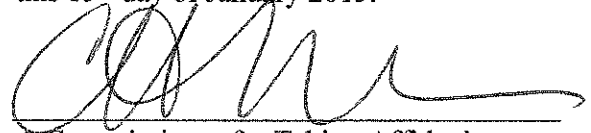


This is **Exhibit "C"** referred to in the
Affidavit of **JEANNINE RITCHOT**
Affirmed before me at the City of Ottawa,
in the Province of Ontario,
this 15th day of January 2015.

A handwritten signature in black ink, appearing to be 'C. M.', written over a horizontal line.

A Commissioner for Taking Affidavits


Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-02115-10

**AUTHORIZATION TO POSSESS
DRIED MARIJUANA FOR MEDICAL PURPOSES**

You have met the requirements to be issued an authorization pursuant to section 11 of the *Marijuana Medical Access Regulations* (MMAR). You are hereby authorized to possess dried marijuana for your medical purpose in accordance with your authorization. This document and/or ID card will serve as proof of your authority to possess marijuana for a medical purpose. You should have at least one of these documents with you at all times when you are in possession of the substance in case you are required to show proof to the police.

HOLDER OF AUTHORIZATION INFORMATION			
NAME:	Shawn Robert Davey	DATE OF BIRTH:	08/06/1976
ADDRESS:	17017 Seventh Ave Mission BC V2V 2A7	GENDER:	Male
MAILING ADDRESS:	Same as above		
TERMS AND CONDITIONS			
The maximum quantity of dried marijuana that you may possess at any time under this <i>Authorization to Possess</i> is 300 grams.			
MEDICAL PRACTITIONER INFORMATION			
NAME:	Dr. Gwyllyn Goddard		
EXPIRY DATE			
Please note this <i>Authorization to Possess</i> expires on July 16, 2011. Should you wish to renew your <i>Authorization to Possess</i> , please submit your renewal application at least 2 weeks prior to your expiry date.			

ISSUED BY:		DATE OF ISSUE:	2010-07-16
Ronald Deneault, Manager Marijuana Medical Access Division Controlled Substances and Tobacco Directorate			

**PLEASE READ ALL ENCLOSED DOCUMENTS
CAREFULLY**

ENCLOSED DOCUMENTS:

Information you should know about your *Authorization to Possess* dried marijuana

c.c. Dr. Gwyllyn Goddard
46198 Yale Rd.
Chilliwack BC V2P 2P1



All inquiries regarding this authorization should be directed to the Marijuana Medical Access Division toll-free phone number: 1-866-337-7705.

Health: Same
Canada: Canada

Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-02115-10


**DESIGNATED PERSON PRODUCTION LICENCE
DRIED MARIJUANA FOR MEDICAL PURPOSES**

You have met the requirements to be issued a licence pursuant to section 40 of the *Marijuana Medical Access Regulations (MMAR)*. You are hereby licensed to produce dried marijuana. This document and/or ID card will serve as proof of your authority to produce marijuana. You should have at least one of these documents with you at all times in case you are required to show proof to the police.

HOLDER OF LICENCE INFORMATION		AUTHORIZED PERSON INFORMATION	
NAME:	Donald Edward Walsh	NAME:	Shawn Robert Davey
DATE OF BIRTH:	13/07/1949	DATE OF BIRTH:	08/06/1976
GENDER:	Male	GENDER:	Male
ADDRESS:	31231 Dewdney Trunk Rd Mission BC V4S 1C4	ADDRESS:	32037 Seventh Ave Mission BC V2V 2A7
MAILING ADDRESS:	Same as above	MAILING ADDRESS:	Same as above

TERMS AND CONDITIONS	
PRODUCTION SITE:	28640 123 Ave Maple Ridge BC V2W 1M1
MODE OF PRODUCTION:	Indoors Only
PRODUCTION QUANTITIES:	The maximum number of marijuana plants that you may have under production at the production site at any time under this <i>Designated Person Production Licence</i> is 49 PLANTS (indoor).
STORAGE SITE:	28640 123 Ave Maple Ridge BC V2W 1M1
STORAGE QUANTITIES:	The maximum quantity of dried marijuana that you may keep at the storage site at any time under this <i>Designated Person Production Licence</i> is 2205 grams, and it must be stored indoors.

EXPIRY DATE
Please note this *Designated Person Production Licence* expires on July 16, 2011. Should you wish to renew your *Designated Person Production Licence*, please submit your renewal application at least 8 weeks prior to your expiry date.

ISSUED BY:  Ronald Dendall, Manager Marijuana Medical Access Division Controlled Substances and Tobacco Directorate	DATE OF ISSUE: 2010-07-16
--	----------------------------------

**PLEASE READ ALL ENCLOSED DOCUMENTS
CAREFULLY**

ENCLOSED DOCUMENTS:
Information you should know about your *Designated Person Production Licence*

cc: Shawn Robert Davey
32037 Seventh Ave
Mission BC V2V 2A7

Designated Person Production Licence
Licence de prod. à titre de personne désignée

DONALD EDWARD WALSH
31231 Dewdney Trunk Rd, Mission, BC
CANADA V2W 1M1 GENDER: M
DOB: 13/07/1949
Form: DP-GEN-STD0677-16-1848-16-A
Photo File: 28640 123 Ave, Maple Ridge, BC
Licence No.: 28640 123 Ave, Maple Ridge, BC
Production: max. 49 plants
Cultivation: max. 60 plants
Dried Storage / Packaging: max. 2205g

Shawn Robert Davey
32037 Seventh Ave, Mission, BC
GENDER: M
DOB: 08/06/1976
Expiry / Date of issue: 19/07/2011
Photo IDENTITY (1) by Shawn WALSH

Marijuana Medical Access Regulations (MMAR) - voir l'article 40 de la Loi sur les médicaments

All inquiries regarding this licence should be directed to the Marijuana Medical Access Division toll-free phone number: 1-866-377-7705.

