



Massachusetts Cannabis Control Commission

Marijuana Retailer

General Information:

License Number: MR282881
Original Issued Date: 06/05/2020
Issued Date: 06/05/2020
Expiration Date: 06/05/2021

ABOUT THE MARIJUANA ESTABLISHMENT

Business Legal Name: Frozen 4 Corporatioon

Phone Number: 617-990-6653 Email Address: bvirga@frozen4llc.com

Business Address 1: 618 Columbia Road

Business Address 2:

Business City: Dorchester

Business State: MA

Business Zip Code: 02125

Mailing Address 1: 8 Bayridge Lane

Mailing Address 2:

Mailing City: Duxbury

Mailing State: MA

Mailing Zip Code: 02332

CERTIFIED DISADVANTAGED BUSINESS ENTERPRISES (DBES)

Certified Disadvantaged Business Enterprises (DBEs): Not a DBE

PRIORITY APPLICANT

Priority Applicant: yes

Priority Applicant Type: Economic Empowerment Priority

Economic Empowerment Applicant Certification Number: EEA201955

RMD Priority Certification Number:

RMD INFORMATION

Name of RMD:

Department of Public Health RMD Registration Number:

Operational and Registration Status:

To your knowledge, is the existing RMD certificate of registration in good standing?:

If no, describe the circumstances below:

PERSONS WITH DIRECT OR INDIRECT AUTHORITY

Person with Direct or Indirect Authority 1

Percentage Of Ownership: 51

Percentage Of Control: 51

Role: Executive / Officer

Other Role:

First Name: Candace

Last Name: Kattar

Suffix:

Gender: Female	User Defined Gender:
What is this person's race or ethnicity?: White (German, Irish, English, Italian, Polish, French)	
Specify Race or Ethnicity:	

Person with Direct or Indirect Authority 2

Percentage Of Ownership: 16.34	Percentage Of Control: 16.34	
Role: Executive / Officer	Other Role:	
First Name: David	Last Name: Morgan	Suffix:
Gender: Male	User Defined Gender:	
What is this person's race or ethnicity?: White (German, Irish, English, Italian, Polish, French)		
Specify Race or Ethnicity:		

Person with Direct or Indirect Authority 3

Percentage Of Ownership: 16.33	Percentage Of Control: 16.33	
Role: Executive / Officer	Other Role:	
First Name: Lukasz	Last Name: Marut	Suffix:
Gender: Male	User Defined Gender:	
What is this person's race or ethnicity?: White (German, Irish, English, Italian, Polish, French)		
Specify Race or Ethnicity:		

Person with Direct or Indirect Authority 4

Percentage Of Ownership: 16.33	Percentage Of Control: 16.33	
Role: Executive / Officer	Other Role:	
First Name: Benjamin	Last Name: Virga	Suffix:
Gender: Male	User Defined Gender:	
What is this person's race or ethnicity?: White (German, Irish, English, Italian, Polish, French)		
Specify Race or Ethnicity:		

ENTITIES WITH DIRECT OR INDIRECT AUTHORITY

Entity with Direct or Indirect Authority 1

Percentage of Control:	Percentage of Ownership:		
Entity Legal Name: Bud & Mary's, LLC	Entity DBA:	DBA	City:
Entity Description: Capital Resource Entity			
Foreign Subsidiary Narrative:			
Entity Phone: 617-990-6653	Entity Email: bvirga@frozen4llc.com	Entity Website:	
Entity Address 1: 1801 North American Street	Entity Address 2:		
Entity City: Philadelphia	Entity State: PA	Entity Zip Code: 19122	
Entity Mailing Address 1: 8 Bayridge Lane	Entity Mailing Address 2:		
Entity Mailing City: Duxbury	Entity Mailing State: MA	Entity Mailing Zip Code: 02332	
Relationship Description: Bud and Mary's LLC is a single member, member managed limited liability company. The entity is owned and controlled by David Morgan. Bud & Mary's was established in 2019 for the purpose of making capital contributions to multiple entities in connection with Massachusetts adult use marijuana establishments. Bud & Mary's LLC has no control or ownership in any Massachusetts adult use marijuana establishment and serves solely as a capital contributor.			

CLOSE ASSOCIATES AND MEMBERS

No records found

CAPITAL RESOURCES - INDIVIDUALS

No records found

CAPITAL RESOURCES - ENTITIES

Entity Contributing Capital 1

Entity Legal Name: Bud & Mary's, LLC **Entity DBA:**

Email: bvirga@frozen4llc.com **Phone:** 617-990-6653

Address 1: 1801 North American Street **Address 2:**

City: Philadelphia **State:** PA **Zip Code:** 19122

Types of Capital: Monetary/Equity **Other Type of Capital:** **Total Value of Capital Provided:** \$56088.12 **Percentage of Initial Capital:** 1

Capital Attestation: Yes

BUSINESS INTERESTS IN OTHER STATES OR COUNTRIES

No records found

DISCLOSURE OF INDIVIDUAL INTERESTS

Individual 1

First Name: Benjamin **Last Name:** Virga **Suffix:**

Marijuana Establishment Name: Frozen 4 LLC **Business Type:** Marijuana Cultivator

Marijuana Establishment City: Berkley **Marijuana Establishment State:** MA

Individual 2

First Name: David **Last Name:** Morgan **Suffix:**

Marijuana Establishment Name: Frozen 4 LLC **Business Type:** Marijuana Cultivator

Marijuana Establishment City: Berkley **Marijuana Establishment State:** MA

Individual 3

First Name: Lukasz **Last Name:** Marut **Suffix:**

Marijuana Establishment Name: Frozen 4 LLC **Business Type:** Marijuana Cultivator

Marijuana Establishment City: Berkley **Marijuana Establishment State:** MA

Individual 4

First Name: Benjamin **Last Name:** Virga **Suffix:**

Marijuana Establishment Name: Frozen 4 Corporation **Business Type:** Marijuana Product Manufacture

Marijuana Establishment City: Bellingham **Marijuana Establishment State:** MA

Individual 5

First Name: David **Last Name:** Morgan **Suffix:**

Marijuana Establishment Name: Frozen 4 Corporation **Business Type:** Marijuana Product Manufacture

Marijuana Establishment City: Bellingham **Marijuana Establishment State:** MA

Individual 6

First Name: Lukasz **Last Name:** Marut **Suffix:**

Marijuana Establishment Name: Frozen 4 Corporation **Business Type:** Marijuana Product Manufacture

Marijuana Establishment City: Bellingham **Marijuana Establishment State:** MA

Individual 7

First Name: Benjamin **Last Name:** Virga **Suffix:**

Marijuana Establishment Name: Frozen 4 Corporation	Business Type: Marijuana Transporter with Other Existing ME License
Marijuana Establishment City: Bellingham	Marijuana Establishment State: MA
Individual 8	
First Name: David	Last Name: Morgan
	Suffix:
Marijuana Establishment Name: Frozen 4 Corporation	Business Type: Marijuana Transporter with Other Existing ME License
Marijuana Establishment City: Bellingham	Marijuana Establishment State: MA
Individual 9	
First Name: Lukasz	Last Name: Marut
	Suffix:
Marijuana Establishment Name: Frozen 4 Corporation	Business Type: Marijuana Transporter with Other Existing ME License
Marijuana Establishment City: Bellingham	Marijuana Establishment State: MA
Individual 10	
First Name: Benjamin	Last Name: Virga
	Suffix:
Marijuana Establishment Name: Frozen 4 Corporation	Business Type: Marijuana Product Manufacture
Marijuana Establishment City: Marshfield	Marijuana Establishment State: MA
Individual 11	
First Name: David	Last Name: Morgan
	Suffix:
Marijuana Establishment Name: Frozen 4 Corporation	Business Type: Marijuana Product Manufacture
Marijuana Establishment City: Marshfield	Marijuana Establishment State: MA
Individual 12	
First Name: Lukasz	Last Name: Marut
	Suffix:
Marijuana Establishment Name: Frozen 4 Corporation	Business Type: Marijuana Product Manufacture
Marijuana Establishment City: Marshfield	Marijuana Establishment State: MA
Individual 13	
First Name: Benjamin	Last Name: Virga
	Suffix:
Marijuana Establishment Name: Theory Farms LLC	Business Type: Marijuana Cultivator
Marijuana Establishment City: Bellingham	Marijuana Establishment State: MA
Individual 14	
First Name: David	Last Name: Morgan
	Suffix:
Marijuana Establishment Name: Theory Farms LLC	Business Type: Marijuana Cultivator
Marijuana Establishment City: Bellingham	Marijuana Establishment State: MA
Individual 15	
First Name: Candace	Last Name: Kattar
	Suffix:
Marijuana Establishment Name: Frozen 4 Corporation	Business Type: Marijuana Product Manufacture
Marijuana Establishment City: Marshfield	Marijuana Establishment State: MA
Individual 16	
First Name: Candace	Last Name: Kattar
	Suffix:
Marijuana Establishment Name: Frozen 4 Corporation	Business Type: Marijuana Product Manufacture
Marijuana Establishment City: Bellingham	Marijuana Establishment State: MA
Individual 17	
First Name: Candace	Last Name: Kattar
	Suffix:

Marijuana Establishment Name: Frozen 4 Corporation **Business Type:** Marijuana Transporter with Other Existing ME License
Marijuana Establishment City: Bellingham **Marijuana Establishment State:** MA

Individual 18

First Name: Lukasz **Last Name:** Marut **Suffix:**
Marijuana Establishment Name: Theory Farms LLC **Business Type:** Marijuana Cultivator
Marijuana Establishment City: Bellingham **Marijuana Establishment State:** MA

MARIJUANA ESTABLISHMENT PROPERTY DETAILS

Establishment Address 1: 985 Plain Street
Establishment Address 2:
Establishment City: Marshfield **Establishment Zip Code:** 02050
Approximate square footage of the establishment: 11500 **How many abutters does this property have?:** 79
Have all property abutters been notified of the intent to open a Marijuana Establishment at this address?: Yes

HOST COMMUNITY INFORMATION

Host Community Documentation:

Document Category	Document Name	Type	ID	Upload Date
Certification of Host Community Agreement	985 Plain Street executed CCC Attestation form on HCA on 7 16 19.pdf	pdf	5d54391fad2c7633c919a4ed	08/14/2019
Plan to Remain Compliant with Local Zoning	F4C revised PLAN TO REMAIN COMPLIANT WITH LOCAL ZONING ON MRN282881.pdf	pdf	5e4de48102a6e7045352e213	02/19/2020
Community Outreach Meeting Documentation	3 11 20 REVISED community outreach related materials.pdf	pdf	5e691aa844a317443c1097a7	03/11/2020

Total amount of financial benefits accruing to the municipality as a result of the host community agreement. If the total amount is zero, please enter zero and provide documentation explaining this number.: \$

PLAN FOR POSITIVE IMPACT

Plan to Positively Impact Areas of Disproportionate Impact:

Document Category	Document Name	Type	ID	Upload Date
Other	Cook Family Charitable Foundation letter to F4CORP on Marshfield for PPI to the CCC.pdf	pdf	5d5439526e3bd533dbcff6f4	08/14/2019
Plan for Positive Impact	F4C PLAN FOR POSITIVE IMPACT submitted to the CCC on 985P retail.pdf	pdf	5e2495b04121de06bd3dd946	01/19/2020
Other	C3RN letter to F4 on PPI for CCC applications.pdf	pdf	5e2495c6b846d306c4443ada	01/19/2020

ADDITIONAL INFORMATION NOTIFICATION

Notification: I understand

INDIVIDUAL BACKGROUND INFORMATION

Individual Background Information 1

Role: Executive / Officer **Other Role:**
First Name: Benjamin **Last Name:** Virga **Suffix:**

Date generated: 12/03/2020

Page: 5 of 8

RMD Association: Not associated with an RMD

Background Question: no

Individual Background Information 2

Role: Executive / Officer

Other Role:

First Name: David

Last Name: Morgan Suffix:

RMD Association: Not associated with an RMD

Background Question: no

Individual Background Information 3

Role: Executive / Officer

Other Role:

First Name: Lukasz

Last Name: Marut Suffix:

RMD Association: Not associated with an RMD

Background Question: no

Individual Background Information 4

Role: Executive / Officer

Other Role:

First Name: Candace

Last Name: Kattar Suffix:

RMD Association: Not associated with an RMD

Background Question: no

ENTITY BACKGROUND CHECK INFORMATION

Entity Background Check Information 1

Role: Investor/Contributor

Other Role:

Entity Legal Name: Bud & Mary's, LLC

Entity DBA:

Entity Description: Capital Resource Entity

Phone: 617-990-6653

Email: bvirga@frozen4llc.com

Primary Business Address 1: 1801 North American Street

Primary Business Address 2:

Primary Business City: Philadelphia

Primary Business State: PA

Principal Business Zip Code: 19122

Additional Information:

MASSACHUSETTS BUSINESS REGISTRATION

Required Business Documentation:

Document Category	Document Name	Type	ID	Upload Date
Articles of Organization	F4C ARTICLES OF ORG document for CCC.pdf	pdf	5d54291dba4085341250a912	08/14/2019
Secretary of Commonwealth - Certificate of Good Standing	F4C Certificate of Good Standing from MA Sec of State on 12 6 19.pdf	pdf	5e2496517a1a100702175b62	01/19/2020
Bylaws	F4C Draft corporate by laws.pdf	pdf	5e249652c1912d0730a53753	01/19/2020
Department of Revenue - Certificate of Good standing	F4C MA DOR CERT OF GOOD STANDING DATED 12 16 19.pdf	pdf	5e2496534c3b1606ec2b8ef3	01/19/2020

No documents uploaded

Massachusetts Business Identification Number: 832341577

Doing-Business-As Name:

DBA Registration City:**BUSINESS PLAN**

Business Plan Documentation:

Document Category	Document Name	Type	ID	Upload Date
Plan for Liability Insurance	F4C PLAN TO SECURE LIABILITY INSURANCE for retail app to CCC .pdf	pdf	5d54297df0e76e38a87d07dc	08/14/2019
Business Plan	F4C BUSINESS PLAN submitted to the CCC on 985P retail.pdf	pdf	5e249731bcf9aa06f389825a	01/19/2020
Proposed Timeline	F4C revised PROPOSED TIMELINE FOR MRN282881.pdf	pdf	5e4de2e1fe55e40432f71d24	02/19/2020

OPERATING POLICIES AND PROCEDURES

Policies and Procedures Documentation:

Document Category	Document Name	Type	ID	Upload Date
Prevention of diversion	F4C DIVERSION for retail app to CCC .pdf	pdf	5d542a45385de033fc95f6e7	08/14/2019
Security plan	F4C SECURITY PLAN Attachment A for retail app to CCC .pdf	pdf	5d542a51bc4ba7387cf50ec7	08/14/2019
Storage of marijuana	F4C STORAGE for retail app to CCC.pdf	pdf	5d542a5b17ec6d33f1154860	08/14/2019
Transportation of marijuana	F4C TRANSPORTATION for retail app to CCC .pdf	pdf	5d542c08f0e76e38a87d07ee	08/14/2019
Qualifications and training	F4C QUALIFICATIONS AND TRAINING for retail app to CCC.pdf	pdf	5d542c9db0555e33d0bd0190	08/14/2019
Plan for obtaining marijuana or marijuana products	F4C Plan for obtaining marijuana for retail app to CCC.pdf	pdf	5d5d7d51c544c91e011c4c8c	08/21/2019
Personnel policies including background checks	F4C PERSONNEL POLICIES to CCC on 985P retail.pdf	pdf	5e2497d63cc4ba0742ce5860	01/19/2020
Inventory procedures	F4C INVENTORY PROCEDURES to CCC on 985P retail.pdf	pdf	5e2497d74c3b1606ec2b8ef9	01/19/2020
Diversity plan	F4C DIVERSITY PLAN to CCC on 985P retail.pdf	pdf	5e2497d9c72d2d074d8e24e3	01/19/2020
Restricting Access to age 21 and older	F4C RESTRICTED ACCESS to CCC on 985P retail.pdf	pdf	5e2497f34121de06bd3dd94d	01/19/2020
Record Keeping procedures	F4C RECORD KEEPING to CCC on 985P retail.pdf	pdf	5e2497f5b846d306c4443ade	01/19/2020
Quality control and testing	F4C QUALITY CONTROL to CCC on 985P retail.pdf	pdf	5e2497f6cc187d076e3cac6c	01/19/2020
Diversity plan	C3RN letter to F4 on PPI for CCC applications.pdf	pdf	5e4de31064339304b0900a40	02/19/2020
Dispensing procedures	revised DISPENSING PROCEDURES for RFI #1 on MRN282881.pdf	pdf	5e4de32202a6e7045352e207	02/19/2020
Maintaining of financial records	revised MAINTAINING OF FINANCIAL RECORDS for RFI #1 MRN282881.pdf	pdf	5e4de33581ae16046beca597	02/19/2020

