigned applicant acknowledges that he/she understands that the medical marijuana laws and enforcement thereof of the District of Columbia and the Federal government are subject to change at any time and that the District of Columbia shall not be liable as a result of these changes;
8. The undersigned applicant attests to the fact that the applicant is the true and actual owner of the business for which the registration is sought; the applicant intends to carry on the business for the entity identified in the application and not as the agent of any other individual, partnership, association, or corporation not identified in the application; and the registered establishment will be managed by the applicant in person or by a registered manager approved by the Director;
9. The undersigned attests that the applicant understands and is aware that a dispensary's registration may be revoked at any time for the convenience of the District pursuant to the regulations.
10. The undersigned applicant understands that the Department is not required to issue all of the available registrations to operate a dispensary.
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registrants or persons within the cultivation center and/or dispensary. This Limitation of Liability provision shall survive expiration or the earlier termination of this registration if such registration is granted.


(b) **Indemnification, Hold Harmless and Defense Obligations** – Registrant hereby indemnifies and holds the District of Columbia, its officers, directors, employees, affiliates and agents ("**Indemnified Parties**") harmless and shall defend the Indemnified Parties (with counsel satisfactory to District of Columbia) from and against any and all losses, costs, damages, liabilities, expenses, claims and judgments (including, without limitation, attorneys fees and court costs) suffered by or claimed against the Indemnified Parties, directly or indirectly, based on, arising out of or resulting from (i) registrant's establishment and operation of a cultivation center and/or dispensary in the District's medical marijuana program. (ii) the negligence or willful misconduct of registrant or its employees, contractors, agents, licensees, guests or invitees, (iii) any breach or default by registrant in the performance or observance of its covenants or obligations under this registration, or (iv) any violations of law by of registrant or its employees, contractors, agents, licensees, guests or invitees.

(c) **Federal Prosecution** - The United States Congress has determined that marijuana is a controlled substance and has placed marijuana in Schedule I of the Controlled Substance Act. Growing, distributing, and possessing marijuana in any capacity, other than as a part of a federally authorized research program, is a violation of federal laws. The District of Columbia's law authorizing the District's medical marijuana program will not excuse any registrant from any violation of the federal laws governing marijuana or authorize any registrant to violate federal laws.

12. The undersigned applicant certifies that the application is complete and accurate.

Any person who knowingly makes a false statement on an application, or in any accompanying statement under oath that the Department may require, shall be guilty of the offense of making false statements. The making of a false statement, whether made with or without the knowledge or consent of the applicant, shall, in the discretion of the Director, constitute sufficient cause for denial of the application or revocation of the registration. The making of false statements shall also constitute the basis for a criminal offense under D.C. Official Code § 22-2514.

13. The undersigned chooses to sign this attestation willingly and without reservation and is fully aware of its meaning and effect.

Signature of Applicant: 

Print Name: Jeremy Joseph

Company Name: Venture Forth LLC

Title: General Counsel

Date: 11-8-2011

Subscribed and sworn to before me this 8th day of November, 2011.

My commission expires Larry E. Jefferson
Notary Public, District of Columbia
My Commission Expires 1/14/2012

Notary Signature and Seal: 

- If the applicant is a sole proprietor, the individual must sign.
- If the applicant is a partnership, each partner must sign a copy of this document and submit a copy of the partnership agreement.
- If the applicant is a corporation, the President or Vice President must sign.
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GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health

Health Regulation and Licensing Administration



Medical Marijuana Program
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13. The undersigned chooses to sign this attestation willingly and without reservation and is fully aware of its meaning and effect.

Signature of Applicant: Scott Morgan

Print Name: Scott Morgan

Company Name: Venture Forth

Title: Director of Communications / Inventory Manager

Date: 11/1/11

Subscribed and sworn to before me this 1 day of November, 2011.

My commission expires 01/01/2014

Notary Signature and Seal: 

Terry D. McNeill
Notary Public, District of Columbia
My Commission Expires 1/1/2014

- If the applicant is a sole proprietor, the individual must sign.
- If the applicant is a partnership, each partner must sign a copy of this document and submit a copy of the partnership agreement.
- If the applicant is a corporation, the President or Vice President must sign.
- If the applicant is an LLC, each of the managing member(s) must sign a copy of this document.
- If the applicant is a Limited Partnership, each of the general partner(s) must sign a copy of this document.



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health**

Health Regulation and Licensing Administration



**Medical Marijuana Program
Dispensary
Acknowledgement and Attestation Form**

This form must be signed and notarized as part of the application process.

1. The undersigned applicant has not been convicted of any felony before filing the application.
2. The undersigned applicant has not been convicted of a misdemeanor for a drug-related offense before filing the application.
3. The undersigned applicant is not a person whose authority to be a caregiver or qualified patient has been revoked by the Department.
4. The undersigned applicant certifies that I do not owe more than \$100.00 to the District of Columbia government as a result of:
 - A. Fines, penalties or interest assessed pursuant to the Litter Control Administration Act of 1985, effective March 25, 1986 (D.C. Code § 6-2901 et seq.);
 - B. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Code § 6-2911 et seq.);
 - C. Fines, penalties or interest assessed pursuant to the Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, effective October 5, 1986 (D.C. Law 6-42; D.C. Code § 6-2701 et seq.); or
 - D. Past due taxes.