Shawn Davey

Reference # MMAD-02115-10

Oracle Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

View Contact

First Name: Shawn Surname: Davey Mailing Address: 31019 Reystone Ave, Mission, BC, V4S 1G4, Canada Date Of Birth: 1976-06-08 Primary Phone: 604-820-5264 (NA)

Create an Associated Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
MMAD-02115	Closed	2009-12-23	Mail	In	Application
35392C	Closed	2010-02-22	Call	In	General Inquiry
39546C	Closed	2010-05-13	Call	In	General Inquiry
128926	Closed	2011-05-10	Mail	In	Application
137704	Closed	2011-06-14	Call	In	Application Inquiry
137704	Closed	2011-06-28	Call	Out	Application Inquiry
150377	Closed	2011-07-15	Mail	Out	Licence Package

Attachments

Upload File Download Selected File Delete Selected File

Report Filename	Document Type	Date Created

Add/Edit Notes

LEGACY: Mail Subject - NEW A, B1, D, F, 2 AP pics, 2 DP pics, CRC
 LEGACY: correspondence notes - File to Cheryle for callback then to OFR for review - Feb. 24 2010 - KB
 Please prepare AP and DP documents (new) and ID cards - June 1.10st
 Hocine: doc(s)/card(s) done - Christine - June 26 - ISSUE DATE: JULY 5
 Verified: Ronald: please sign (HA, July 10, 2010)

"LEGACY: Mail Subject - NEW A, B1, D, F, 2 AP pics, 2 DP pics, CRC

LEGACY correspondence notes - File to Cheryle for callback then to OFR for review - Feb. 24 2010 - KB

Please prepare AP and DP documents (new) and ID cards - June 1.10st

Hocine: doc(s)/card(s) done - Christine - June 26 - ISSUE DATE: JULY 5

Verified. Ronald: please sign (HA, July 10, 2010)

Done- Auth/DP- July 16, 2010- Charlotte

Tracking AP: LT560438720CA

Tracking DP: LT560438716CA"

Form A

Application for Authorization to Possess Marihuana for Medical Purposes

Authorizations are permitted for a period of no more than 12 months. This form is to be used to apply for:

an original authorization

OR

renewal of an authorization if changes since your last renewal or amendment

Note: For authorized persons who are applying to renew their authorization, if there have been no changes since last year, **Short Form A-Renewal** can be used instead of **Form A**.

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until *all* appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-800-337-7735.

Please forward all completed applications to:

**Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9**

**Health Canada /
Santé Canada**

DEC 23 2009

OCS / BSC
MMAD

Canada

Ghawn Davey

A1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: Shawn / Robert / Davey

Date of Birth: June 06 / 08 / 76 MIDLY

Address: 32037 7th ave Apartment Number: N/A

City: Mission Province: BC Postal Code: V2V 2A7

If no street address is available, please provide lot and concession number:

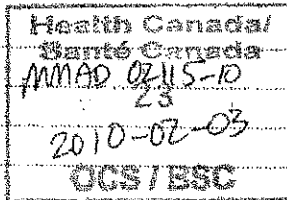
Lot Number:

Concession Number:

Telephone: (604) 820-5264

Fax: ()

E-mail: shawn.davey0608@shaw.ca



This address is: A private residence (E.G., HOUSE OR APT) Not a private residence (E.G., HOSPICE, HOSPITAL, ETC.)

Name of residence:

Mailing Address (if different from above):

Address or P.O. Box: _____ Apartment Number: _____

City: _____ Province: _____ Postal Code: _____

A2 Photograph of Applicant

- I have enclosed two copies of a current photograph that clearly identifies me.
- The back of one of the photographs has been signed by the medical practitioner signing the medical declaration, who certifies that it is a true likeness of me.

SIZE GUIDE FOR BOTH PHOTOGRAPHS

IMPORTANT: A standard passport photograph is preferred but if one is not available, the photograph submitted must meet the following standards:

- It must show you alone in the photograph.
- It must show a full frontal view of your head and shoulders against a plain contrasting background.
- It must be at least 43 mm x 54 mm (1 11/16 inches x 2 1/8 inches) and not more than 50 mm x 70 mm (2 inches x 2 3/4 inches), and have a view of your head that is at least 30 mm (1.375 inches) in length.
- It must reveal your face without sunglasses or any other obstructions. Facial hair is permitted, of course.

Note: This section does not need to be completed if a photograph has been provided within the last 5 years.

MINIMUM SIZE

MAXIMUM SIZE

Shawn Davey

A3 Appointed Representative

This section is optional

You may appoint a representative to speak to Health Canada on your behalf. Health Canada will be authorized to exchange information about your case—including personal data and material contained in your medical records—with an appointed representative that you choose (for example, a family member or a friend).