MARIJUANA RETAILER SPECIFIC REQUIREMENTS

No documents uploaded

No documents uploaded

ATTESTATIONS

I certify that no additional entities or individuals meeting the requirement set forth in 935 CMR 500.101(1)(b)(1) or 935 CMR 500.101(2)(c)(1) have been omitted by the applicant from any marijuana establishment application(s) for licensure submitted to the Cannabis Control Commission.: I Agree

I understand that the regulations stated above require an applicant for licensure to list all executives, managers, persons or entities having direct or indirect authority over the management, policies, security operations or cultivation operations of the Marijuana Establishment; close associates and members of the applicant, if any; and a list of all persons or entities contributing 10% or more of the initial capital to operate the Marijuana Establishment including capital that is in the form of land or buildings.: I Agree

I certify that any entities who are required to be listed by the regulations above do not include any omitted individuals, who by themselves, would be required to be listed individually in any marijuana establishment application(s) for licensure submitted to the Cannabis Control Commission.: I Agree

Notification: I Understand

I certify that any changes in ownership or control, location, or name will be made pursuant to a separate process, as required under 935 CMR 500.104(1), and none of those changes have occurred in this application.:

I certify that to the best knowledge of any of the individuals listed within this application, there are no background events that have arisen since the issuance of the establishment's final license that would raise suitability issues in accordance with 935 CMR 500.801.:

I certify that all information contained within this renewal application is complete and true.:

ADDITIONAL INFORMATION NOTIFICATION

Notification: I Understand

COMPLIANCE WITH POSITIVE IMPACT PLAN

No records found

COMPLIANCE WITH DIVERSITY PLAN

No records found

HOURS OF OPERATION

Monday From: 10:00 AM	Monday To: 10:00 PM
Tuesday From: 10:00 AM	Tuesday To: 10:00 PM
Wednesday From: 10:00 AM	Wednesday To: 10:00 PM
Thursday From: 10:00 AM	Thursday To: 10:00 PM
Friday From: 10:00 AM	Friday To: 10:00 PM
Saturday From: 9:00 AM	Saturday To: 10:00 PM
Sunday From: 9:00 AM	Sunday To: 10:00 PM

Host Community Agreement Certification Form

The applicant and contracting authority for the host community must complete each section of this form before uploading it to the application. Failure to complete a section will result in the application being deemed incomplete. Instructions to the applicant and/or municipality appear in italics. Please note that submission of information that is "misleading, incorrect, false, or fraudulent" is grounds for denial of an application for a license pursuant to 935 CMR 500.400(1).

Applicant

I, Benjamin C. Virga, (*insert name*) certify as an authorized representative of Frozen 4 Corporation (*insert name of applicant*) that the applicant has executed a host community agreement with Marshfield, MA (*insert name of host community*) pursuant to G.L.c. 94G § 3(d) on 7/16/2019 (*insert date*).



Signature of Authorized Representative of Applicant

Host Community

I, Joseph E. Kelleher, (*insert name*) certify that I am the contracting authority or have been duly authorized by the contracting authority for Town of Marshfield (*insert name of host community*) to certify that the applicant and Town of Marshfield (*insert name of host community*) has executed a host community agreement pursuant to G.L.c. 94G § 3(d) on 7/16/2019 (*insert date*).



Signature of Contracting Authority or
Authorized Representative of Host Community

FROM: Frozen 4 Corporation
TO: Cannabis Control Commission
DATE: February 16th, 2020
RE: Revised Plan to remain compliant with Local Zoning for MRN282881

PLAN:

Frozen 4 Corporation ("F4C") will establish and operate a retail dispensary at 985 Plain Street in Marshfield, MA. The Marshfield Zoning Code allows cannabis establishment use by Special Permit within an Industrial District. F4C will comply with all applicable town regulations and bylaws in doing so. Article XII of the Marshfield bylaws pertains to zoning and special regulations, F4C shall comply with the Town of Marshfield's zoning bylaws and specifically, §305 Attachment 1 (Table of Use Regulations) and § 305-12.05, Recreational marijuana retailer.

The property located at 985 Plain Street lies entirely within a I-1 zone. As set forth in Section § 305 - 12.06, the Marshfield zoning bylaw allows F4C's proposed use in a I-1 zone. F4C has met with the selectmen, police chief, fire chief, town planner and building inspector as well as other appropriate department heads to ensure continued compliance. Mr. Virga, Mr. Marut and professionals designated by them will interact with the town and will be responsible for assuring the F4C's ongoing compliance.

F4C will apply for their special permit in March of 2020 and will have that Special Permit issued within 10-13 weeks from submission. This Special Permit process includes a full site plan review within it. Upon the issuance of it by the Town of Marshfield the Special Permit remains in effect and valid as long as the entity that applied for and received the Special Permit owns the property. If the property is sold to a new entity the Special Permit would need to undergo a review for transfer process as set forth by the Town's by-laws.

Community Outreach Meeting Attestation Form

The applicant must complete each section of this form and initial each page before uploading it to the application. Failure to complete a section will result in the application being deemed incomplete. Instructions to the applicant appear in italics. Please note that submission of information that is "misleading, incorrect, false, or fraudulent" is grounds for denial of an application for a license pursuant to 935 CMR 500.400(1).

I, Benjamin C. Virga, (insert name) attest as an authorized representative of Frozen 4 Corporation (insert name of applicant) that the applicant has complied with the requirements of 935 CMR 500 and the guidance for licensed applicants on community outreach, as detailed below.

1. The Community Outreach Meeting was held on August 6th, 2019 (insert date).
2. A copy of a notice of the time, place, and subject matter of the meeting, including the proposed address of the Marijuana Establishment, was published in a newspaper of general circulation in the city or town on July 26th & July 29th, 2019 (insert date), which was at least seven calendar days prior to the meeting. A copy of the newspaper notice is attached as Attachment A (please clearly label the newspaper notice in the upper right hand corner as Attachment A and upload it as part of this document).
3. A copy of the meeting notice was also filed on July 24th, 2019 (insert date) with the city or town clerk, the planning board, the contracting authority for the municipality, and local licensing authority for the adult use of marijuana, if applicable. A copy of the municipal notice is attached as Attachment B (please clearly label the municipal notice in the upper right-hand corner as Attachment B and upload it as part of this document).
4. Notice of the time, place and subject matter of the meeting, including the proposed address of the Marijuana Establishment, was mailed on July 25th, 2019 (insert date), which was at least seven calendar days prior to the community outreach meeting to abutters of the proposed address of the Marijuana Establishment, and residents within 300 feet of the property line of the petitioner as they appear on the most recent applicable tax list, notwithstanding that the land of any such owner is located in another city or town. A copy of one of the notices sent to abutters and parties of interest as described in this section is attached as Attachment C (please clearly label the municipal notice in the upper right hand corner as Attachment C and upload it as part of this document; please only include a copy of one notice and please black out the name and the address of the addressee).

5. Information was presented at the community outreach meeting including:
 - a. The type(s) of Marijuana Establishment to be located at the proposed address;
 - b. Information adequate to demonstrate that the location will be maintained securely;
 - c. Steps to be taken by the Marijuana Establishment to prevent diversion to minors;
 - d. A plan by the Marijuana Establishment to positively impact the community; and
 - e. Information adequate to demonstrate that the location will not constitute a nuisance as defined by law.
6. Community members were permitted to ask questions and receive answers from representatives of the Marijuana Establishment.

Attachment B

7/24/2019

Town of Marshfield
Office of the Planning Department
870 Moraine Street
Marshfield MA 02050

Received
JUL 24 2019
Marshfield Planning Dept.

In accordance with 935 CMR 500.000 et seq., notice is hereby given that a Community Outreach Meeting for a proposed Marijuana Establishment is scheduled for August 6th, 2019 at 7:00pm at 1321 Ocean Street, Marshfield MA 02050. The proposed dispensary and product manufacturing Marijuana Establishment is anticipated to be located at 985 Plain Street in Marshfield, MA.

There will be an opportunity for the public to ask questions.

For questions please contact the Town Administrators Office;
870 Moraine Street, Marshfield MA 02050
781-834-5563 - Phone

7/24/2019

**MARSHFIELD TOWN CLERK
RECEIVED
2019 JUL 24 PM 1:23**

**Town of Marshfield
Office of the Town Clerk
870 Moraine Street
Marshfield MA 02050**

In accordance with 935 CMR 500.000 et seq., notice is hereby given that a Community Outreach Meeting for a proposed Marijuana Establishment is scheduled for August 6th, 2019 at 7:00pm at 1321 Ocean Street, Marshfield MA 02050. The proposed dispensary and product manufacturing Marijuana Establishment is anticipated to be located at 985 Plain Street in Marshfield, MA.

There will be an opportunity for the public to ask questions.

**For questions please contact the Town Administrators Office;
870 Moraine Street, Marshfield MA 02050
781-834-5563 - Phone**

7/24/2019

Town of Marshfield
Office of the Town Administrator
870 Moraine Street
Marshfield MA 02050



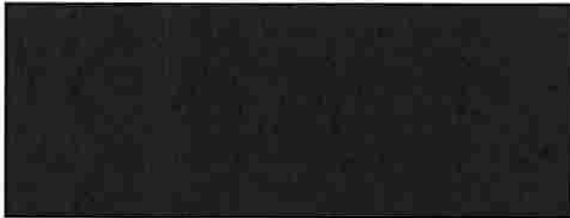
In accordance with 935 CMR 500.000 et seq., notice is hereby given that a Community Outreach Meeting for a proposed Marijuana Establishment is scheduled for August 6th, 2019 at 7:00pm at 1321 Ocean Street, Marshfield MA 02050. The proposed dispensary and product manufacturing Marijuana Establishment is anticipated to be located at 985 Plain Street in Marshfield, MA.

There will be an opportunity for the public to ask questions.

For questions please contact the Town Administrators Office;
870 Moraine Street, Marshfield MA 02050
781-834-5563 - Phone

Attachment C

7/24/2019



In accordance with 935 CMR 500.000 et seq., notice is hereby given that a Community Outreach Meeting for a proposed Marijuana Establishment is scheduled for August 6th, 2019 at 7:00pm at 1321 Ocean Street, Marshfield MA 02050. The proposed dispensary and product manufacturing Marijuana Establishment is anticipated to be located at 985 Plain Street in Marshfield, MA.

There will be an opportunity for the public to ask questions.

For questions please contact the Town Administrators Office;
870 Moraine Street, Marshfield MA 02050
781-834-5563 - Phone



THERE IS A \$25 PROCESSING FEE DUE
UPON SUBMISSION OF REQUEST
TO THE ASSESSORS' OFFICE
PAYABLE TO "TOWN OF MARSHFIELD"

TOWN OF MARSHFIELD

870 Moraine Street
Marshfield, MA 02050
Tel. (781) 834-5557
ZONING BOARD OF APPEALS



TO: ASSESSORS OFFICE

DATE:

RE: CERTIFICATION OF ABUTTERS FOR ZBA HEARING *Community Meeting*

THE FOLLOWING IS THE MAP, BLOCK, & LOT IDENTIFICATION FOR THE SUBJECT LOT OR LOTS.

MAP 0010 BLOCK 0002 LOT 0005

PETITIONER: Frozen Y Corp.

ADDRESS: 985 Plain St. Marshfield MA 02050

PROJECT TYPE: Community Meeting *Ben Virgo*
617. 990. 6653

Signature of Applicant or Representative: *[Signature]*

Note: to Assessors' Office:

PLEASE PROVIDE 1 HARD COPY OF LIST

DO NOT WRITE BELOW LINE - FOR ASSESSORS' OFFICE USE ONLY

TO: ZONING BOARD OF APPEALS

DATE: *July 19, 2019*

FROM: ASSESSORS OFFICE

WE HEREBY CERTIFY THAT THE FOLLOWING ARE THE NAMES AND ADDRESSES OF THE "PARTIES IN INTEREST" FOR THE ABOVE-NAMED PARCEL (S) OF LAND FOR PURPOSES OF NOTIFICATION OF PUBLIC HEARING PER MA. CHAPTER 40A. SUCH "PARTIES IN INTEREST" INCLUDE (A) APPLICANT; (B) ABUTTERS; (C) PROPERTIES DIRECTLY ACROSS THE STREET; (D) AND ABUTTERS TO THE ABUTTERS IF WITHIN 300' OF THE SUBJECT PARCEL.

ASSESSORS' OFFICE SIGNATURE: *Susan R. Shine*

WHEN LIST IS READY, PLEASE CALL Nanci AT EXT. 222

NOTES

RECEIPT

DATE

July 19, 2019

NO.

694429

RECEIVED FROM

Bess K. Kipler

ADDRESS

Freeman 4 Corp

FOR

Arthur's List 300' - 985 Plain Street (Acres)

\$ 25.00

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT			CASH		
AMT. PAID			CHECK		
BALANCE DUE			AMOUNT ORDER		

BY

Samuel Kline

ASST. SEC. OF STATE

40 LONE STREET LUC: 433	C10-01-01C	PLAIN STREET LUC: 380	C10-03-04	980 PLAIN STREET LUC: 102	C10-05A-04
40 LONE STREET MARSHFIELD, MA 02050		101 N TRYON ST 1000 PLAIN STREET			
20 LONE STREET	C10-01-05A	1000 PLAIN STREET	C10-05-01A	980 PLAIN STREET	C10-05A-05 LUC: 102
40 LONE STAR STREET MARSHFIELD, MA 02050-0000		100 RECREATION PARK DRIVE HINGHAM, MA 02043		MARSHFIELD, MA 02050-4907	
10 LONE STREET	C10-01-08	1000 PLAIN STREET	C10-05-01B	980 PLAIN STREET	C10-05A-08
10 LONE STREET MARSHFIELD, MA 02050-2102		PEMBROKE, MA 02359		MARSHFIELD, MA 02050-0000	
1025 PLAIN STREET	C10-01-07A	988 PLAIN STREET	C10-05-02A	980 PLAIN STREET	C10-05A-07
MARSHFIELD, MA 02050		MARSHFIELD, MA 02050-0000		MARSHFIELD, MA 02050-0000	
69 LONE STREET	C10-02-01A	1000 PLAIN STREET	C10-05-02B	980 PLAIN STREET	C10-05A-08 LUC: 102
382 WASHINGTON ST NORWELL, MA 02061		1000 PLAIN STREET MARSHFIELD, MA 02050		UNIT 8 MARSHFIELD, MA 02050-2121	
975 PLAIN STREET LUC: 215	C10-02-02A	974 PLAIN STREET	C10-05-03	980 PLAIN STREET	C10-05A-09 LUC: 102
475 SCHOOL STREET UNIT #8 MARSHFIELD, MA 02050-0000		MARSHFIELD, MA 02050-1001		MARSHFIELD, MA 02050	
985 PLAIN STREET	C10-02-03A	SCHOOL STREET	C10-05-04	980 PLAIN STREET	C10-05A-10 LUC: 102
PO BOX 29248 PHOENIX, AZ 85038		MARSHFIELD, MA 02050		MARSHFIELD, MA 02050-0000	
955 PLAIN STREET	C10-02-04A	980 PLAIN STREET	C10-05A-01	980 PLAIN STREET	C10-05A-11 LUC: 102
BRAINTREE, MA 02185		MARSHFIELD, MA 02050		1 PARISH PATHE #11 MARSHFIELD, MA 02050	
985 PLAIN STREET	C10-02-05	980 PLAIN STREET	C10-05A-02	980 PLAIN STREET	C10-05A-12 LUC: 102
40 LONE STREET MARSHFIELD, MA 02050-0000		9 OAR AND LINE ROAD PLYMOUTH, MA 02380		UNIT B-12 MARSHFIELD, MA 02050	
43 LONE STREET	C10-02-06	980 PLAIN STREET	C10-05A-03	980 PLAIN STREET	C10-05A-13