The undersigned applicant understands that if he/she knowingly falsifies this Certification, the Department will move to revoke the license or permit for which he/she is applying, and to fine me \$1,000.00. He/she further understand that the Department may conduct an investigation to ascertain the veracity of this certification. The undersigned applicant understands that this Certification is now required as documentation to accompany my application for a license or permit, and that by completing this Certification, he/she is not guaranteed that my license or permit will be approved. Please read carefully and completely before signing. A false statement on this certification requires that the Department proceed immediately to revoke the license or permit for which the undersigned applicant is now applying and fine him/her \$1000.00. This

899 North Capitol Street, NE, 2nd Floor, Washington, D.C. 20002 Email: doh_mmp@dc.gov Webpage: <http://hria.doh.dc.gov/mmp>

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certificate is required by the "CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT ACT OF 1996". (Effective May 11, 1996, D.C. Law 11-118, D.C. Code §47-2861 et seq.)

5. The undersigned applicant attests that he/she has read the Legalization of Marijuana for Medical Treatment Initiative of 1999 (Act), effective July 27, 2010, the Emergency and the Fourth Proposed Rulemaking published, August 12, 2011 in the D.C. Register, and has knowledge of District and federal laws and regulations relating to marijuana and medical marijuana.
6. The undersigned applicant assumes any and all risk or liability that may result under District of Columbia and federal laws and regulations from the operation of a medical marijuana dispensary.
7. The undersigned applicant acknowledges that he/she understands that the medical marijuana laws and enforcement thereof of the District of Columbia and the Federal government are subject to change at any time and that the District of Columbia shall not be liable as a result of these changes;
8. The undersigned applicant attests to the fact that the applicant is the true and actual owner of the business for which the registration is sought; the applicant intends to carry on the business for the entity identified in the application and not as the agent of any other individual, partnership, association, or corporation not identified in the application; and the registered establishment will be managed by the applicant in person or by a registered manager approved by the Director;
9. The undersigned attests that the applicant understands and is aware that a dispensary's registration may be revoked at any time for the convenience of the District pursuant to the regulations.
10. The undersigned applicant understands that the Department is not required to issue all of the available registrations to operate a dispensary.
11. The undersigned specifically acknowledges receipt and advisement of the notices below. The undersigned agrees to and accepts the limitation of liability against the District, and the requirement to indemnify, hold harmless, and defend the District.

(a) **Limitation of Liability** – The District of Columbia shall not be liable to registrant, its employees, agents, business invitees, licensees, customers, clients, family members or guests for any damage, injury, accident, loss, compensation or claim, based on, arising out of or resulting from registrant's participation in the District of Columbia's medical marijuana program, including but not limited to the following: arrest and seizure of persons and/or property, prosecution pursuant to federal laws by federal prosecutors, interruption in registrant's ability to operate its medical marijuana cultivation center and/or dispensary; any fire, robbery, theft, mysterious disappearance or any other casualty; the actions of any other

registrants or persons within the cultivation center and/or dispensary. This Limitation of Liability provision shall survive expiration or the earlier termination of this registration if such registration is granted.

(b) Indemnification, Hold Harmless and Defense Obligations – Registrant hereby indemnifies and holds the District of Columbia, its officers, directors, employees, affiliates and agents ("**Indemnified Parties**") harmless and shall defend the Indemnified Parties (with counsel satisfactory to District of Columbia) from and against any and all losses, costs, damages, liabilities, expenses, claims and judgments (including, without limitation, attorneys fees and court costs) suffered by or claimed against the Indemnified Parties, directly or indirectly, based on, arising out of or resulting from (i) registrant's establishment and operation of a cultivation center and/or dispensary in the District's medical marijuana program. (ii) the negligence or willful misconduct of registrant or its employees, contractors, agents, licensees, guests or invitees, (iii) any breach or default by registrant in the performance or observance of its covenants or obligations under this registration, or (iv) any violations of law by of registrant or its employees, contractors, agents, licensees, guests or invitees.

(c) Federal Prosecution - The United States Congress has determined that marijuana is a controlled substance and has placed marijuana in Schedule I of the Controlled Substance Act. Growing, distributing, and possessing marijuana in any capacity, other than as a part of a federally authorized research program, is a violation of federal laws. The District of Columbia's law authorizing the District's medical marijuana program will not excuse any registrant from any violation of the federal laws governing marijuana or authorize any registrant to violate federal laws.

12. The undersigned applicant certifies that the application is complete and accurate.

Any person who knowingly makes a false statement on an application, or in any accompanying statement under oath that the Department may require, shall be guilty of the offense of making false statements. The making of a false statement, whether made with or without the knowledge or consent of the applicant, shall, in the discretion of the Director, constitute sufficient cause for denial of the application or revocation of the registration. The making of false statements shall also constitute the basis for a criminal offense under D.C. Official Code § 22-2514.

13. The undersigned chooses to sign this attestation willingly and without reservation and is fully aware of its meaning and effect.

Signature of Applicant: *GF*

Print Name: Gregory Concepcion

Company Name: Venture Forth LLC

Title: Chief Horticulturalist

Date: 10/31/11

Subscribed and sworn to before me this 31 day of October, 2011.

My commission expires October 31, 2014

Notary Signature and Seal: *Meridith Price*



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