Should you **not** provide this consent, Health Canada will communicate only with and through you.

You may withdraw the appointment of your representative at any time.

Appointed representative (optional):

I consent to allowing Health Canada to exchange personal and medical information about my case with my appointed representative.

Mrs. Miss Ms. Mr.

Representative's full name: _____ / _____ / _____

Mailing Address: _____ Apartment Number: _____

City: _____ Province: _____ Postal Code: _____

Telephone: () _____

Fax: () _____

E-mail: _____

A4 Proposed Source of Marihuana

You are required to indicate your proposed source of marihuana by choosing one of the following:

I plan to produce my own marihuana.

You must apply to get licence to grow your own plants and you must fill out
Form C: Application for Licence to Produce Marihuana by Applicant.

To purchase seeds from Health Canada so you can grow your own plants, you must fill out
Form E2: Application to Obtain Marihuana Seeds.

OR

I plan to have a designated person grow the marihuana for me.

My designated person will be: Donald Walsh

You must apply to get a licence for someone to grow plants for you and you must fill out
Form D: Application for Licence to Produce Marihuana by a Designated Person.

To purchase seeds from Health Canada so someone can grow plants for you, you must fill out
Form E2: Application to Obtain Marihuana Seeds.

OR

I plan to purchase dried marihuana from Health Canada.

To purchase a supply of dried marihuana from Health Canada, you must fill out
Form E1: Application to Obtain Dried Marihuana.

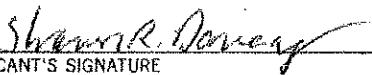
Shawn Davey

A5 Authority to Communicate to Canadian Police

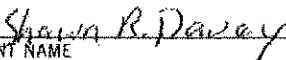
To reduce the possibility of police intervention when you engage in activities allowed under your authorization or licence, if asked, Health Canada will communicate limited authorization and licence information to Canadian police in response to a request in the context of an investigation under the *Controlled Drugs and Substances Act*, or the *Marihuana Medical Access Regulations*.

A6 Declarations and Signature

- i. I am aware that a *Notice of Compliance* has not been issued under the *Food and Drug Regulations* concerning the safety and effectiveness of marihuana as a drug. I understand the significance of this fact.
- ii. I have discussed the potential benefits and risks of using marihuana with the medical practitioner named in Form B1 or B2 (whichever is being filed with this application).
- iii. I consent to using marihuana only for the treatment of the symptom stated in the medical declaration.
- iv. I am aware that the benefits and risks associated with the use of marihuana are not fully understood and that the use of marihuana may involve risks that have not been identified; and I accept those risks.
- v. If the daily amount stated is more than five grams;
 - (a) I have discussed the potential risks associated with an elevated daily consumption of dried marihuana with my medical practitioner named in Form B1 or B2 (whichever is being filed with the application), including risks with respect to the effect on my cardiovascular and pulmonary systems and psychomotor performance, risks associated with the long-term use of marihuana, as well as potential drug dependency.
 - (b) I accept these risks.
- vi. I attest that the information on this form is correct and complete.


 APPLICANT'S SIGNATURE

Nov 15 / 09
 DATE


 PRINT NAME

IMPORTANT:

1. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until ALL appropriate forms are received.
3. Please retain a photocopy of this form for your files.
If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Shawn Dorey

B1-1 Information on Medical Practitioner

Medical practitioner's full name: Gwynn S. Goddard
 Provincial medical licence number: C.P.S.B.C. 25374 MSP 28773

STAMP (IF AVAILABLE)

DR. G. GODDARD
 40198 YALE ROAD
 CHILLIWACK, B.C. V2P 2P1
 604-795-7228 FAX 604-795-2535

Medical specialization (if applicable): G.P.
 Business Address: Same as above Suite Number: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone: () _____
 Fax: () _____
 E-mail: (gwyllgh@gmail.com)

B1-2 Medical Condition and Symptoms

Applicant's full name: SHAWN I DAVEY I
 Date of Birth: 081 JUNE 1 1976
 Telephone: (604) 820 5264

Details on medical condition(s) and symptom(s)
 Please check (✓) in the table below the medical condition(s) and the symptom(s) that are the basis for the application (if applicable).

	SEVERE PAIN	PERSISTENT MUSCLE SPASMS	CACHEXIA	ANOREXIA	WEIGHT LOSS	SEVERE NAUSEA	SEIZURES
MULTIPLE SCLEROSIS							
SPINAL CORD INJURY							
SPINAL CORD DISEASE							
CANCER							
AIDS, HIV INFECTION							
SEVERE ARTHRITIS	✓						
EPILEPSY							

OR

(continued on next page)

(B1-2 continued)

- If the applicant is treated within the context of compassionate end-of-life care, please specify the medical condition(s) and the symptom(s):

Medical Condition(s) and Symptom(s):

.....

.....

.....

.....

B1-3 The Proposed Daily Amount

Health Canada's examination of the current available information suggests most individuals use an average daily amount of 1 gram to 3 grams of dried marijuana for medical purposes, whether it is taken orally, or inhaled or a combination of both.