880 PLAIN STREET C10-05A-14 [REDACTED]	880 PLAIN STREET C10-05A-24 [REDACTED]	880 PLAIN STREET C10-05A-34 [REDACTED]
880 PLAIN STREET UNIT 14 BLD 2 EDGEWOOD MARSHFIELD, MA 02050	7 LAURAS LAKE NORWELL, MA 02061	3 PARISH PATHE 34 MARSHFIELD, MA 02050
880 PLAIN STREET C10-05A-15 [REDACTED]	880 PLAIN STREET C10-05A-25 [REDACTED]	880 PLAIN STREET C10-05A-35 [REDACTED]
8 PARISH PATH UNIT MARSHFIELD, MA 02050	880 PLAIN ST #25 MARSHFIELD, MA 02050	5 PARISH PATHE UNIT 35 MARSHFIELD, MA 02050
880 PLAIN STREET C10-05A-16 [REDACTED]	880 PLAIN STREET C10-05A-26 [REDACTED]	880 PLAIN STREET C10-05A-36 [REDACTED] 102
2 PARISH PATHE UNIT 16 MARSHFIELD, MA 02050-0000	26 PARISH PATHE UNIT 3 MARSHFIELD, MA 02050-0000	880 PLAIN ST UNIT 36 MARSHFIELD, MA 02050
880 PLAIN STREET C10-05A-17 [REDACTED]	880 PLAIN STREET C10-05A-27 [REDACTED]	878 PLAIN STREET C10-05A-37 [REDACTED] 102
CONSCILL CHARLOTTE 17 PARISH PATHE #17 MARSHFIELD, MA 02050	3 PARISH PATHE UNIT 27 MARSHFIELD, MA 02050-0000	47 SHORE DRIVE KINGSTON, MA 02384
880 PLAIN STREET C10-05A-18 [REDACTED]	880 PLAIN STREET C10-05A-28 [REDACTED]	878 PLAIN STREET C10-05A-38 [REDACTED] 102
10 PARISH PATHE MARSHFIELD, MA 02050	6 PARISH PATHE UNIT 28 MARSHFIELD, MA 02050-0000	7 EDWARDS DRIVE WHITMAN, MA 02382
880 PLAIN STREET C10-05A-19 [REDACTED]	880 PLAIN STREET C10-05A-29 [REDACTED]	878 PLAIN STREET C10-05A-39 [REDACTED] 102
84 STAGECOACH RD DUXBURY, MA 02332	11 AMES AVENUE LEXINGTON, MA 02421	JAMES S CARBODY JR TRUST 101 FIRST PARISH ROAD SCITUATE, MA 02068
880 PLAIN STREET C10-05A-20 [REDACTED]	880 PLAIN STREET C10-05A-30 [REDACTED]	878 PLAIN STREET C10-05A-40 [REDACTED] 102
5 WALLACE CIRCLE MALDEN, MA 02148	MARSHFIELD, MA 02050-0000	48 WALTHAM AVE MARSHFIELD, MA 02050-0000
880 PLAIN STREET C10-05A-21 [REDACTED]	880 PLAIN STREET C10-05A-31 [REDACTED]	878 PLAIN STREET C10-05A-41 [REDACTED] 102
B-2, UNIT 21 MARSHFIELD, MA 02050	HALIFAX, MA 02339	MARSHFIELD, MA 02050
880 PLAIN STREET C10-05A-22 [REDACTED]	880 PLAIN STREET C10-05A-32 [REDACTED]	878 PLAIN STREET C10-05A-42 [REDACTED] 102
1 PARISH PATHE UNIT 22 MARSHFIELD, MA 02050-0000	8 PARISH PATHE UNIT 32 MARSHFIELD, MA 02050-0000	10 EDWARDS DRIVE E BRIDGEWATER, MA 02333
880 PLAIN STREET C10-05A-23 [REDACTED]	880 PLAIN STREET C10-05A-33 [REDACTED]	878 PLAIN STREET C10-05A-43 [REDACTED] 102
23 PARISH PATHE UNIT 23 MARSHFIELD, MA 02050	880 PLAIN ST 33 MARSHFIELD, MA 02050	4 PARISH PATHE UNIT 43 MARSHFIELD, MA 02050-0000

978 PLAIN STREET C10-05A-44

978 PLAIN STREET C10-05A-54

MARSHFIELD, MA 02050

UNIT 54
MARSHFIELD, MA 02050

978 PLAIN STREET C10-05A-45

978 PLAIN STREET C10-05A-55

BRIGHTON, MA 02135

55 PARISH PATHE
MARSHFIELD, MA 02050

978 PLAIN STREET C10-05A-46

978 PLAIN STREET C10-05A-56

MARSHFIELD, MA 02050-0000

UNIT 56
MARSHFIELD, MA 02050

978 PLAIN STREET C10-05A-47

978 PLAIN STREET C10-05A-57

MARSHFIELD, MA 02050

MARSHFIELD, MA 02050

978 PLAIN STREET C10-05A-48

978 PLAIN STREET C10-05A-58

ASHLAND, MA 01721

MARSHFIELD, MA 02050-2129

978 PLAIN STREET C10-05A-49

978 PLAIN STREET C10-05A-59

MARSHFIELD, MA 02050-0000

MARSHFIELD, MA 02050-0000

978 PLAIN STREET C10-05A-50

978 PLAIN STREET C10-05A-60

MARSHFIELD, MA 02050-0000

60 PARISH PATHE
MARSHFIELD, MA 02050

978 PLAIN STREET C10-05A-51

1020 PLAIN STREET C10-06-01

MARSHFIELD, MA 02050-0000

MARSHFIELD, MA 02050

978 PLAIN STREET C10-05A-52

795 PLAIN STREET D10-02-15

778 EAMES WAY
MARSHFIELD, MA 02050-0000

795 PLAIN STREET
MARSHFIELD, MA 02050

978 PLAIN STREET C10-05A-53

LUC: 102

53 PARISH PATHE
MARSHFIELD, MA 02050-2128

Marshfield, MA (2050)

7016 2290 0001 6335 8850

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

Postmark
Here

Phoenix AZ 85038

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7016 2290 0001 6335 8874

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

Postmark
Here

Malden MA 02160-0000

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7000 0000 0000 0000 0000 0000

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

Postmark
Here

Marshfield MA 02060

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

5696 5696 0001 6335 8938

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

Postmark
Here

Hingham MA 02043

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

0000 0000 0000 0000 0000 0000

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

Postmark
Here

Pembroke MA 02359

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7016 2290 0001 6335 8911

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only
For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage

Total Postage and Fees

Postmark
Here

Marshfield MA 02060-0000

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7016 2290 0001 6335 8643

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	\$	Postmark Here JUL 25 2019
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2290 0001 6335 8643

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Marshfield, MA 02050

7016 2290 0001 6335 9147

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2290 0001 6335 9147

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2290 0001 6335 9109

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2290 0001 6335 9109

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2290 0001 6335 9246

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

Total Postage and Fees \$

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2290 0001 6335 9246

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

Total Postage and Fees \$

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2290 0001 6335 9314

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

Total Postage and Fees \$

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2290 0001 6335 9314

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

Total Postage and Fees \$

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2290 0001 6335 9338

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

Total Postage and Fees \$

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7016 2290 0001 6335 9338

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage \$

Total Postage and Fees \$

Postmark Here

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To	[Redacted]	
Street and Apt. No. or PO Box	980 Main St Unit 36	
City, State, ZIP+4®	Marblehead MA 02050	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To	[Redacted]	
Street and Apt. No. or PO Box	49 Shore Drive	
City, State, ZIP+4®	Kingston MA 02364	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To	[Redacted]	
Street and Apt. No. or PO Box	7 Edward Drive	
City, State, ZIP+4®	Whitman MA 02382	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To	[Redacted]	
Street and Apt. No. or PO Box	101 First Parish Road	
City, State, ZIP+4®	Scituate MA 02066	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To	[Redacted]	
Street and Apt. No. or PO Box	56 Ocean Ave	
City, State, ZIP+4®	Marblehead MA 02050	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee	\$	Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage	\$	
Total Postage and Fees	\$	
Sent To	[Redacted]	
Street and Apt. No. or PO Box	48 Waltham Ave	
City, State, ZIP+4®	Marblehead MA 02050-0000	

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

Total Postage and Fees

Sent to ~~3 Parish Pathe unit 32~~
Street and Apt. No., or PO Box No.
3 Parish Pathe unit 32
City, State, ZIP+4®
marshfield MA 02050-0008

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

Total Postage and Fees

Sent to ~~980 Plain St #33~~
Street and Apt. No., or PO Box No.
980 Plain St #33
City, State, ZIP+4®
marshfield MA 02050

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

Total Postage and Fees

Sent to ~~3 Parish Pathe unit 34~~
Street and Apt. No., or PO Box No.
3 Parish Pathe unit 34
City, State, ZIP+4®
marshfield MA 02050

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

Total Postage and Fees

Sent to ~~3 Parish Pathe unit 35~~
Street and Apt. No., or PO Box No.
3 Parish Pathe unit 35
City, State, ZIP+4®
marshfield MA 02050

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

Total Postage and Fees

Sent to ~~3 Parish Pathe unit 27~~
Street and Apt. No., or PO Box No.
3 Parish Pathe unit 27
City, State, ZIP+4®
marshfield MA 02050-0008

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

Total Postage and Fees

Sent to ~~26 Parish Pathe unit 3~~
Street and Apt. No., or PO Box No.
26 Parish Pathe unit 3
City, State, ZIP+4®
marshfield MA 02050-0000

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee		Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
Total Postage and Fees		
Sent To		
Street and Apt. No. or PO Box No.	3 Parish Path unit 28	
City, State, ZIP+4®	Marshall MA 02050-0000	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions		

7016 2290 0001 6335 9192

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee		Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
Total Postage and Fees		
Sent To		
Street and Apt. No. or PO Box No.	11 Ames Avenue	
City, State, ZIP+4®	Lexington MA 02421	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions		

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee		Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
Total Postage and Fees		
Sent To		
Street and Apt. No. or PO Box No.	3 Parish Path unit 30	
City, State, ZIP+4®	Marshall MA 02050-0000	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions		

7016 2290 0001 6335 8980

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee		Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
Total Postage and Fees		
Sent To		
Street and Apt. No. or PO Box No.	95 Plain St	
City, State, ZIP+4®	Marshall MA 02050	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions		

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee		Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
Total Postage and Fees		
Sent To		
Street and Apt. No. or PO Box No.	46 Cobb Lane	
City, State, ZIP+4®	Scituate MA 02066	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions		

7016 2290 0001 6335 8966

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee		Postmark Here
Extra Services & Fees (check box, add fee as appropriate)		
<input type="checkbox"/> Return Receipt (hardcopy)	\$	
<input type="checkbox"/> Return Receipt (electronic)	\$	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	
<input type="checkbox"/> Adult Signature Required	\$	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	
Postage		
Total Postage and Fees		
Sent To		
Street and Apt. No. or PO Box No.	901 And Line Road	
City, State, ZIP+4®	Hymath MA 02360	
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions		

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent to
~~1 Parish Pathe #1~~
1 Parish Pathe #1
Marshfield MA 02050

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent to
~~1 Parish Pathe #1~~
PO Box 1001
Marshfield MA 02050-1001

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent to
~~4 Minot St~~
4 Minot St
Marshfield MA 02050-0000

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent to
~~7 Parish Pathe~~
7 Parish Pathe
Marshfield MA 02050-0000

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent to
~~1 Parish Pathe Unit 6~~
1 Parish Pathe Unit 6
Marshfield MA 02050-0000

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent to
~~11 Orchard Road~~
11 Orchard Road
Marshfield MA 02050-4907

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

1000
9000
8000
7000
6000
5000
4000
3000
2000
1000
0000

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent To
~~XXXXXXXXXX~~

Street and Apt. No., or PO Box No.
4 Parish Pkwy unit 4

City, State, ZIP+4®
Marshfield MA 02050

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0001 6335 9048

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent To
~~XXXXXXXXXX~~

Street and Apt. No., or PO Box No.
12 Parish Pkwy unit 4 B-12

City, State, ZIP+4®
Marshfield MA 02050

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

1000
9000
8000
7000
6000
5000
4000
3000
2000
1000
0000

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent To
~~XXXXXXXXXX~~

Street and Apt. No., or PO Box No.
1 Parish Pkwy #11

City, State, ZIP+4®
Marshfield MA 02050

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0001 6335 9024

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent To
~~XXXXXXXXXX~~

Street and Apt. No., or PO Box No.
1 Parish Pkwy unit 10

City, State, ZIP+4®
Marshfield MA 02050-0000

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

1000
9000
8000
7000
6000
5000
4000
3000
2000
1000
0000

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent To
~~XXXXXXXXXX~~

Street and Apt. No., or PO Box No.
980 Plain St #9

City, State, ZIP+4®
Marshfield MA 02050

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0001 6335 9000

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postage
\$

Total Postage and Fees
\$

Sent To
~~XXXXXXXXXX~~

Street and Apt. No., or PO Box No.
8 Parish Pkwy

City, State, ZIP+4®
Marshfield MA 02050-2121

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.
MARSHFIELD, MA 02050

Certified Mail Fee \$3.50
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00
Postage \$0.55
Total Postage and Fees \$4.05



07/25/2019

17 Parish Path #17
Marshfield MA 02050

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
Postage \$
Total Postage and Fees \$



Postmark
Here

2 Parish Path unit 18
Marshfield MA 02050-0000

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
Postage \$
Total Postage and Fees \$



980 Plain Street
Marshfield MA 02050

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
Postage \$
Total Postage and Fees \$



18 Parish Path
Marshfield MA 02050

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
Postage \$
Total Postage and Fees \$



6 Parish Path U.S.
Marshfield MA 02050

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

Certified Mail Fee \$3.50
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$0.00
☐ Return Receipt (electronic) \$0.00
☐ Certified Mail Restricted Delivery \$0.00
☐ Adult Signature Required \$0.00
☐ Adult Signature Restricted Delivery \$0.00
Postage \$0.55
Total Postage and Fees \$4.05



54 Harriet Street
Brighton MA 02135

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7018 2290 0001 6335 9529

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
 \$

Total Postage and Fees
 \$

Postmark Here

City, State, ZIP+4®
 Marshfield MA 02060

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0001 6335 9529

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
 \$

Total Postage and Fees
 \$

Postmark Here

City, State, ZIP+4®
 1029 Plain street
 Marshfield MA 02060

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0001 6335 9505

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
 \$

Total Postage and Fees
 \$

Postmark Here

City, State, ZIP+4®
 60 parish path
 Marshfield MA 02060

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0001 6335 9505

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
 \$

Total Postage and Fees
 \$

Postmark Here

City, State, ZIP+4®
 59 parish path
 Marshfield MA 02060-0000

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0001 6335 9574

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
 \$

Total Postage and Fees
 \$

Postmark Here

City, State, ZIP+4®
 68 parish path
 Marshfield MA 02060-2129

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7018 2290 0001 6335 9574

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
 \$

Total Postage and Fees
 \$

Postmark Here

City, State, ZIP+4®
 5 parish path unit 57
 Marshfield MA 02060

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

Total Postage and Fees

Sent

City, State, ZIP+4®

56 Parish Pather Unit 56
Marshfield MA 02050

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

Total Postage and Fees

Sent

City, State, ZIP+4®

55 Parish Pather
Marshfield MA 02050

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

Total Postage and Fees

Sent

City, State, ZIP+4®

980 Plain Street Unit 54
Marshfield MA 02050

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

Total Postage and Fees

Sent

City, State, ZIP+4®

63 Parish Pather
Marshfield MA 02050-2128

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

Total Postage and Fees

Sent

City, State, ZIP+4®

5 Parish Pather Unit 51
Marshfield MA 02050-0000

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage

Total Postage and Fees

Sent

City, State, ZIP+4®

5 Parish Pather Unit 50
Marshfield MA 02050-0000

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7016 2290 0001 6335 9462

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage

Total Postage and Fees

Sent

Street and Apt. No., or P.O. box No.

778 Eames Way
Marshfield MA 02050-0000

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7016 2290 0001 6335 9475

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage

Total Postage and Fees

Sent

Street and Apt. No., or P.O. box No.

