

APPLICATION TO TRANSFER INTEREST

(Pursuant to NRS 453A and the Regulations of the Division of Public and Behavioral Health (DPBH))

INSTRUCTIONS: This form MUST BE TYPEWRITTEN OR PRINTED LEGIBLY and submitted to the MEDICAL MARIJUANA PROGRAM (DPBH). The proposed transfer MAY NOT BE EFFECTED until approved by the MEDICAL MARIJUANA PROGRAM (DPBH). TRANSFEREE must complete SECTION I; TRANSFEROR must complete SECTIONS II AND III. Attach copies of all documents involved in the proposed transfer of interest, i.e., notes, agreements, corporate minutes, etc. (If additional space is necessary, attach a separate schedule.)

SECTION I

Partnership Corporation Limited Liability Company Limited Partnership Other _____

1. Name of entity _____
2. Name of the MME and Application ID#(s) _____
3. MME Address _____
4. City/County business license number(s) _____
5. Secretary of State business registration number _____
6. State business license number _____
7. Full name of TRANSFEREE (TO whom interest will transfer) _____
8. Residence address _____ Contact Phone # _____
9. Percentage to be acquired _____ Number of Shares/Units _____

SECTION II

1. Full name of TRANSFEROR (FROM whom interest will transfer) _____
2. Residence address _____ Contact phone # _____
3. Percentage to be transferred _____ Number of Shares/Units _____
4. Upon consummation of proposed transfer of interest, state your position and responsibilities:

5. Reason for the transfer:

SECTION III

1. List below the ownership of the licensed business as it is BEFORE and will be AFTER the proposed transfer of interest is effected:

SCHEDULE OF OWNERSHIP

Prior to Transfer:

Name	% Held	No. of Shares/Units
_____	_____	_____
_____	_____	_____

I have read the foregoing document entitled APPLICATION TO TRANSFER INTEREST and know the contents thereof, and that the information contained in this application is true of my own knowledge and information.

TRANSFEREE (Signature) _____ Date

STATE OF _____ }
COUNTY OF _____ } ss.

SUBSCRIBED AND SWORN to before me this _____ day
of _____, _____.

Notary Public

_____, being first duly sworn, depose and say:

(Print Name of TRANSFEROR)

I have read the foregoing document entitled APPLICATION TO TRANSFER INTEREST and know the contents thereof, and that the information contained in this application is true of my own knowledge and information.

TRANSFEROR (Signature) _____ Date

STATE OF _____ }
COUNTY OF _____ } ss.

SUBSCRIBED AND SWORN to before me this _____ day
of _____, _____.

Notary Public