- a. The proposed daily amount of dried marijuana is less than or equal to ten grams (use letters to write amount); and
- b. the following method and form of administration (please check appropriate box):
 - Inhalation
 - Oral cooking tea

Note to Physicians: For more information on daily amounts, you can refer to the following documents:

- Information for Health Care Professionals — Marijuana
- Daily Amount Fact Sheet

Both documents can be found on the Health Canada Web site at http://hc-sc.gc.ca/dhp-mps/marihuana/index_e.html or by calling toll free at 1-866-337-7705.

B1-4 Duration

Under the Marijuana Medical Access Regulations, an Authorization to Possess may be issued for a period of up to 12 months.

If you are signing the authorization for a shorter period, please specify the number of months: 12

Name: SHAWAN DAVEY

9/9

B1-5 Medical Practitioner's Declaration and Signature

Please read, sign and date the document in the space provided below.

- i.
 - a. The applicant suffers from the Category 1 symptom(s) indicated in Section B1-2 of this form that is associated with the corresponding medical condition or the medical treatment that is associated with that condition;
 - b. conventional treatment(s) for the Category 1 symptom(s) have been tried or considered, and have been found to be ineffective or medically inappropriate for the treatment of the applicant.
- ii. I am aware that a *Notice of Compliance* has not been issued under the *Food and Drug Regulations* concerning the safety and effectiveness of marihuana as a drug.
- iii. I declare that the information contained in this form is correct and complete.


 MEDICAL PRACTITIONER'S SIGNATURE

DR. G. GODDARD

PRINT NAME 6198 YALE ROAD

CHILLIWACK, B.C. V2P 2P1

604-795-7228 FAX 604-795-2535

DATE

NOV 26 / 09

IMPORTANT:

1. Please ensure that you have read and understood the declarations.
2. Please sign and date the declarations.
3. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
4. We cannot process the application until ALL appropriate forms are received.
5. Please retain a photocopy of this form for your files.

If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Name: _____

SHAWN DAVEY

P Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: Davey, Shawn, Robert

Date of Birth: 8 / June / 1976

Address: 32037 7th Ave Apartment Number:

City: Mission Province: British Columbia Postal Code: V2V 2A7

If no street address is available, please provide lot and concession number:

Lot Number:

Concession Number:

Telephone: (604) 820 5264

Fax: (604) 462 1149

E-mail: Shawn.Davey0608@shaw.ca

If you already hold an Authorization to Possess dried marihuana under these Marihuana Medical Access Regulations, please indicate the number of that Authorization: _____

IMPORTANT: If you have not been authorized to possess dried marihuana under the Marihuana Medical Access Regulations, you must also submit Form A: Application for Authorization to Possess Marihuana for Medical Purposes and the appropriate medical practitioner form (Form B1 or B2).

D2 Designated Person's Information

Mrs. Miss Ms. Mr.

Designated person's full name: Walsh, Donald, Edward

Date of Birth: 13 / July / 1949

Address: 31231 Dewdney Trunk Road Apartment Number:

City: Mission Province: British Columbia Postal Code: V4S 1C4

If no street address is available, please provide lot and concession number:

Lot Number:

Concession Number:

Telephone: (604) 785 1896

Fax: (604) 462 1149

E-mail: Don Walsh@shaw.ca

Mailing Address (if different from above):

Address or P.O. Box: Apartment Number:

City: Province: Postal Code:

Shawn Davey

D3 Photograph of Designated Person

Please complete and check both boxes:

- Two copies of a current photograph that clearly identifies the designated person have been enclosed.
- The back of one photograph of the designated person has been signed by the applicant (not the designated person) certifying that it is a true likeness of the designated person.

SIZE GUIDE FOR BOTH PHOTOGRAPHS



IMPORTANT: A standard passport photograph is preferred but if one is not available, the photograph submitted must meet the following standards:

- It must show you alone in the photograph.
- It must show a full frontal view of your head and shoulders against a plain contrasting background.
- It must be at least 43 mm x 54 mm (1 11/16 inches x 2 1/8 inches) and not more than 50 mm x 70 mm (2 inches x 2 3/4 inches), and have a view of your head that is at least 30 mm (1.375 inches) in length.
- It must reveal your face without sunglasses or any other obstructions. Facial hair is permitted, of course.

Note: A photograph is required every year.

D4 Production Site

Please choose one of the following three options:

- As the designated person, I plan to produce marihuana at my ordinary place of residence (the address that was provided on Page 1 of this form).

OR

- As the designated person, I plan to produce marihuana at the applicant's ordinary place of residence (the address that was provided by the applicant on Page 1 of Form D).

If you make either of these two selections, please proceed directly to D5. If not, please check the box on page 3 and provide the requested information.

OR

(continued on next page)

Shawn Davey

(D4 continued)

As the designated person, I plan to produce marihuana somewhere other than either at my ordinary place of residence or at the ordinary residence of the applicant.

If you make this selection, please complete the rest of this page.

Proposed production site:

Address: 28640 123 Ave. Apartment Number:
City: Maple Ridge Province: British Columbia Postal Code: V2W-1M1

If no street address is available, please provide lot and concession number:

Lot Number: _____

Concession Number: _____

This site is owned by either the applicant or the designated person: Yes No

IMPORTANT: If the marihuana is to be produced at a site that is not the ordinary residence of and not owned by the applicant or the designated person, the owner(s) of the production site must complete Form F: Consent of Property Owner.