252 Holly Road
Marshfield MA 02050-0000

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7016 2290 0001 6335 9444

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage

Total Postage and Fees

Sent

Street and Apt. No., or P.O. box No.

30 Bay Avenue
Marshfield MA 02050-0000

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7016 2290 0001 6335 9462

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage

Total Postage and Fees

Sent

Street and Apt. No., or P.O. box No.

PO Box 542
Ashland MA 01721

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7016 2290 0001 6335 9475

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage

Total Postage and Fees

Sent

Street and Apt. No., or P.O. box No.

26 Double Eagle DR
Marshfield MA 02050

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7016 2290 0001 6335 9444

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Certified Mail Fee

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark
Here

Postage

Total Postage and Fees

Sent

Street and Apt. No., or P.O. box No.

976 Plain St #44
Marshfield MA 02050

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

7016 2290 0001 6335 8942

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee

\$ _____
 Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$ _____
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postmark
 Here

Postage

\$ _____
 Total Postage and Fees

\$ _____
 Sent

Address and zip: No. of PO box No.

101 N. TAYLOR ST
 City, State, ZIP+4®
 CHICAGO IL 60610-2810

PS Form 3800, April 2013 PSN 7530-02-000-9007 See Reverse for Instructions

.../home.aspx to
MRVP application.
also obtain a copy
from DHCD's
of Public Housing
ntal Assistance, on
ss.gov website at
www.mass.gov/files/locations/2019/04/10/MRVP_form.pdf.

nts in need of a rea-
accommodation to
application should
Terry Champion at
47-4350 ext 701 or
email at
pion@quincyha.co

19488
Ledger 7/26/2019

ar Dystrophy Association

re Hope Begins

MDA

-800-FIGHT-MD
www.mdausa.org

marijuana establishment LEGAL NOTICE

In accordance with 935
CMR 500.000 et seq.,
notice is hereby given
that a Community
Outreach Meeting for a
proposed Marijuana
Establishment is sched-
uled for August 6th, 2019
at 7:00pm at 1321
Ocean Street, Marshfield
MA 02050. The pro-
posed dispensary and
product manufacturing
Marijuana Establishment
is anticipated to be locat-
ed at 985 Plain Street in
Marshfield, MA.

There will be an opportu-
nity for the public to ask
questions.

For questions please
contact the Marshfield
Town Administrators
Office;
870 Moraine Street,
Marshfield MA 02050
781-834-5563 - Phone

CN13819242
Patriot Ledger 7/26 7/29



ANNOUNCEMENTS

Cemetery Lots

BLUE HILL CEMETERY
Braintree, MA.
Veterans sect (Marine),
single lot, 2 burial,
2 custom vaults, 2
matching markers,
\$3500. 781-470-9799

BLUE HILL CEMETERY
BRAINTREE, MA
Veterans single lot
with 2 vaults.
Section 28.
Great Value! \$3600/bo
781-820-3453. Email:
sric98@yahoo.com

BLUE HILL Cemetery
Braintree. Vets Sect. 28,
1883 & 84. 2 grave lots.
\$3500. 508-776-7736.

Name	Value
Transaction ID	151420190724074708307176
Creation Time	07/24/19 07:47:08
Source	Manual Payments
Type	Sale
Status	Pending
Result	Success
Total Amount	287.04
Tax	0.00
Auth Code	164604
Account Holder	
Account Type	AMEX
Token	058816057
Last Four	4006
Expiration	10/23
Email	
Phone	
Notes 1	13819242
Notes 2	
Notes 3	

**Receipt for Community Outreach Meeting
advertisement in the Patriot Ledger to run
on both 7/26/19 and 7/29/19**

marijuana establishment
LEGAL NOTICE

In accordance with 935 CMR 500.000 et seq., notice is hereby given that a Community Outreach Meeting for a proposed Marijuana Establishment is scheduled for August 6th, 2019 at 7:00pm at 1321 Ocean Street, Marshfield MA 02050. The proposed dispensary and product manufacturing Marijuana Establishment is anticipated to be located at 985 Plain Street in Marshfield, MA.

There will be an opportunity for the public to ask questions.

For questions please contact the Marshfield Town Administrators Office:
870 Moraine Street,
Marshfield MA 02050
781-834-5563 - Phone

CH113819242
Patriot Ledger: 7-26, 7-29

**Patriot Ledger approved ad proof for the
985 Plain St Community outreach meeting
approved on 7 24 19 by BCV**

BCV

FROM: Frozen 4, Corporation
TO: Cannabis Control Commission
DATE: December 10, 2019
RE: Plan to positively impact areas of disproportionate impact

Summary

Frozen 4, Corp. (“F4C”) is dedicated to positively impacting communities disproportionately affected by cannabis prohibition and enforcement, including impacted individuals and business enterprises (hereinafter described as “DPI communities”). In particular, F4C believes that marijuana establishments have an obligation, both legal and moral, to make significant contributions to support communities that have historically high rates of arrest, conviction, and incarceration related to marijuana crimes.

Plan Goals

F4C has adopted a Positive Impact Plan (“Plan”) described herein for the purpose of positively impacting DPI communities. F4C has selected the town of Marshfield for its proposed marijuana establishment. While the town of Marshfield does not fall within an area of disproportionate impact as defined under 935 CMR 500.101(1)(a)(11), or as described in CCC’s “Guidance for Identifying Areas of Disproportionate Impact” dated April 2018, F4C intends to positively impact the nearby DPI communities of Taunton and Brockton, as well as Massachusetts residents who have had prior drug convictions. Under the Plan F4C will establish the following goals:

1. **Hiring** Prioritize the hiring of individuals that have previously resided in DPI communities such as Walpole and Mansfield; or those MA residents with prior drug convictions.

Goal Objective: F4C will hire and retain a staff comprised of 50% of Massachusetts residents who have had past drug convictions.
2. **Education and Training** Provide cannabis education, industry-specific technical training and mentoring services for individuals facing systemic barriers.

Goal Objective: On an annual basis F4C will conduct not less than 4 industry-specific job training programs for individuals expressing interest in the commercial adult-use cannabis industry.

Goal Objective: F4C will strive to hire and retain a staff that actively participates in on going education and training activities provided by F4C. While staff participation in these activities is not mandatory, F4C will strive to achieve an attendance rate of 30% of its staff members per activity.
3. **Skills and Capital** Reduce financial, capitalization and knowledge-based barriers to entry for individuals and businesses in the commercial adult-use cannabis industry.

Goal Objective: On an annual basis F4C will conduct not less than 4 seminars designed to promote financial literacy in the cannabis sector.

4. **Non-Profit Support** Support non-profit organizations aligned with F4C's goals of community support and inclusiveness for individuals residing in DPI communities such as Taunton and Brockton.

Goal Objective: F4C will ensure that not less than 60% of proceeds from the financial assistance fund is allocated to applicants from human services or economic development organizations.

Plan Programs

F4C will adopt not less than four programs designed to meet the goals articulated above. The company will evaluate the programs from time to time, and not less frequently than annually, to measure the degree to which the programs achieve F4C's stated goals.

1. **Hiring.** F4C will create a hiring preference for those individuals that reside in or have previously resided in Taunton and Brockton. Additionally, F4C will create a hiring preference for any MA resident with a prior drug conviction. At least 4 times a year (i.e. quarterly), F4C will conduct community service days and participate in charity events within Taunton and Brockton. It is our goal to build relationships within regional chambers of commerce and workforce development agencies as well as, align with educational resources such as drug recovery programs so that we may better identify and hire employees that meet program characteristics.
2. **Education and Training.** At least quarterly, F4C will conduct industry-specific job training programs in and around Mansfield and Walpole for individuals expressing interest in the commercial adult-use cannabis industry. The programs will feature managers and staff with operational expertise, experts in plant science and agriculture, and people with finance, technology and accounting expertise within the marijuana sector. The program will be designed to provide cultivation, manufacturing, packaging and/or retail expertise to program participants. The program will also seek to raise awareness of educational and employment opportunities within the cannabis sector in Massachusetts. F4C will conduct such seminars at least quarterly for the first two years of operation and will assess thereafter the nature and frequency of such programs.
3. **Skills and Capital.** At least quarterly, F4C will offer seminars to individuals within the towns of Mansfield and Walpole designed to promote financial literacy in the cannabis sector. Among other things, the programs will be designed to: (i) inform participants in understanding and accessing sources of capital; (ii) educate participants in accounting, finance and technology relating to the cannabis sector; and (iii) offer mentorship opportunities and on-site technical training.
4. **Non-Profit Support.** F4C will provide financial assistance to non-profit and community-based organizations within Taunton, Brockton and other DPI communities. F4C will establish a fund derived from the operation of the business and adopt an application process through which non-profit and

community-based organizations can seek funding. F4C will prioritize applications from human services or economic development organizations such as The Cooke Family Charity Fund and C3RN (see attached letters).

Plan Measurement and Accountability

At least annually, F4C will create a written report that will evaluate the Plan and its success in advancing the goals of the Plan. In accordance with 935 CMR 500.103(4) (a), the report will detail the following:

- i. employment impacts;
- ii. number and subject matter of education and training events and seminars conducted;
- iii. number of individuals and businesses that participated in such events;
- iv. number and nature of mentorship relationships;
- v. aggregate data demonstrating the financial impacts of the Plan, including payroll, health care, tax, non-profit contribution, equity and debt performance; and demographic data reflecting specific positive impacts of the Plan on Mansfield and Walpole.

F4C will post the report on its website and will share the report with CCC and the community in a manner consistent with CCC regulation and Massachusetts law. Additionally, F4C will establish a timeline, organized by month and objective, to track F4C's progress toward the goals and objectives of the Positive Impact Plan. F4C will document the performance, in a writing suitable for submission to the CCC, not less than 90 days before its annual renewal date. That writing shall include a thorough analysis of the plans progress and a written plan for continuous improvement.

Affirmative Statement

In accordance with the Guidance on Required Positive Impact Plans and Diversity Plans (revised 2/25/19), F4C affirmatively states as follows:

(1) The applicant acknowledges and is aware, and will adhere to, the requirements set forth in 935 CMR 500.105(4) which provides the permitted and prohibited advertising, branding, marketing, and sponsorship practices of every Marijuana Establishment; and (2) Any actions taken, or programs instituted, will not violate the Commission's regulations with respect to limitations on ownership or control or other applicable state laws.



The Commonwealth of Massachusetts
William Francis Galvin

Minimum Fee: \$250.00

Secretary of the Commonwealth, Corporations Division
 One Ashburton Place, 17th floor
 Boston, MA 02108-1512
 Telephone: (617) 727-9640

Special Filing Instructions

Articles of Organization

(General Laws, Chapter 156D, Section 2.02; 950 CMR 113.16)

Identification Number: 001352375

ARTICLE I

The exact name of the corporation is:

FROZEN 4 CORPORATION

ARTICLE II

Unless the articles of organization otherwise provide, all corporations formed pursuant to G.L. C156D have the purpose of engaging in any lawful business. Please specify if you want a more limited purpose:

NONE.

ARTICLE III

State the total number of shares and par value, if any, of each class of stock that the corporation is authorized to issue. All corporations must authorize stock. If only one class or series is authorized, it is not necessary to specify any particular designation.

Class of Stock	Par Value Per Share Enter 0 if no Par	Total Authorized by Articles of Organization or Amendments		Total Issued and Outstanding Num of Shares
		Num of Shares	Total Par Value	
CNP	\$0.00000	1,000	\$0.00	1,000

G.L. C156D eliminates the concept of par value, however a corporation may specify par value in Article III. See G.L. C156D Section 6.21 and the comments thereto.

ARTICLE IV

If more than one class of stock is authorized, state a distinguishing designation for each class. Prior to the issuance of any shares of a class, if shares of another class are outstanding, the Business Entity must provide a description of the preferences, voting powers, qualifications, and special or relative rights or privileges of that class and of each other class of which shares are outstanding and of each series then established within any class.

NONE.

ARTICLE V

The restrictions, if any, imposed by the Articles of Organization upon the transfer of shares of stock of any class are:

NONE.

ARTICLE VI

Other lawful provisions, and if there are no provisions, this article may be left blank.

Note: The preceding six (6) articles are considered to be permanent and may be changed only by filing appropriate articles of amendment.

ARTICLE VII

The effective date of organization and time the articles were received for filing if the articles are not rejected within the time prescribed by law. If a *later* effective date is desired, specify such date, which may not be later than the *90th day* after the articles are received for filing.

Later Effective Date: Time:

ARTICLE VIII

The information contained in Article VIII is not a permanent part of the Articles of Organization.

a,b. The street address of the initial registered office of the corporation in the commonwealth and the name of the initial registered agent at the registered office:

Name: BENJAMIN VIRGA
No. and Street: 130 MYRICKS STREET
City or Town: BERKLEY State: MA Zip: 02779 Country: USA

c. The names and street addresses of the individuals who will serve as the initial directors, president, treasurer and secretary of the corporation (an address need not be specified if the business address of the officer or director is the same as the principal office location):

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Box) Address, City or Town, State, Zip Code
PRESIDENT	BENJAMIN VIRGA	8 BAYRIDGE LANE DUXBURY, MA 02332 USA
TREASURER	DAVID MORGAN	238 S. 3RD. STREET #1 PHILADELPHIA, PA 19106 USA
SECRETARY	LUKASZ MARUT	12 PERRY ROAD QUINCY, MA 02170 USA
CLERK	LUKASZ MARUT	12 PERRY ROAD QUINCY, MA 02170 USA
OFFICER	BENJAMIN VIRGA	8 BAYRIDGE LANE DUXBURY, MA 02332 USA
OFFICER	LUKASZ MARUT	12 PERRY ROAD QUINCY, MA 02170 USA
OFFICER	DAVID MORGAN	238 S. 3RD. STREET #1 PHILADELPHIA, PA 19106 USA
DIRECTOR	DAVID MORGAN	238 S. 3RD. STREET #1 PHILADELPHIA, PA 19106 USA

d. The fiscal year end (i.e., tax year) of the corporation:
January

e. A brief description of the type of business in which the corporation intends to engage:

OWNERSHIP AND MANAGEMENT OF REAL PROPERTY

f. The street address (*post office boxes are not acceptable*) of the principal office of the corporation:

No. and Street: 130 MYRICKS STREET
City or Town: BERKLEY State: MA Zip: 02779 Country: USA

g. Street address where the records of the corporation required to be kept in the Commonwealth are located (*post office boxes are not acceptable*):

No. and Street: 130 MYRICKS STREET
City or Town: BERKLEY State: MA Zip: 02779 Country: USA

which is

☒ its principal office ☐ an office of its transfer agent
☐ an office of its secretary/assistant secretary ☐ its registered office

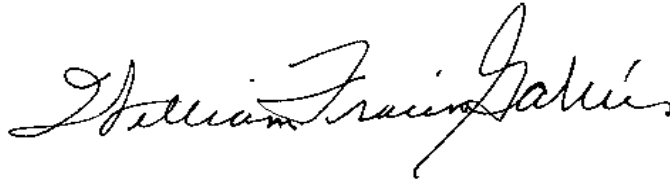
Signed this 29 Day of October, 2018 at 8:55:54 AM by the incorporator(s). (*If an existing corporation is acting as incorporator, type in the exact name of the business entity, the state or other jurisdiction where it was incorporated, the name of the person signing on behalf of said business entity and the title he/she holds or other authority by which such action is taken.*)

ANDREA F. NUCIFORO JR., ESQ., FOR NUCIFORO LAW GROUP, LLC OF MASSACHUSETTS

THE COMMONWEALTH OF MASSACHUSETTS

I hereby certify that, upon examination of this document, duly submitted to me, it appears that the provisions of the General Laws relative to corporations have been complied with, and I hereby approve said articles; and the filing fee having been paid, said articles are deemed to have been filed with me on:

October 29, 2018 08:55 AM

A handwritten signature in black ink, reading "William Francis Galvin". The signature is written in a cursive style with a large, stylized 'G' at the end.

WILLIAM FRANCIS GALVIN

Secretary of the Commonwealth



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

William Francis Galvin
Secretary of the
Commonwealth

Date: December 06, 2019

To Whom It May Concern :

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

FROZEN 4 CORPORATION

is a domestic corporation organized on **October 29, 2018** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

A handwritten signature in blue ink, reading "William Francis Galvin".

Secretary of the Commonwealth

Certificate Number: 19120186950

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by:

DRAFT BYLAWS

FROZEN 4 CORPORATION

Article I: Offices

Section 1. Principal Office. The principal office of the Corporation shall be 618 Columbia Road, Dorchester, Massachusetts 02125.

Section 2. Other Offices. The Board of Directors may establish branch or subordinate offices at any time and at any place.

Article II: Purpose

To own and manage real and personal property, to apply for and maintain municipal and state licenses within the Commonwealth of Massachusetts and to engage in any and all activities in furtherance of, related to, or incidental to these purposes.

Article III: Shareholders

Section 1. Annual Meeting. A meeting will be held annually for the purpose of electing members of the Board of Directors (the "Directors") of the Corporation and for transacting such other business as may come before the meeting. The annual meeting will be held on a date and time designated by the Board of Directors.

Section 2. Special Meetings. Special meetings of the Shareholders may be called at any time by the Board of Directors, by the President, or by Shareholders entitled to cast in total not less than forty (40%) percent of the votes at that meeting. If a special meeting becomes called by anyone other than the Board of Directors, the person calling the meeting will make a written request to the Corporation specifying the time and date of the meeting and the general nature of the business proposed to be transacted.

Section 3. Place of Meeting. Shareholders' meetings will be held at any place within or outside the Commonwealth of Massachusetts at a place to be determined at the Board of Directors discretion. If no designation of the location gets made for any annual or special meeting of the Shareholders, the meetings shall be held at the corporation's principal place of business.

Section 4. Notice. Written notice of any Shareholder meeting will be given not less than ten (10) days before the date of the meeting to each Shareholder entitled to vote at that meeting. The notice shall state the place, date, and hour of the meeting. If, for a special meeting, the notice shall state the purpose of the meeting. A mailed notice is effective when deposited in the United States mail with postage prepaid and the proper address of the Shareholder as appearing on the records of the Corporation.

Section 5. Quorum and Required Vote. A supermajority of the outstanding voting shares (two-thirds), whether represented in person or by proxy, shall constitute a quorum entitled to take action at a meeting of Shareholders. Without a quorum, a majority of the represented Shareholders may adjourn the meeting to another time without further notice.

Section 6. Consent of Shareholders in Lieu of Meeting. Any action to be taken at any annual or special meeting of Shareholders may be taken without a meeting, without prior notice, and without a vote, if a signed consent in writing, setting forth the action so taken, gets presented by the holders of outstanding shares having not less than the minimum number of

shares that would be necessary to authorize or pass such an action were a meeting otherwise called and all votes cast.

Section 7. Restrictions on Sale of Shares. No Shareholder may sell or transfer any shares without the Board of Director consent.

Article IV: Directors

Section 1. Powers. The Board of Directors will manage the business and affairs of the Corporation by or under the Board.

Section 2. Number and Tenure. The Board will consist of one or more Directors, all of whom shall be natural persons who shall be elected for a term of three years. Each Director shall hold office until a successor becomes elected and qualified. Directors do not need to be Shareholders. Any Director may resign at any time upon notice given in writing to the Corporation. The authorized number of Directors shall be three (3) until changed by a duly adopted amendment to the Bylaws adopted by the vote or written consent of a super majority (two-thirds) of the outstanding Shareholders.

Section 3. Vacancies. A vacancy in the Board of Directors will exist if a Director resigns, dies, or becomes removed by the Shareholders; or when a court of appropriate jurisdiction declares the Director of unsound mind or enters a felony conviction against a Director; or if the Director is found not to be suitable for service by the Massachusetts Cannabis Control Commission; or when the authorized number of Directors increases.

Section 4. Regular Meetings. By resolution, the Board may give the time and place, either within or outside the Commonwealth of Massachusetts, for the holding of regular Board meetings without any notice other than that of the resolution.

Section 5. Special Meetings. Special meetings of the Board of Directors may be called for any purpose at any time by the chairman of the Board, the President, or a majority of Directors.

Section 6. Quorum. All of the authorized number of Directors will be considered a quorum to transact business. A unanimous vote of the Directors shall be required for any action by the Directors.

Section 7. Notice of Meetings. Any regular meeting of the Board may be held without notice of the date, time, and place of the meeting. Any special meeting of the Board may be preceded by at least a two (2)-day notice of the date, time, and place of the meeting. The Board may give this notice personally, by mail, electronic mail, or by any other method allowed by law. Notice is effective at the earliest of: (a) receipt; (b) delivery to the proper address or telephone number as shown in the Corporation's records; or (c) five (5) days after its deposit in the United States mail, with postage prepaid and the correct address noted.

Section 8. Waiver of Notice. Notice of a meeting need not be given to any Director who signs a written waiver delivered to the Corporation for inclusion in the minutes or for filing with the corporate records.

Section 9. Action by Directors Without A Meeting. Any action required or permitted to be taken at a meeting of the Board may be taken without a meeting if all members of the Board consent to it in writing.

Section 10. Presence through Communications Equipment. Unless otherwise provided by law or by the articles of organization, Directors may participate in any meeting of the board of Directors by means of a conference telephone or similar electronic or communications equipment by means of which all persons participating in the meeting can hear each other at the same time, and participation by such means shall constitute presence in person at a meeting.

Section 11. Initial Directors. David Morgan, Candace Kattar and Benjamin Virga shall each serve as the initial Directors.

Article V: Officers

Section 1. Officers. The Officers of the Corporation will consist of the President, the Vice President, the Treasurer, and the Secretary. Officers shall be elected for three years and shall hold office until their successors become elected and qualified. An appointee may hold one or more offices. Candace Kattar shall initially serve as President, Benjamin C. Virga shall initially serve as Vice President. David Morgan shall initially serve as Treasurer. Luke Marut shall initially serve as Secretary.

Section 2. Removal and Resignation. Any Officer or agent appointed by the Board may be removed by the Board at any time with or without cause. Any Officer may resign at any time by giving written notice to the Corporation.

Section 3. Vacancies. The Board may fill a vacancy due to resignation, removal, disqualification, death, or otherwise.

Section 4. President. The President shall preside at all meetings of Shareholders and Directors, have the general management and supervision of the affairs of the Corporation, and shall perform all other duties as determined by the Board.

Section 5. Vice President. The Vice President shall preside at all meetings of the Shareholders and Directors in the absence of the President and shall assist the President in the general management and supervision of the affairs of the Corporation, and shall perform all other duties as determined by the Board.

Section 6. Treasurer. The Treasurer shall have the custody of all moneys and securities of the Corporation and shall keep accurate financial records for the Corporation.

Section 7. Secretary. The Secretary shall issue notices for all meetings except for notices for special meetings of the Shareholders and special meeting of the Directors; shall prepare the minutes of the meetings of the Shareholders and meetings of the Board; and shall keep a record of Shareholders at the principal office.

Article VI: Liability

Section 1. No Personal Liability. The Directors and the Officers of the Corporation shall not be personally liable for any debt, liability or obligation of the Corporation for or arising out of a breach of fiduciary duty as an officer or director notwithstanding any provision of law imposing such liability; provided, however, that the foregoing shall not eliminate or limit the liability of an Officer or Director to the extent that such liability is imposed by applicable law for acts or omissions not in good faith or which involve intentional misconduct, recklessness, or a knowing violation of the law.

Section 2. Corporate Obligations. All persons, corporations or other entities extending credit to, contracting with, or having any claim against, the Corporation, may look only to the funds and property of the Corporation for the payment of any such contract or claim, or for the payment of any debt, damages, judgment or decree, or of any money that may otherwise become due or payable to them from the Corporation.

Section 3. Indemnification. The Corporation shall, to the extent legally permissible, indemnify any person serving or who has served at any time as a director, executive director, president, vice president, treasurer, assistant treasurer, clerk, assistant clerk or other officer of the Corporation, or at its request as a director or officer of any organization, or at its request in any capacity with respect to any employee benefit plan, and may indemnify an employee or other agent who has so served, against all liabilities and expenses, including, without limitation, amounts paid in satisfaction of judgments, in compromise or as fines and penalties, and counsel fees, reasonably incurred by him in connection with the defense or disposition of any action, suit or other proceeding, whether civil or criminal, in which s/he may be involved or with which s/he may be threatened, while in office or thereafter, by reason of his being or having been such a director or officer, except with respect to any matter as to which he shall have been adjudicated in any proceeding not to have acted in good faith; provided, however, that as to any matter disposed of by a compromise payment by such person, pursuant to a consent decree or otherwise, no indemnification either for said payment or for any other expenses shall be provided unless such compromise and indemnification shall be approved by a majority vote of the Board.

Article VII: Amendments

These Bylaws may be adopted, altered, amended or repealed, in whole or in part, by a vote of all of the Directors then in office.

Article VIII: Powers

Section 1. Statement of Powers. By and through the Board, the Corporation shall have the power to do any and all lawful acts which may be necessary or convenient to affect the purpose for which the Corporation is organized, and to assist other organizations or persons whose activities further accomplish, foster or attain such purposes. The Corporation shall have the power: (i) to issues securities, including common and preferred shares and other securities derivative thereto; (ii) to lease, sell, mortgage, transfer, in such manner and on such terms as they may deem advisable, all property, real or personal; (iii) to acquire, by purchase or otherwise, and retain for whatever period they shall think proper, all kinds of real and personal property and every kind of investment, including cash, securities and other property; (iv) to execute agreements and contract in furtherance of the business of the Corporation; (v) to settle, compromise or pay any claims, including taxes, in accordance with law; to secure, hold and maintain municipal and state licenses and permits; (vi) to collect rents and other proceeds from real estate not specifically devised and to pay all carrying charges thereon and make such repairs thereto as they deem proper without the necessity of obtaining leave of any court; and (vii) to conduct any business activity permitted under the laws of the Commonwealth of Massachusetts.

Section 2. Investments. The Corporation shall have the right to retain all or any part of any securities or property acquired by it in whatever manner, and to invest and reinvest any funds held by it, according to the judgment of the Directors, without being restricted to the class of investments, provided, however, that no action shall be taken by or on behalf of the Corporation if such action is a prohibited transaction under Massachusetts law.

Section 3. Loans. No moneys shall be borrowed on behalf of the Corporation and no evidences of such indebtedness shall be issued in its name unless authorized by a resolution of the Board of Directors. Such authority may be general or confined to specific instances.

Section 4. Deposits. All funds of the Corporation, not otherwise employed, shall be deposited from time to time to the credit of the Corporation in such banks, investment firms or other depositories as the Board of Directors shall select.

Section 5. Audits. Within three (3) months after the close of the Corporation's fiscal year, the Corporation may elect to prepare reviewed financial statements in accordance with generally accepted accounting principles (GAAP). The Corporation shall make these statements available to all Shareholders and, if required by law, to the Massachusetts Department of Public Health and the Massachusetts Cannabis Control Commission.

Section 6. Insurance. The Corporation may purchase and maintain insurance (including but not limited to insurance for legal expenses and costs incurred in connection with defending any claim, proceeding or lawsuit) on behalf of any person who is or was a director, officer, employee, fiduciary or agent of the Corporation or who, while serving in this role, is or was serving at the request of the Corporation as a director, officer, partner, trustee, employee, fiduciary or agent of any other foreign or domestic Corporation, partnership, joint venture, trust, employee benefit plan, or other enterprise, against any liability asserted against him or incurred by him in any such capacity, or arising out of his status as such. In addition, the Corporation shall maintain liability insurance coverage in compliance with 935 CMR 500.000 et seq., or any other provision of Massachusetts law or regulation.

Article IX: Anti-Trust Policy

The Corporation shall comply fully with all federal and state antitrust laws which prohibit companies from working together to restrict competition. The Corporation and its directors and officers are informed about antitrust laws and recognize possible antitrust issues or questions. While competitors in the Massachusetts cannabis industry may collaborate, such competitors may not unlawfully restrict competition within the industry. The Corporation shall not engage in any anti-competitive activities. Furthermore, to ensure against inadvertent violations of applicable antitrust laws and except to ensure that prices are affordable for the Corporation's patients, and to prevent diversion, directors, officers and employees shall not discuss with competitors:

1. Pricing strategies for cannabis products or related products and services;
2. Establishment of market monopolies for products or services;
3. Refusal to deal with a company because of pricing or distribution practices for cannabis products or related products or services;
4. Strategies or plans to give business or remove business from a specific company.

Furthermore, directors, officers, and employees shall not engage in any actions or understandings arising in the context of the Corporation's activities which appear to be anti-competitive in purpose or inconsistent with this policy.

Article X: Severability

The invalidity or un-enforceability of any provisions of these Bylaws shall not affect the validity or enforceability of any other provision of these Bylaws, which shall remain in full force and effect.

Article XI: Dissolution

Dissolution of the Corporation will comply with Massachusetts law. The Directors may authorize a petition for the dissolution of the Corporation. A super majority (two thirds) vote will be required for such dissolution. Articles of Dissolution will be filed with the Massachusetts Secretary of State. All outstanding annual reports will be filed with the Massachusetts Secretary of State. A letter to the Massachusetts Department of Revenue on the Corporation's letterhead will be sent stating that the Corporation is dissolving. All outstanding business will be completed. All outstanding debts will be paid, and all assets transferred or liquidated in accordance with law. Any remaining funds in the Corporation will be distributed as per the direction of the Directors at the meeting authorizing the dissolution.

In the event that the dissolution also requires one or more dispensary, cultivation, product manufacturing, transportation or other licensed location to close, cease conducting business or dissolve, the board of directors shall vote to take the following actions: (i) written notice to the Massachusetts Cannabis Control Commission; (ii) written notice to the town in which such business is located; and (iii) destruction or removal of any remaining cannabis products in a manner consistent with 935 CMR 500.000 et seq.

ARTICLE XII: Miscellaneous Provisions

Section 1. Fiscal Year. Except as from time to time otherwise determined by the Board of Directors, the fiscal year of the corporation shall end on the last day of December in each year.

Section 2. Seal. The Board of Directors shall have power to adopt and alter the seal of the corporation.

Section 3. Execution of Instruments. All deeds, leases, transfers, contracts, bonds, notes and other obligations to be entered into by the corporation in the ordinary course of its business without Director action, may be executed on behalf of the corporation by the President and the Treasurer.

Section 4. Resident Agent. The Board of Directors may appoint a resident agent upon whom legal process may be served in any action or proceeding against the corporation. Said resident agent shall be either an individual who is a resident of and has a business address in Massachusetts, a corporation organized under the laws of Massachusetts, or a corporation organized under the laws of any other state of the United States, which has qualified to do business in, and has an office in, Massachusetts.

Section 5. Corporate Records. The original, or attested copies, of the Articles of Organization, By-laws and records of all meetings of the incorporators and stockholders, and the stock and transfer records, which shall contain the names of all stockholders and the record address and the amount of stock held by each, shall be kept in Massachusetts at the principal office of the corporation, or at an office of its transfer agent, Secretary or resident agent, and shall be open at all reasonable times to the inspection of any stockholder for any proper purpose, but not to secure a list of stockholders for the purpose of selling said list or copies thereof or of using the same for a purpose other than in the interest of the applicant, as a stockholder, relative to the affairs of the corporation.

Section 6. Articles of Organization. All references in these By-laws to the Articles of Organization shall be deemed to refer to the Articles of Organization of the corporation, as amended and in effect from time to time.

Section 7. Amendments. The power to make, amend or repeal By-laws shall be in the stockholders, provided, however, that the Directors may make, amend or repeal the By-laws (other than the provisions of this Section 7 of Article XII) in whole or in part, except with respect to any provisions thereof which by law, the Articles of Organization or these By-laws requires action by the stockholders. Not later than the time of giving notice of the meeting of stockholders next following the making, amending or repealing by the Directors of any By-law, notice thereof stating the substance of such change shall be given to all stockholders entitled to vote on amending the By-laws. Any amendment or repeal of these By-laws by the Directors and any By-law adopted by the Directors may be amended or repealed by the stockholders.

As set forth above, these Bylaws have been adopted by a vote of the Board as per Article VII and affirmed by the Board of Directors of the Corporation on this ____ day of _____ 2019.