D5 Mode of Production

The marihuana will be produced (please choose only one):

entirely indoors;

OR

entirely outdoors;

OR

indoors in the winter and outdoors in the summer.

IMPORTANT:

1. The Regulations allow you to grow marihuana indoors in the winter and outdoors in the summer. You cannot grow marihuana indoors and outdoors at the same time.
2. Please be sure to read the declaration on D8 Part B with respect to growing marihuana near locations frequented by minors if you plan to grow marihuana outdoors.

D7 Security Measures for Growing and Storing Marihuana

IMPORTANT: The Marihuana Medical Access Regulations state that "the holder of an authorization shall maintain measures necessary to ensure the security of marihuana in their possession." (Sec 61(1)).

Please describe the security measures that will be used at the proposed production site to protect your crop of marihuana against loss or theft: *The property is fenced with a 6 ft security gate. Building has steel security doors and no ground floor windows. Building will have a monitored alarm with security lighting. Site has certified guard on premises. Access to building will be strictly limited.*

Please describe the security measures that will be used to protect your dried marihuana against loss or theft: *Dried marihuana will be stored in a locked cabinet in a locked room at facility. Access will be restricted to license holders only.*

Address where the marihuana will be stored:
Address: *28640 123 Ave.* Apartment Number: _____
City: *Maple Ridge* Province: *British Columbia* Postal Code: *V2W-1M1*

IMPORTANT: Please note that if the marihuana is not stored at the production site, it must be stored at the ordinary place of residence of the designated person or the applicant.

D7 Authority to Communicate to Canadian Police

To reduce the possibility of police intervention when you engage in activities allowed under your licence, Health Canada will communicate limited licence information to Canadian police in response to a request received from Canadian police in the context of an investigation under the Controlled Drugs and Substances Act or the Marihuana Medical Access Regulations.

Shawn Parvey

F1 Property Owner Information

Mrs. Miss Ms. Mr.

Property owner's full name: Parminder Purewal
Address: 13549 Hale Road Apartment Number:
City: Pitt Meadows Province: British Columbia Postal Code: V3Y 1Z1

Production site address (if different from above)

Address: 28640 123 Ave. Apartment Number:
City: Maple Ridge Province: British Columbia Postal Code: V2W-1M1

If no street address is available, please provide lot and concession number:

Lot Number:
Concession Number:

F2 Property Owner Consent

a) Sole Owner

I confirm that I am the sole owner of the proposed production site and I give my consent to (full name of applicant or applicant's designated person) Ronald Walsh to produce marihuana on this property in accordance with the Marihuana Medical Access Regulations.

Property owners should note that marihuana may also be stored at the production site.

x [Signature] DATE Nov 29 2009
PROPERTY OWNER'S SIGNATURE

x Parminder Purewal
PRINT NAME

Note: If the property is co-owned, please provide the name and address for each additional property owner in space below.

b) Joint Owner(s)

Co-property owner's full name:
Address: Apartment Number:
City: Province: Postal Code:

Co-property owner's full name:
Address: Apartment Number:
City: Province: Postal Code:

(continued on next page)

(If continued)

I give my consent to (full name of applicant or applicant's designated person) _____ to produce marihuana on this property in accordance with the *Marihuana Medical Access Regulations*.

Property owners should note that marihuana may also be stored at the production site.