Candace Kattar

Benjamin Virga

David Morgan



Commonwealth of Massachusetts
Department of Revenue
Christopher C. Harding, Commissioner

mass.gov/dor

Letter ID: L2122403904
Notice Date: December 16, 2019
Case ID: 0-000-821-276



CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE



BENJAMIN VIRGA
FROZEN 4 CORPORATION
618 COLUMBIA RD
DORCHESTER MA 02125-3414

Why did I receive this notice?

The Commissioner of Revenue certifies that, as of the date of this certificate, FROZEN 4 CORPORATION is in compliance with its tax obligations under Chapter 62C of the Massachusetts General Laws.

This certificate doesn't certify that the taxpayer is compliant in taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law.

This is not a waiver of lien issued under Chapter 62C, section 52 of the Massachusetts General Laws.

What if I have questions?

If you have questions, call us at (617) 887-6400 or toll-free in Massachusetts at (800) 392-6089, Monday through Friday, 8:30 a.m. to 4:30 p.m..

Visit us online!

Visit mass.gov/dor to learn more about Massachusetts tax laws and DOR policies and procedures, including your Taxpayer Bill of Rights, and MassTaxConnect for easy access to your account:

- Review or update your account
- Contact us using e-message
- Sign up for e-billing to save paper
- Make payments or set up autopay

Edward W. Coyle, Jr., Chief
Collections Bureau

FROM: Frozen 4 Corporation
TO: Cannabis Control Commission
DATE: August 7, 2019
RE: Plan for Obtaining Liability Insurance Coverage

PLAN:

Frozen 4 Corporation ("F4C") will obtain liability insurance in compliance with 935 CMR 500.105(10)(a).

The policy will provide coverage of no less than \$1 million dollars per occurrence and \$2 million dollars aggregate, annually, and product liability coverage for not less than \$1 million per occurrence and \$2 million in aggregate, annually. The deductible shall be no more than \$5,000 per occurrence.

F4C also anticipates securing D&O liability coverage at prevailing rates. F4C also anticipates securing commercial auto coverage at prevailing rates, including enhanced coverage for optional bodily injury, for any F4C vehicles used to transport of product.

F4C will retain the services of a local insurance agent and legal counsel to review and adjust coverages from time to time to meet the needs of the company, to ensure compliance with CCC regulation, and to adequately protect F4C 's assets, personnel and customers.

FROM: Frozen 4 Corporation
TO: Cannabis Control Commission
DATE: December 18th, 2019
RE: Detailed Summary of Business Plan for Adult Use Marijuana Establishment

BUSINESS PLAN

The Company

Frozen 4 Corporation (“F4C” or “company”) is a community-based cannabis establishment located at 985 Plain Street in Marshfield, Massachusetts. The company was formed in 2018 solely for the purpose of securing local and state permits necessary to establish a marijuana cultivation, processing and packaging facility in Massachusetts. With the enactment of chapter 55 in July 2017, the company now seeks a certificate of registration issued by the Massachusetts Cannabis Control Commission (“CCC”) to allow participation in the adult use market.

F4C intends to sell adult use cannabis and cannabis products under CCC supervision and in accordance with Massachusetts law and 935 CMR 500.000 et seq. The company has secured the necessary local permits from the town of Marshfield, and has completed the required local outreach and host community agreement process. F4C anticipates participation in the adult use market in Q2 2020.

The Brand

All products will be sold under the name **Frozen 4** and F4C will assure its use and protection as a premium and recognizable name for cannabis products throughout Massachusetts.

Customers

The mission of F4C is to provide high quality cannabis products to adults intending to use the products in a manner consistent with Massachusetts law. F4C will implement security processes to verify that all customers have achieved the age of 21 years. The company shall focus on customer safety and experience, and will adhere strictly to CCC regulations, as amended from time to time.

Management

Key members of the management team include:

David Morgan, CEO
Benjamin C. Virga, COO
Lukasz Marut, General Manager

Operations

F4C will adopt and maintain standard operating procedures (“SOPs”). The SOPs will conform to Massachusetts law and regulation, and shall control the performance of all F4C management, visitors, contractors and staff. At least annually, F4C will review and assess the SOPs, and will revise such SOPs in order to conform company performance to the applicable regulations and industry best practices.

Corporate and business operations will occur at 985 Plain Street in Marshfield, Massachusetts. The facility shall be comprised of one 11,500 sq ft +/- space. The company will offer 20-40 products, ranging from flower to vapor to infused edibles. The establishment will feature robust security features, the latest product manufacturing technology, highly trained staff, and CCC-compliant security, inventory and storage protocols.

Subject to local approval and consistent with CCC regulation, hours of operation shall be as follows:

Monday	8:00am - 7:00pm
Tuesday	8:00am - 7:00pm
Wednesday	8:00am - 7:00pm
Thursday	8:00am - 7:00pm
Friday	8:00am - 7:00pm
Saturday	8:00am - 5:00pm
Sunday	8:00am - 5:00pm

Revenue Projections

F4C intends to earn gross sales of \$21 million in the adult use market over the course of its first year of operation. The company will derive gross sales from the controlled retail sale of marijuana products, marijuana infused products and non marijuana accessories. The company aspires to increase revenue by three to five percent per year over the subsequent three years. The company anticipates profitability in Q1 2021.

FROM: Frozen 4 Corporation
TO: Cannabis Control Commission
DATE: August 7, 2019
RE: Qualifications and Training

PLAN:

Employee training is a critical component of F4C's operation and success. The company's executive team is responsible for the development and execution of the F4C training plan. Pursuant to 935 CMR 500.105(1), training is tailored to the roles, responsibilities and job functions of each Marijuana Establishment agent, and includes at a minimum a Responsible Vendor Program as described under 935 CMR 500.105(2) (b).

No employee or consultant may work on-site prior to receiving required orientation training. No employee or consultant may work on-site if any training module is 8 weeks or more past due. F4C shall maintain records of responsible vendor training program compliance, for each employee, for four years, and shall make such records available to inspection by the Commission upon request during normal business hours.

F4C does not discriminate in hiring or operating decisions. All managers and supervisors must comply with all applicable EEOC and MCAD guidelines when managing personnel issues. All F4C policies and practices are designed to prevent discriminate based on race, color, height or weight, gender, sexual orientation, religious affiliation, marital status, disability or medical condition.

F4C will hire its staff in accordance with a staffing plan reviewed approved by its executive team and the Commission in connection with F4C's final certificate of registration. The staffing plan will adhere to all goals detailed within the Diversity Plan as well as the Plan for Positive Impact. All executives and officers will disclose education and employment history, as required by the Commission and Massachusetts law, and will continue to update such information from time to time as required by Massachusetts law and regulation.

All Marijuana Establishment agents must be 21 years of age or older, and must satisfy the background and CORI checks required by Massachusetts law and regulation.

FROM: Frozen 4 Corporation
TO: Cannabis Control Commission
DATE: December 10, 2019
RE: Summary of Personnel Policies and Procedures

Executive Management

Chief Executive Officer: The CEO shall provide overall leadership and vision for F4C. The CEO will work with and support the executive management team and employees to ensure that F4C is setting reasonable business and community benchmarks, achieving its goals and fulfilling its mission. CEO duties shall include the following:

- Develop, oversee and execute a staffing plan and certain hiring protocols;
- Develop and implement personnel policies and procedures;
- Develop protocols to attract, hire, advance, discipline and terminate employees and volunteers as needed to support F4C's operations;
- Ensure compliance with 935 CMR 500.105(2)(b), including all Responsible Vendor Training requirements for employees;
- Ensure compliance with all workplace policy laws and requirements;
- Ensure compliance with Massachusetts law and regulations, including 935 CMR 500.000 et seq.;
- Prepare and amend from time to time a plan to ensure ongoing compliance with the provisions of 935 CMR 500.101(1)(c)(7);
- Prepare and amend from time to time a set of detailed written operating procedures to ensure ongoing compliance with the provisions of 935 CMR 500.105(1);
- Keep and maintain all F4C records, and making such records available for inspection by the Commission, upon its request, in accordance with 935 CMR 500.105(9);
- Working with the executive management team and the GM, to implement a plan to prevent the diversion of product in accordance with the applicable regulations, including 935 CMR 500.101 and 935 CMR 500.105;
- Ensure that such anti-diversion plan incorporate the use of video monitoring, employee training, written guidance to employees, executive supervision and physical inspection of the premises, among other tactics;
- Working with the executive management team and the GM, to implement a diversity plan to promote equity among minorities, women, veterans, people with disabilities, and people of all gender identities and sexual orientations;
- Ensure that each member of the executive management team shall attest by his signature that he has read and understands the requirements of 935 CMR 500.000 et seq., and shall keep a copy of such attestation within the books and records of F4C;
- Lead F4C's interactions with state regulators and municipal officials; and

- Working as the team leader with other executives and employees, to review F4C's business and community objectives, and implement plans to achieve those objectives.

Chief Security Officer: The CSO is responsible for implementing security policies and procedures for F4C. The CSO will maintain, implement, review and amend such policies as required by the business.

CSO duties shall include the following:

- Ensure compliance with all provisions of 935 CMR 500.110;
- Review and ensure proper maintenance of all security apparatus, including physical, human and technological security methods and equipment;
- Interact with state inspectors and municipal law enforcement authorities;
- Train and supervise security staff;
- Develop a plan for educating employees on the strict anti-diversion policy at F4C;
- Develop, review and supervise the process through which F4C will report security incidents;
- Prepare reports, in written and electronic form, relative to the maintenance of security at F4C, and generate any reports required by regulation to be provided to state regulators or law enforcement;
- Maintain current list of all authorized and registered employees working for F4C;
- Maintain current list of all employees authorized to access designated areas of the facility;
- Lead a working group comprised of the CEO, GM and any other designated personnel to ensure that current policies and procedures are properly implemented, integrated, effective, and relevant to ensure the safety of F4C employees and assets;
- Ensure that all personnel complete and satisfy all background checks requirements prior to performing any F4C functionality; and
- Provide staffing, shift change and general oversight of security operations.
- In the event of any suspected diversion incident, perform an internal audit, referencing video surveillance, and product tracking software, to locate the time, place and agent involved with the discrepancy, and document and report in accordance with 935 CMR 500.110(1)(m).

Chief Financial Officer: The CFO is responsible for handling all financial aspects of the company, including the following tasks:

- Maintenance of financial records including purchase orders;
- Profit and loss projections;
- Cash management and financial reporting;
- Budget management;
- Payroll funding and management;

- Hiring of tax, accounting, payroll, legal and other professional services;
- Generating reports regarding gross sales, on a daily, monthly and annual basis, in a form and manner determined by the CEO.

Employees¹

General Manager: The GM shall supervise all logistical operations, including the handling, transfer, storage and transportation of products. The GM shall serve as a supervisor to all aspects of the facility. GM duties shall include the following:

- ensure that all equipment, fixture and furniture is in working order;
- ensure that employees comply with all security protocols;
- participate in developing and supervising all logistics, in collaboration with the CEO and other executives and employees, as required by 935 CMR 500.101(1)(c) (7);
- in collaboration with the CEO and other members of the executive management team, assuring that F4C remain compliant with all general operational requirements as set forth at 935 CMR 500.105; and
- reporting to the CEO and other members of the executive management team with respect to general operations.

Marijuana Establishment Agent: EAs participate in a variety of retail sales, security, inventory, and cleanliness functions. EAs operate under the direction of the General Manager. EA duties shall include the following:

- assuring accurate and efficient use of F4C's sale tracking system in compliance with 935 CMR 500.105(8);
- at the direction of the GM, complete all EA training as required by 935 CMR 500.105(2);
- after packaging for sale and transportation, EAs will be responsible for collecting the selected product from the product storage area and scanning the barcode into the POS system;
- weighing and packaging the product and placing the product into an approved child-resistant package in compliance with 935 CMR 500.105(5);
- generating and affixing a label to the product, and confirming that the label reflects the date, strain name, cannabinoid profile, and all applicable warnings as required by 935 CMR 500.105;
- all EAs must comply with 935 CMR 500.105(3), requirements for safe handling of marijuana.

¹ As used in these Personnel Policies and Procedures, the term "employee" shall mean all registered agents, board members, directors, employees, executives, managers and volunteers or associated with any F4C facility, as further defined at 935 CMR 500.030(1), but shall not include third-party contractors. The pronouns "he" and "his" will refer to persons of both genders.

Security

Associate Security Agent: ASAs monitor F4C's security systems. ASAs shall perform the following duties:

- Monitor alarm systems, doors, interior and exterior video cameras, motion sensors and related technology;
- Assure that all employees and others accessing the facility have the appropriate credentials and identification;
- Assure that only properly authorized individuals are able to gain access to the facility;
- Lead F4C's response in the event of fire, theft, intrusion or other threat to health and safety at the facility;
- Respond and investigate security situations and alarm calls;
- Clearly document the incident and details surrounding the incident in a written report for the CSO;
- Monitor all employee entrances to the facility;
- Maintain log books; and
- Provide escorted access as required in restricted areas.

Compliance Specialist: The Compliance Specialist shall administer background checks and suitability determinations for all F4C employees. Compliance Specialist duties shall include the following:

- In collaboration with the CSO, implementing and administering background checks on all employees in a manner consistent with Massachusetts law and regulation, including 935 CMR 500.000;
- In collaboration with the CSO, CCO, CPO, and CEO, uphold the regulations set forth by the commission in 935 CMR 500.000, including routine compliance walk throughs of the facility to be completed not less than once per quarter;
- Reviewing background checks prior to any employee commencing work, and prior to any employee being granted access to any F4C facility in a manner consistent with Massachusetts law and regulation, including 935 CMR 500.100;
- Registering each employee with the Department of Criminal Justice Information Systems pursuant to 803 CMR 2.04 for purposes of determining suitability;
- For purposes of further ensuring employee suitability, the CSO shall:
 - a. Review any and all conditions, offenses, and violations occurring in Massachusetts or any other state, whether under state law or under the laws of the United States, or the law of any military, territorial or Native American tribal authority, or any other jurisdiction.
 - b. Review any and all criminal disqualifying conditions, offenses, and violations;
 - c. Where applicable, review all look back periods for criminal offenses and violations included in 935 CMR 500.802 commencing upon the date of disposition; provided, however, that if disposition results in incarceration in any institution, the look back period will commence upon release from incarceration.

- d. Exclude from consideration any juvenile dispositions as a factor for determining suitability.
- e. Analyze all background checks to Massachusetts law, including but not limited to 935 CMR 500.800, inclusive of all tables and exhibits.
- f. Not less frequently than quarterly, review Massachusetts law and CCC regulations and guidances to determine any change in recommended best practice.
- g. Administer the F4C background check protocol, in accordance with Massachusetts law and regulation, and any guidance provided by the CCC from time to time, including 935 CMR 500.802 and related tables.
- h. Determine whether grounds exist for Mandatory Disqualification or Presumptive Negative Suitability Determination and, in the event a Presumptive Negative Suitability Determination is made, F4C will consider the following factors: (i) time since the incident; (ii) age of the subject at the time of the incident; (iii) nature and specific circumstances of the incident; (iv) sentence imposed and length, if any, of incarceration, if criminal; (v) penalty or discipline imposed, including damages awarded, if civil or administrative; (vi) relationship of offense or incident to nature of work to be performed; (vii) number of offenses or incidents; (viii) whether offenses or incidents were committed in association with dependence on drugs or alcohol from which the subject has since recovered; (ix) if criminal, any relevant evidence of rehabilitation or lack thereof, such as information about compliance with conditions of parole or probation, including orders of no contact with victims and witnesses, and the subject's conduct and experience since the time of the offense including, but not limited to, professional or educational certifications obtained; and (x) any other relevant information, including information submitted by the subject.

Upon finding an adverse determination, a Compliance Specialist shall:

- Report the adverse finding to the CSO immediately;
- Within seven (7) days of such determination, provide the applicant a copy of the background screening report and a final adverse determination letter providing the applicant with instruction relative to the right to dispute the contents of the report and rights to supplement or pursue an appeal to the Suitability Review Commission;
- Document such adverse determination in compliance with all requirements set forth in 935 CMR 500 et seq.; and
- Maintain such determination within F4C personnel records.

Inventory

Inventory Manager: At least weekly, the IM shall record an inventory count, and shall report same to the CCO and CEO. Additional IM duties shall include the following:

- Develop and implement comprehensive inventory controls;
- Develop and implement comprehensive reporting policies to meet internal and external reporting requirements;
- Maintain all inventory records;
- Staffing and supervising all AIAs;
- Handle, store, label and track all inventory; and
- Working with the CCO and CSO, implement safe and compliant transportation protocols, including but not limited to compliance with 500.050(5)(a).

Associate Inventory Agents: AIAs support the daily functionality of the Inventory Manager. AIA duties shall include:

- Maintaining all records relating to inventory, including storage, transfer, audit, package, inventory levels and demand, and other records as required by the business;
- Documenting the acquisition, sale, disposal and ending inventory counts on a daily and monthly basis;
- Ensuring that product is properly packaged, stored, labeled, maintained and recorded within F4C's electronic and physical systems; and
- Ensuring proper storage and disposal of waste in accordance with 935 CMR 500.105(12).

Personnel Records

Personnel records for each employee will be maintained for at least twenty-four (24) months after employee separation from the company. Personnel records shall include, but not be limited to, the following:

- Job description stating duties, authority, responsibilities, qualifications, and supervision;
- Employment agreement, if any;
- Documents related to employee training, including training regarding privacy and confidentiality requirements, and a signed statement of the employee indicating the date, time, and place of such training;
- Documentation relating to compensation, including a statement of graduated compensation by date and pay rate;
- Performance evaluations;
- Disciplinary records, if any;
- Documents relating to background investigation, including CORI reports; and
- All materials required by the Commission pursuant to 935 CMR 500.030(2).

Personnel records will be kept in a secure location to maintain confidentiality and be accessible only to the CEO, CSO, or designees, all of whom shall be members of the executive management team.

Professional Conduct

Standards of Conduct

F4C is committed to maintaining an environment conducive to the health and well-being of customers, employees and the community. F4C shall endeavor to provide a workplace free from harassment, bullying or discrimination. F4C will not tolerate harassment or discrimination on the basis of sex, race, color, national origin, age, religion, disability, sexual orientation, gender identity or any other trait or characteristic protected by law. Harassment or discrimination on the basis of any protected trait or characteristic is contrary to F4C's values and shall provide grounds for discipline, up to and including termination. F4C policies shall prohibit any physical or verbal conduct that:

- Has the purpose or effect of creating an intimidating, hostile, or offensive work environment;
- Has the purpose or effect of unreasonably interfering with an employee's work performance; or
- Adversely affects an employee's employment opportunities.

All F4C employees shall maintain the highest degree of professional behavior. Harassment or discrimination by or against employees is strictly prohibited, and the CEO shall promptly address any offending conduct.

F4C is committed to maintaining a work environment that is alcohol, smoke and drug free. F4C has adopted this policy to provide a work environment that promotes the safety and productivity of its employees, agents, and visitors.

At-Will Employment

Unless otherwise specified in a signed writing executed by the CEO and the employee, employment at F4C shall be at-will. The employer and employee alike may terminate the work relationship at any given moment and for any legitimate purpose. Each party reserves the right to end the employment.

Workplace Attire

Workplace attire must be suitable for each specific role and task. The CEO and the executive team shall determine appropriate attire, and shall ensure compliance with all workplace attire requirements.

Business Hours

The facility shall have the following hours of operation:

Monday: 10:00 am - 10:00 pm
Tuesday: 10:00 am - 10:00 pm
Wednesday: 10:00 am - 10:00 pm

Thursday: 10:00 am - 10:00 pm
Friday: 10:00 am - 10:00 pm
Saturday: 9:00 am - 10:00 pm
Sunday: 9:00 am - 10:00 pm

Emergency contact information:

Benjamin C. Virga, COO

Phone: 617-990-6653
Email: virgabn@gmail.com

Lukasz Marut, GM

Phone: 857-385-6801
Email: lukemarut@me.com

Compensation and Employment Practices

Standard Employment Practices

F4C offers competitive wage and benefits packages, and shall develop a workplace culture that values work-life balance, transparent and accessible management, and a work ethic consistent with the cannabis program in Massachusetts.

Compensation

Compensation shall be negotiated on an individual basis. F4C shall determine compensation based on the prevailing wage in the marketplace. Compensation shall account for skill, experience, education, work history and other lawful criteria as determined by F4C. The CEO and the executive management team shall determine compensation rates. F4C shall at all times comply with applicable state and federal law in determining employee compensation.

Compliance with Law and Regulation

F4C's written policies shall adhere to applicable federal and state laws, including but not limited to the Family and Medical Leave Act, the Consolidated Omnibus Budget Reconciliation Act, the Equal Employment Opportunity Act, the Employee Retirement Income Security Act, the Americans with Disabilities Act, 935 CMR 500.000 et. seq., and with laws pertaining to holidays, work hours, personal time, paid time off, confidentiality and workplace safety. The executive management team oversees company compliance, and the CEO shall implement company policies and procedures.

Work Schedules

Work schedules shall be part-time or full-time. Schedules will be set and classified according to the demands of the business. F4C shall develop and implement work schedules that provide necessary duty and personnel coverage. F4C shall determine work schedules to ensure adequate coverage on a daily basis, and to diminish the likelihood of duplicate staffing or overtime coverage.

Performance Reviews

At least annually, all employees shall receive performance reviews. A written review, in a form determined by the CEO, shall accompany each employee review. Such review shall be signed by the employee, and shall be retained in the personnel files of the company. As determined by the CEO, reviews shall provide a reasonable evaluation of employee performance, and may include scoring metrics, narrative content and other performance methodologies.

Vacation, Paid Leave and Family Leave Policies

F4C leave policies will comport with all applicable state and federal statutes. All full-time employees will receive two 40-hour weeks of paid vacation annually. Leave must be requested at least two weeks in advance and approved by the CEO or designee. F4C anticipates observing all national holidays, and will elect on an annual basis whether to observe state holidays.

Disciplinary Policy

F4C has adopted a disciplinary policy designed to provide a graduated series of corrective actions. This policy, called the “Steps” policy, is intended to improve employee performance, promote the maintenance of a cohesive and productive workplace, and prevent recurring adverse behaviors. In addressing disciplinary matters, F4C shall apply the steps described below:

Step 1: Individual Advice and Counsel

A member of the executive management team shall individually discuss the subject conduct with the employee. The executive shall identify the offending conduct, and clearly outline company expectations for resolution.

Step 2: Written Warning

Within seven (7) days of the discussion described in Step 1, the executive will prepare a document characterizing the discussion, and will provide a copy of the document to the employee. The employee will sign the document, a copy of which F4C will maintain in the personnel file.

Step 3: Final Written Warning

Should the offending conduct persist or reoccur, a member of the executive management team will prepare a document characterizing the offending

conduct, and will provide a copy of the document to the employee. The document may include witness statements or reference other evidence. The document will state “Final Warning” in prominent text. The employee will sign the document, a copy of which F4C will maintain in the personnel file. If the executive finds the offending conduct problematic, disruptive and/or harmful, or implicants the health or safety of other employees, the executive may recommend to the CEO that the employee be removed from the workplace. The CEO shall act on any such recommendation within forty-eight (48) hours.

Step 4: Termination of Employment

The last step is termination of employment. F4C reserves the right terminate if, notwithstanding the steps set forth above, employee conduct fails to comport with F4C policies and procedures. F4C reserves the right to terminate without prior notice or disciplinary action. The CEO must approve termination in writing, a copy of which F4C will maintain in the personnel file.

Nothing in this policy provides any contractual rights regarding employee discipline or counseling, nor shall anything in this policy be construed as modifying or altering the at-will employment relationship established between F4C and its employees.

Conduct Not Subject to “Steps” Disciplinary Policy

Illegal behavior is not subject to the “Steps” policy, and may be reported to local law enforcement. Intoxication, physical harassment, sexual harassment, bullying, theft, diversion of marijuana or marijuana products, engaging in unsafe practices or misappropriation of intellectual property and like behaviors shall not be subject to the “Steps” policy and may be grounds for immediate termination.

Any agent or employee who has been convicted of or entered into a guilty plea for a felony charge for distribution of a drug to a minor shall not be subject to the “Steps” policy and shall be grounds for immediate termination.

Separation of Employment

A separating employee may contact the CEO or other supervising authority to schedule an exit interview. F4C reserves the right to refuse any such interview. The interview, if any, shall occur on or after the employee’s last day of work.

Company Property

A separating employee must return all company property at the time of separation, including but not limited to uniforms, cell phones, keys, computers, and identification cards. Failure to return items may result in deductions from final paycheck. An employee may be required to sign a wage deduction authorization form to facilitate the deduction of the cost of unreturned items from the final paycheck.

Termination of Employee Benefits

An employee separating from F4C is eligible to receive benefits as long as the appropriate procedures are followed as stated above. Two weeks' notice must be given, and the employee must work the full two work weeks. Accrued vacation leave will be paid in the last paycheck. Accrued sick leave will be paid in the last paycheck.

COBRA Health Insurance

Health insurance terminates on the last day of the month of employment, unless employee requests immediate termination of benefits. F4C shall provide information about employee rights under the Consolidated Omnibus Budget Reconciliation Act (COBRA) relative to the continuation of health insurance coverage.

FROM: Frozen 4 Corporation
TO: Cannabis Control Commission
DATE: December 10, 2019
RE: Summary of Diversity Plan

Diversity Mission

To encourage the entire community to participate in the Frozen 4 Corporation (“F4”) mission, and to establish specific, measurable goals to promote equity for the above-listed groups in the operation of F4’s proposed Marijuana Establishment.

Vision

We strive to build a staff that reflects the racial, ethnic and cultural diversity of the community and our country. We will build lasting relationships with people from diverse backgrounds and will aspire to be a leader in promoting inclusion, equity and community engagement. We believe that our commitment to promoting diversity will inspire exceptional employee performance, enhance patient and customer experience and contribute to financial viability.

Five Key Elements

1. Establish ambitious goals for staff diversity
2. Recruit, hire and retain a diverse staff
3. Increase staff awareness of the importance of inclusion and diversity
4. Conduct continuous outreach designed to engage diverse members of the community
5. Measure engagement and participation against the diversity goals

Plan Summary

Element No. 1 : Establish Ambitious Goals

F4 will strive to develop and maintain a diverse pool of candidates for participation in the business of cultivation. Our intent is to build a workforce that is reflective of the demographics of our community. Our workforce will include minorities, women, veterans, people with disabilities, and LGBTQ+ in numbers at least equal to those present within the community at large, if not more. We will conduct an analysis of the community using public and private resources and will endeavor to improve our understanding of the community.

F4 will establish goals to secure a diverse and qualified group of employees. These goals will include, at a minimum, the following:

- F4 will hire not less than 60 employees within the first 12 months after receipt of its approval to commence operations;
- F4 will assure that not less than 50% of its employees will be diverse. F4 intends to target each demographic in percentages at least equal to the following: women (50%); minorities (20%); veterans (15%); LGBTQ (10%); people with disabilities (10%);

- F4 will count the number of individuals hired who are minorities, women, veterans, people with disabilities, and LGBTQ+, and will assess this number from the total number of individuals hired to ensure that at least 50% of all individuals hired fall within this goal;
- F4 will ensure that all of its employees, including minorities, women, veterans, people with disabilities, and LGBTQ+, are notified of and encouraged to apply for a promotion should a vacancy occur; and
- F4 will count the number of promotions earned by minorities, women, veterans, people with disabilities, and LGBTQ+, and will assess this number from the total number of available promotions to ensure that at least 50% of all individuals promoted fall within this goal.

Element No. 2 : Recruit, Hire and Retain a Diverse Staff

In order to attract and retain a diverse staff, the company will engage in the activities listed below:

- F4 has formed a partnership with C3RN and has provided financial support to this certified non-profit. C3RN and F4 will work together to recruit, hire and train as diverse a staff as possible for all aspects of F4's cannabis business.
- Propose new partnerships with culturally diverse institutions, including the Bristol Community College and Taunton Area School to Career Inc., with a focus on conducting targeted recruiting and hiring initiatives for candidates that will diversify the staff;
- At least 4 times a year (i.e. quarterly), provide specific opportunities for success, including job training, mentoring programs, and opportunities for promotion, provided further that all employees shall be eligible for mentoring and promotional opportunities;
- At least twice a year, offer business-relevant seminars to introduce diverse sectors of the workforce to technical skills (e.g. plant science, cultivation techniques, etc.) and analytical skills (e.g. financial accounting, inventory management, etc.), provided further that such seminars shall be available to not less than 200 individuals per seminar;
- Gather, compile and share demographic data, and reflect on any patterns or trends which appear in the data;
- Host career fairs at least 4 times a year (i.e. quarterly), in underrepresented and minority communities;
- Use online resources such as indeed.com, zip recruiter.com and social media platforms to cast a wide search for diverse employees;
- At least monthly, create and distribute internal workplace newsletters to encourage current employees to recommend individuals that might advance the diversity and business performance objectives of the company;
- Contract with suppliers that demonstrate a commitment to diversity and inclusion; and

- Establish procedures for diversity orientation and annual continuing education for all management and staff;
- Develop a consistent process for identifying, screening and interviewing candidates on issues relating to diversity and equity;
- Analyze exit surveys, and develop recommendations to improve retention and quality of staff;
- Implementation of a process to provide orientation to all new administrators on the topic of diversity/equity; and
- Organize social and networking events each twice a year in an effort to build relationships and increase retention.

Element No. 3 : Increase Staff Awareness

In order to increase staff awareness of the importance of inclusion and diversity, the company will:

- Conduct quarterly reviews of the business to search for and remove barriers for people of diverse backgrounds, to ensure they have access to opportunities within the company;
- Develop collaborative workplace processes to provide first-hand experiences;
- Utilize instructional materials aligned to the company's business objectives in order to provide all employees with an understanding of how cultural differences might affect or enhance participation in the workplace;
- Create an environment of trust between management and staff as well as amongst peers and practices within the business;
- Hold an annual employee training to maintain awareness and to continue to promote diversity within the company; and
- Develop a process and procedure to properly document and resolve any matters that may impact the diversity plan.

Element No. 4 : Conduct Continuous Outreach

In order to engage diverse members of the community, the company will:

- Encourage community participation in activities sponsored by the company, including community events, street fairs, job fairs, chamber of commerce events and the like;
- Participate in events sponsored by the host community;
- Engage in honest conversation with management and staff on a semiannual basis about issues that impact a diverse population; and
- Use print and electronic communication tools, including web and social media, to share information about the opportunities for employment and participation within the company.

Element No. 5 : Measurement

In order to measure outcomes against the diversity goals of the company, F4 will:

- At least annually evaluate the then-current process used for recruiting, hiring and retaining staff to determine whether the diversity plan is still effective;
- Collect and analyze data, including demographic information related to the composition of the workforce, and whether the company's plan is achieving its diversity objectives;
- Measure the number of individuals from the above-referenced demographic groups who were hired and retained after the issuance of a license;
- Measure the number of promotions for people falling into the above-referenced demographic groups since initial licensure;
- Measure the number of positions created since initial licensure;
- Measure the number and subject matter of trainings held, and track the number of individuals falling into the above-listed demographics in attendance;
- Document the number and natures of employment outreach and community events and the individuals that attended, and retain copies of any materials distributed at such events;
- Publish such employment data, and at least annually, share that data with management, staff and the CCC;
- Establish a timeline, organized by month, to track F4's progress in meeting its diversity goals;
- Document F4's performance, in a writing suitable for submission to the CCC, within 90 days of its annual renewal date; and
- Develop a written plan for continuous improvement.

Affirmative Statement

In accordance with the Guidance on Required Positive Impact Plans and Diversity Plans (revised 2/25/19), Frozen 4 Corporation affirmatively states as follows: (1) The applicant acknowledges and is aware, and will adhere to, the requirements set forth in 935 CMR 500.105(4) which provides the permitted and prohibited advertising, branding, marketing, and sponsorship practices of every Marijuana Establishment; and (2) Any actions taken, or programs instituted, will not violate the Commission's regulations with respect to limitations on ownership or control or other applicable state laws.

FROM: Frozen 4 Corporation
TO: Cannabis Control Commission
DATE: December 10, 2019
RE: Restricting access to people under the age of 21

PLAN:

Prior to gaining access to the facility at 985 Plain Street, individuals must show a photo identification to a camera that is monitored by a security guard to ensure that the individual is over the age of 21 years. F4C security agents will be equipped with an electronic scanner that will detect any counterfeit ID. All F4C security agents will need to complete the Responsible Vendor Training Program in a manner determined by the Commission.

F4C will also work with town officials, including the police department to assure that no diversion to minors occurs. F4C will work with the police department to ensure that Mass. Gen. Laws Ch. 161 Sec. 95 pertaining to loitering is strictly enforced.

In compliance with 935 CMR 500.105(4)(b)(2-4), F4C will not market, advertise or brand in a manner that might target or attract individuals under the age of 21 years. Additionally, all employees, visitors, vendors, and agents must be 21 years of age or older with valid proof of identification.

FROM: Frozen 4 Corporation
TO: Cannabis Control Commission
DATE: December 10, 2019
RE: Record keeping procedures

PLAN:

With guidance from its CEO and CFO, Frozen 4, Corp. ("F4C") will maintain all records in compliance with 935 CMR 500.105 (8) and (9). F4C will maintain all records in accordance with generally accepted accounting principles.

All digital records will be redundantly backed up to a cloud-based encrypted secure server, thereby ensuring the integrity of F4C records in the event of a technological failure. The server will be maintained by a third-party IT company. Paper documentation will be stored in secure, fireproof cabinets available only to authorized F4C personnel and the CCC upon request.

Product Inventory Records

F4C will use NexTec in conjunction with Metrc to maintain real-time inventory and historical inventory data. NexTec software and inventory control system meets the requirements of 935 CMR 500.105(8) including, at a minimum, marijuana in any phase of development such as incoming raw material; marijuana ready for processing; finished marijuana products; and all damaged, defective, expired, or contaminated marijuana and marijuana products awaiting disposal.

NexTec seed-to-sale software allows F4C maintain detailed records regarding current inventory, past production and sales, dispensary records and other data relative to product manufacturing, packaging, testing, sale, storage and security. NexTec seed-to-sale software will allow appropriate F4C staff members to reference detailed records regarding current and past inventory and transportation of marijuana or MIPs. NexTec will accurately and efficiently track and record any additional data relative to inventory, sale and security.

All product tracking records will indicate the date of inventory, a summary of the inventory findings, and the names, signatures, and titles of the dispensary agents who conducted the inventory.

Inventory and vendor history will be securely maintained and updated using NexTec inventory tracking software. Inventory and vendor documentation

received in paper form will be maintained and secured in a limited access area, available only to authorized F4C personnel and the CCC upon request.

F4C will maintain all lab test results for at least one year. All such results shall be available to the CCC at all times.

Personnel Records

Employee records will be regularly maintained to satisfy the requirements outlined in 935 CMR 500.105(9)(d).

Each staff member shall have a personnel file maintained in a confidential by authorized F4C personnel. F4C will maintain that file for at least twelve (12) months after termination of the agent's affiliation with F4C. The file shall include, at a minimum, the following:

- i. All materials submitted to the CNB pursuant to 935 CMR 500.030(2);
- ii. Documentation of varication of references;
- ii. The job description or employment contract that includes duties, authority, responsibilities, qualifications, and supervision;
- iii. Documentation of all required training, including training regarding privacy and confidentiality requirements, and the signed statement of the individual indicating the date, time, and place he or she received said training and the topics discussed, including the name and title of presenters;
- iv. Documentation of periodic performance evaluations;
- v. A record of any disciplinary action taken;
- vi. Notice of completed responsible vendor training program;
- viii. All background check reports obtained in accordance with 935 CMR 500.030.

F4C shall maintain a record of all personnel policies and procedures including employee handbooks and management and operation records.

Financial and Other Business Records

F4C shall maintain all corporate records, including provisional and final certificates, insurance policies and declarations, accounting information, host community agreements, evidence of equipment acquisition, ownership and disposition and other corporate records documentation. In accordance with 935 CMR 500.105(9)(e), F4C shall maintain record or the follow items:

- Assets and liabilities;
- Monetary transactions;
- Books of accounts, which shall include journals, ledgers, and supporting documents, agreements, checks, invoices, and vouchers;
- Sales records including the quantity, form, and cost of marijuana products; and
- Salary and wages paid to each employee, or stipend, executive compensation, bonus, benefit, or item of value paid to any persons having direct or indirect control over the marijuana establishment.

F4C's corporate records shall also include third-party laboratory agreements, documents pertaining to municipal permitting and compliance, corporate annual reports and other filings with the Massachusetts Secretary of State.

F4C shall maintain, in electronic form in a manner consistent with traditional business accounting practices, documents pertaining to F4C's business operation. These records shall include at minimum:

- A balance sheet;
- Income statements;
- Cash flow statements;
- A statement of all monetary transactions;
- A chart of accounts, including check ledger;
- A collection of payables;
- A collection of receivables;
- Payroll records and any other evidence of compensation;
- Any other records that BRI determines to maintain in the ordinary course of business.

Provisional certificates, final certificates and any other certifications of the establishment shall be posted in a conspicuous place on the near the main entrance of the establishment.

All records will be securely maintained and shall be available upon request to the CCC.

In the event of closure, F4C shall maintain all records must be kept for at least two years in a form and location acceptable to the CCC.

Record of Standard Operating Procedures

Standard operating procedures related to F4C's operations will be updated on an ongoing basis, and not less frequently than annually. The standard operating procedures shall include, at a minimum, the following:

- Security measures in compliance with 935 CMR 500.110;
- Agent security policies, including personal safety and crime prevention techniques;
- Hours of operation and after-hours contact information, which will be provided to the CCC, made available to law enforcement officials upon request, and updated pursuant to 935 CMR 500.000.
- Storage of marijuana and marijuana products in compliance with 935 CMR 500.105(11);
- Description of the various strains of marijuana to be processed or sold;
- Procedures to ensure accurate recordkeeping, including inventory protocols in compliance with 935 CMR 500.160;
- Plans for quality control, including product testing for contaminants in compliance with 935 CMR 500.160;
- A staffing plan and staffing records in compliance with 935 CMR 500.105(9);
- Workplace health and safety policies, including a provision that the workplace shall be free to alcohol, smoking, or any form of harassment, intimidation or violence;
- A plan describing how confidential information will be maintained;
- Policy for the immediate dismissal of any dispensary agent who has:
 - Diverted marijuana, which will be reported the Police Department and to the CCC;
 - Engaged in unsafe practices with regard to F4C's operations; or
 - Been convicted of any felony in Massachusetts or like violation in any other state or under the laws of the United States.
- Procedures for the handling of cash on premises including but not limited to storage, collection frequency and transport to financial institution(s);
- Policies and procedures to prevent the diversion of marijuana to individuals younger than 21 years old; and

- Policies and procedures to prevent unauthorized access to the premises; including but not limited to unauthorized access by any individual under the age of 21.

Incident Reporting Records

Within seven days, F4C will provide written notice to the Commission of any incident described in 935 CMR 500.110(7)(a), by submitting an incident report.

Incident reports shall describe the incident in question, and shall indicate F4C's investigation and resolution of the incident. All related documents, including photos and surveillance video related to the incident, will be maintained by F4C for not less than one year or the duration of an open investigation, whichever is longer, and be made available to the CNB and law enforcement authorities upon request.

Security Records

A current list of authorized agents and service personnel that have access to the surveillance room will be available to the CCC upon request.

Twenty-four (24) hour recordings from all video cameras that are available for immediate viewing by the CCC upon request and will be retained for at least ninety (90) days.

F4C will maintain a visitor sign-in and sign-out record at the facility entrance. The record will include visitors' name, address, firm name if applicable, date, time in and out, and the name of any authorized agents who will be escorting the visitor.

Waste Disposal Records

In Accordance with 935 CMR 500.105(12)(d) F4C shall keep and maintain waste disposal records. All waste disposal shall be documented by no fewer than two F4C agents. The agents shall witness and document how the solid waste or organic material containing Marijuana is handled on-site including, but not limited to, the grinding up, mixing, storage and removal from the Marijuana Establishment. When Marijuana Products or waste is disposed

or handled, F4C shall create and maintain an electronic record of the date, the type and quantity disposed or handled, the manner of disposal or other handling, the location of disposal or other handling, and the names and signatures of the two F4C agents present during the disposal or handling. All waste disposal records shall be stored and maintained for at least three years unless specifically instructed otherwise by the CCC.

FROM: Frozen 4 Corporation
TO: Cannabis Control Commission
DATE: December 10, 2019
RE: Quality Control and Testing Procedures

PLAN:

General Policies

Frozen 4 Corporation ("F4C") intends to provide Massachusetts consumers with adult use cannabis of the highest quality. F4C will do so by implementing strict operational controls, maintaining a sanitary and secure environment, and utilizing a commission approved independent testing laboratory.

All areas of the facility at 985 Plain Street including the entrances, storage areas, employee areas, and perimeter will be monitored daily for signs of contaminants such as mold, fungus and pests. All areas will be cleaned and maintained to varying degrees on a daily, weekly and monthly basis. If contamination occurs, F4C staff will remedy the contamination, relying on their individual expertise and on peer support, and executive direction.

F4C will meet or exceed sanitary guidelines required by 935 CMR 500.160. Staff will use locker rooms to transition into uniforms and store personal belongings before entering the facility.

In compliance with 935 CMR 500.105(3)(b)(4), F4C will adopt policies to instruct agents on how to move and where to store items during times of maintenance or sanitation. Under no circumstances will agents be permitted to remove items without permission. Under no circumstances will agents be permitted to store equipment, utensils or products on the floor or in any other unauthorized manner.

All agents shall be trained in accordance with the requirements for food handlers specified in 105 CMR 300.000. Specifically, any agent working in direct contact with marijuana shall conform to sanitary practices while on duty, including; (i) maintaining adequate personal cleanliness; and (ii) washing hands appropriately.

All of F4C's storage containers will be light shielding, airtight and secure to protect the finished products and the agents handling them. Storage and transportation of products will always occur under conditions that protect products against physical, chemical, and microbial contamination, as well as against deterioration of finished products or containers. Containers will be monitored for cleanliness and serviced as necessary.

Structure and Utilities

F4C, with the assistance of its building and engineering team, will select interior materials such as floors, walls and ceilings that promote ease of cleaning and repair. In accordance with 935 CMR 500.105(3)(b)(6), F4C will keep each area of the facility clean and in good repair.

F4C's water source will be capable of providing a safe, potable, and adequate supply of water to meet or exceed the needs of the facility. F4C will ensure that plumbing will be of adequate size and design, and adequately installed and maintained to carry sufficient quantities of water to required locations throughout the facility. Plumbing shall properly convey sewage and liquid disposable waste from the facility.

Along with the aid of third-party contractors, F4C will ensure there will be no cross-connections between the potable and waste water lines. F4C will strive to provide its agents and employees with areas to accommodate day to day needs. These areas may include but not limited to; break rooms, locker area, meeting rooms and readily accessible toilet facilities that are maintained in a sanitary condition and always in good repair.

F4C shall install hand-washing facilities within production areas and where good sanitary practices require employees to wash and sanitize their hands. Additionally, F4C shall provide employees with adequate, readily accessible toilet facilities. In accordance with 935 CMR 500.105(12) and 935 CMR 500.105(3) F4C shall ensure that all litter and waste is properly removed so as to minimize the development of odor and the potential for the waste attracting and harboring pests.

F4C shall clean, maintain and sanitize all contact surfaces, as necessary to protect against contamination. F4C will ensure that any and all toxic items shall be identified, held, and stored in a manner that protects against contamination of marijuana.

Storage and transportation of finished products shall be under conditions that will protect them against physical, chemical, and microbial contamination.

Quality Control

F4C will maintain strict quality control policies, in doing so F4C shall ensure that only the leaves and flowers of the female marijuana plant are processed in a safe and sanitary manner as follows:

- All marijuana plant material and products shall be well cured and generally free from seeds and stems;

- All marijuana plant material and products shall be free of dirt, sand, debris, or any other foreign matter;
- All marijuana plant material and products shall be free of contamination by mold, rot, other fungus, and bacterial diseases;
- All marijuana plant material and products shall be prepared and handled on food-grade stainless steel tables; and
- All marijuana plant material and products shall be packaged in a secure area in accordance with 935 CMR 500.105(3).

F4C will not market or sell any marijuana product that is not capable of being tested by an Independent Testing Laboratory. F4C shall notify the CCC within 72 hours of any laboratory testing results indicating contamination if contamination cannot be remediated and disposal of the production batch is necessary.



Date: October 13, 2019

To: Benjamin Virga, Frozen 4 Corporation

From: Cannabis Community Care and Research Network (C3RN) and Cannabis Center of Excellence (501c3)

Subject: Requested Letter for Donations

To the Cannabis Control Commission,

The Cannabis Community Care and Research Network (C3RN) is a Public Benefit Corporation that established a Cannabis Center of Excellence (501c3) that Frozen 4 Corporation intends to donate to.

C3RN has been in contact with and are willing to accept the donations that Frozen 4 Corporation intends to provide.

Marion McNabb, DrPH MPH
CEO

Cannabis Community Care and Research Network (C3RN)

Cannabis Community Care and Research Network (C3RN) BCorp and
Cannabis COE (501c3)
85 Harding Street 3B
Worcester, MA 01604

FROM: Frozen 4 Corporation
TO: Cannabis Control Commission
DATE: February 20th, 2020
RE: Revised plan Maintaining Financial Records

PLAN:

F4C has adopted operating policies and procedures to ensure that financial records are accurate and maintained in compliance with 935 CMR 500.000. Financial records shall be maintained using the following principles:

Revenue

Any revenues earned by F4C will be tracked by LeafLogix and can be periodically exported. The CFO or a person working at his direction will provide and monitor all bookkeeping on a day-to-day basis, utilizing a financial tracking software that integrates with LeafLogix. F4C anticipates retaining a separate tax service to handle quarterly and annual tax filings.

On a day-to-day basis LeafLogix will track and record all sales from each order and delivery. At the close of business each day, F4C shall reconcile the daily sales from each order sheet or delivery manifest and shall record and initial this data into an electronic sales binder supported by LeafLogix.

Confidentiality

Confidential information will be maintained in a secure location, kept separate from all other records, and will not be disclosed without the written consent of the individual to whom the information applies, or as required under law or pursuant to an order from a court of competent jurisdiction; provided however, the CCC may access this information to carry out its official duties.

Financial Record-keeping

F4C shall adhere to the record-keeping requirements set forth at 935 CMR 500.105(9), including the following:

1. Keeping written business records, available for inspection, and in accordance with generally accepted accounting principles;
2. Maintaining a balance sheet reflecting all assets and liabilities;
3. Maintaining a record of all monetary transactions;
4. Maintaining a chart of accounts, which will include journals, ledgers, and supporting documents, agreements, checks, invoices, and vouchers;
5. Tracking all compensation paid to each employee, including any executive compensation, bonus, benefit, or item of value paid to any individual affiliated with a marijuana establishment, including members, if any;
6. Recording all sales to reflect the quantity, form, and cost of marijuana products sold, pursuant to CMR 500.140(6), including:
 - Utilizing LeafLogix in conjunction with the CCC approved seed-to-sale software, Metrc,
 - In consultation with the DOR, and a sales recording module approved by DOR;
 - Complying with 830 CMR 62C.25.1: Record Retention and DOR Directive 16-1 regarding record-keeping requirements;

- Maintaining such records that would allow for the CCC and the DOR to audit and examine the books and records in order to ensure compliance with Massachusetts tax laws and 935 CMR 500.000.

F4C will also separately maintain the following business records: (i) Declarations of insurance coverage and maintenance of escrow requirements under 935 CMR 500.105(10) and all bond or escrow requirements under 935 CMR 500.105(16); (ii) Records of all fees paid under 935 CMR 500.005 or any other section of the CCC's regulations; and (iii) Records of all fines or penalties, if any, paid under 935 CMR 500.550 or any other section of the CCC's regulations.

F4C will use a POS system at all retail locations that is approved by the CCC and DOR. The POS equipment will be analyzed and inspected monthly, where findings of the inspection will be recorded and kept for reference, to ensure that no other software has been installed for the purpose of manipulating sales data. If the inspection determines that there has been software or alternate methods installed/utilized to manipulate sales data, the CCC will immediately be notified and F4C will cooperate with any investigation or recommended actions of the CCC.

F4C will also adopt separate accounting practices at POS for marijuana and non-marijuana sales