PROPERTY CO-OWNER'S SIGNATURE DATE

PRINT NAME

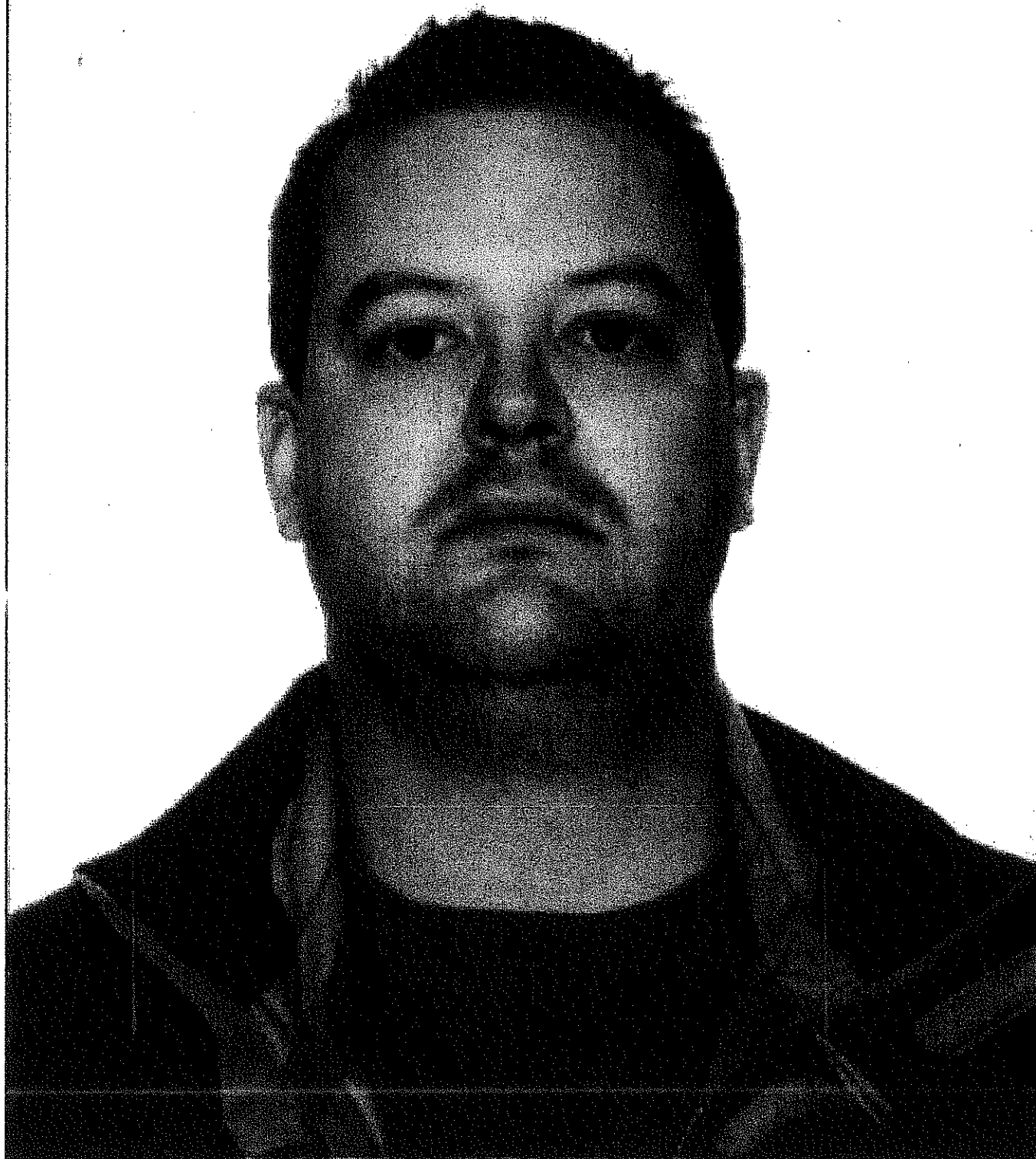
PROPERTY CO-OWNER'S SIGNATURE DATE

PRINT NAME

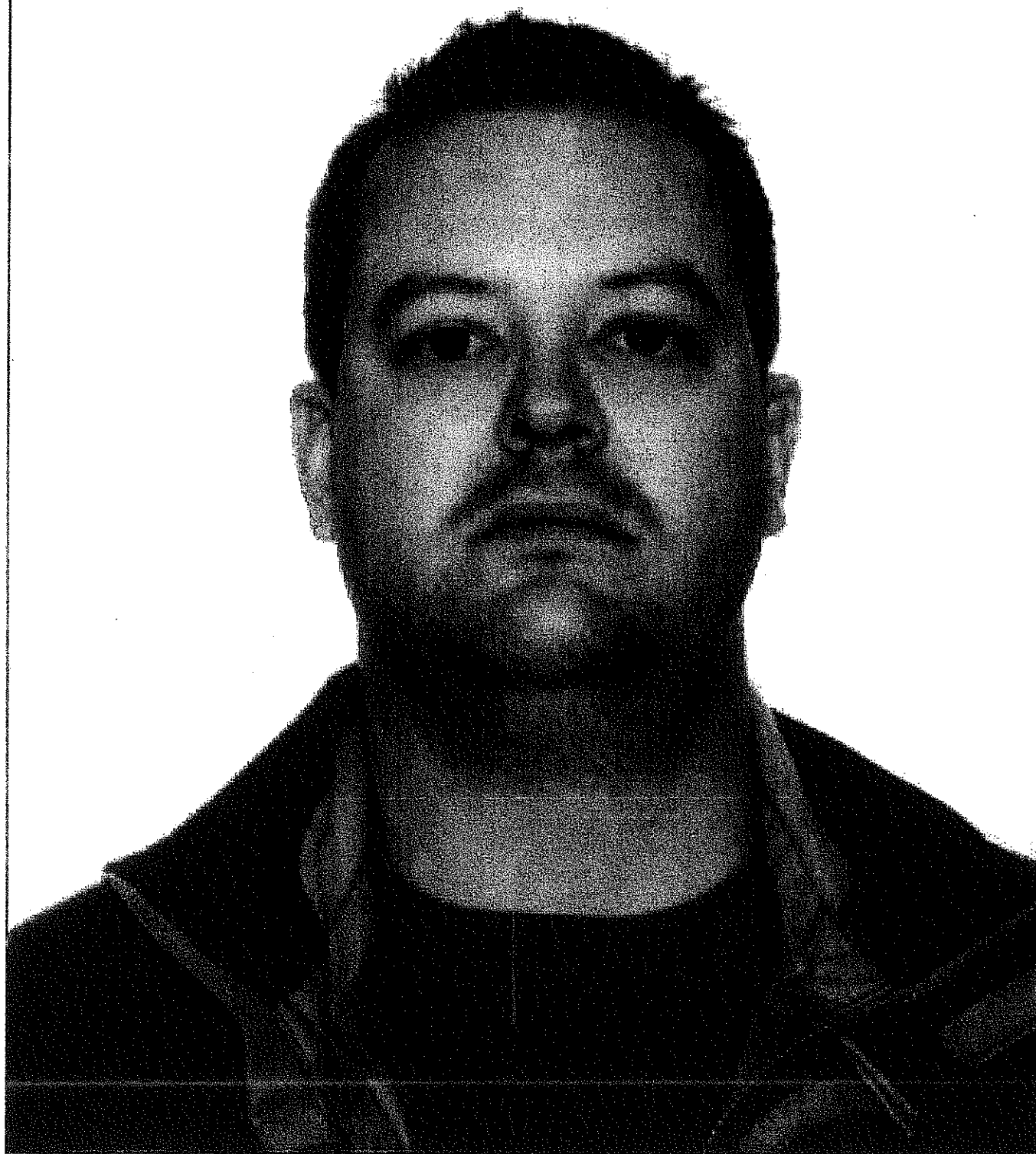
IMPORTANT:

- 1. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
 - 2. We cannot process the application until ALL appropriate forms are received.
 - 3. Please retain a photocopy of this form for your files.
- If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

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COSTCO

1127 Sumas Way

Abbotsford, BC

V2S 8H2

NOV 17 2009

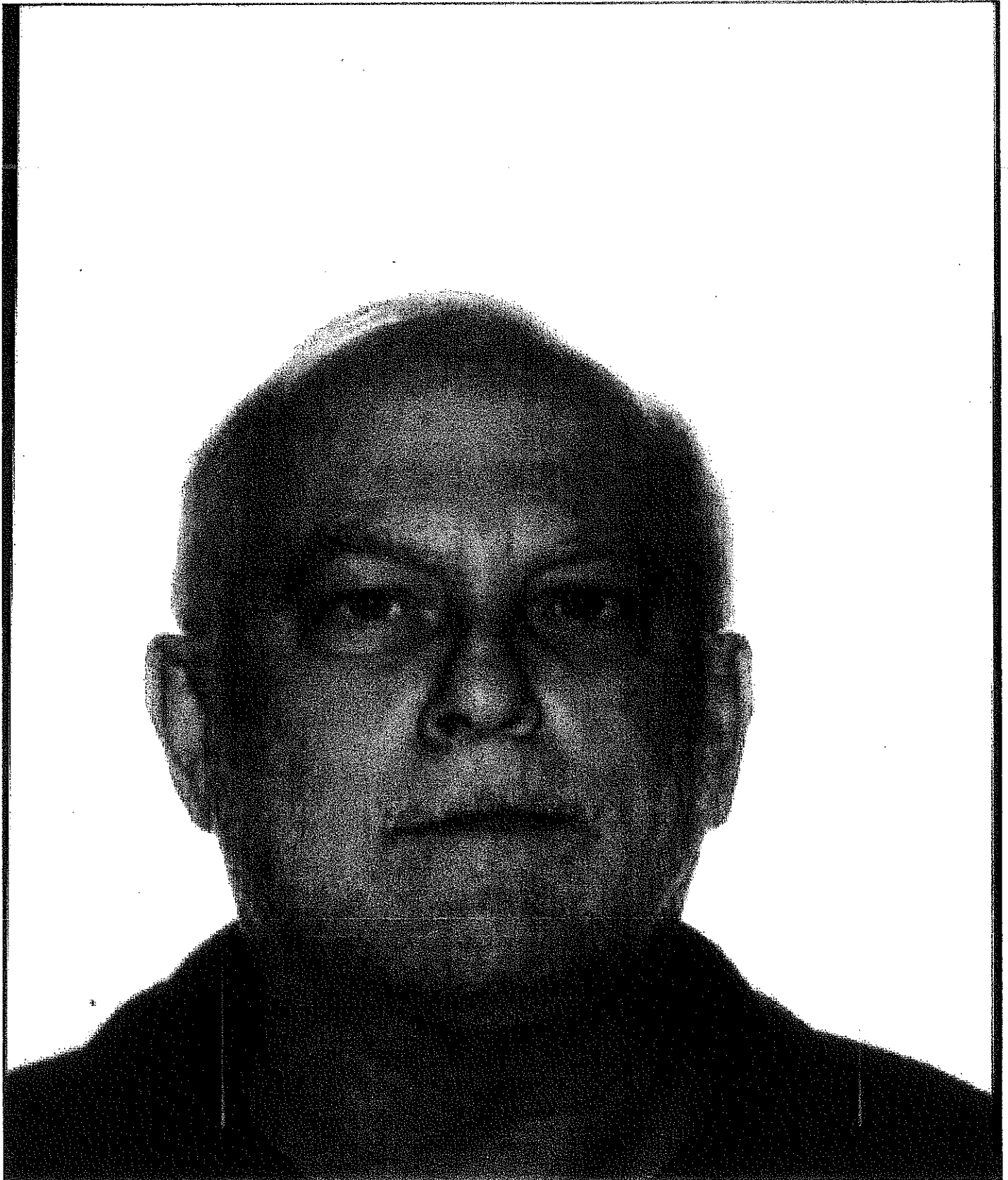
Photo Taken

Date

I certify this to be a

true likeness of

Guarantor's Signature



LONDON DRUGS #47
#101 - 22709 Lougheed Hwy
Maple Ridge, BC CANADA

Photo Taken **NOV 28 2009**
Date

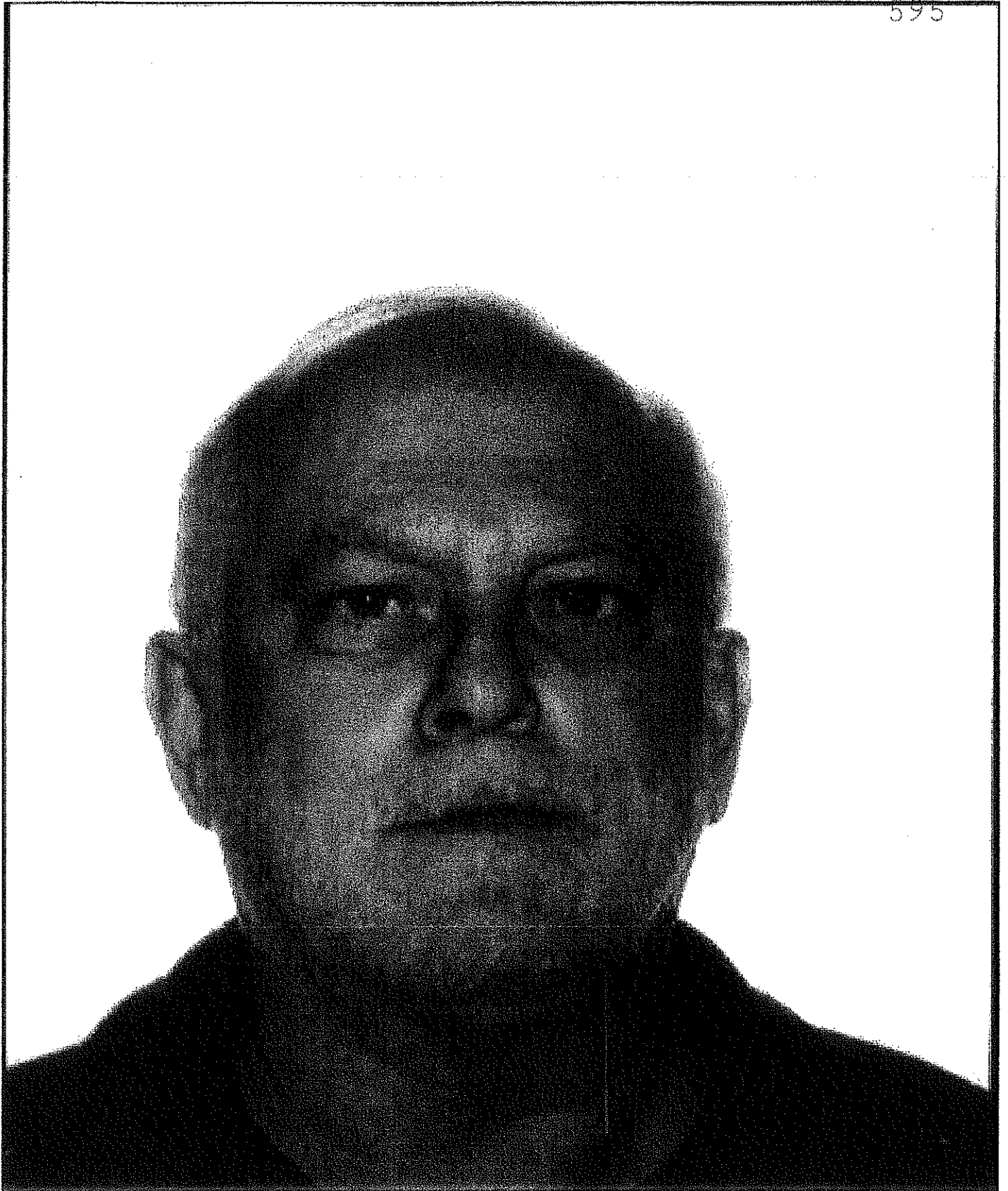
I certify this to be a true likeness of

Donald Walsh



Guarantor's Signature

595



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NOV 28 2009

LONDON DRUGS #47
#101 - 22709 Lougheed Hwy.
Maple Ridge, BC CANADA

NOV 20 2009

Photo Taken _____
Date

I certify this to be a true likeness of
Donald W. G. G. G.

[Signature]

Guarantor's Signature



Royal Canadian Mounted Police
Gendarmerie royale du Canada

CONSENT FOR DISCLOSURE
OF CRIMINAL RECORD INFORMATION

Blackly

597

PART 1

IF COMPLETED MANUALLY, PLEASE PRINT

09-14470

Surname WALSH	Given name (1) DONALD	Given name (2) EDWARD	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Tel. no. (incl. area code) 604 785 1896
Address (no., street, apt.) 31231 DEWDNEY TRUNK MISSION BC		City BC	Province BC	Postal code V4S 1C4
Date of birth (yyyy-mm-d) 1949 July 13	Place of birth Van.	Driver's licence no. 1268495	Usual first name or alias Don	Maiden name/Any other Surname —
Previous address if less than 5 years at current address				
Address (no., street, apt.) 24180-116th AVE		City MAPLE RIDGE	Province B.C.	Postal code V4R 1L6

PART 2

Pursuant to Section 8(1) of the Privacy Act of Canada, I hereby authorize the Royal Canadian Mounted Police to disclose my personal information to:

Full name Controlled Substances Program	Title —	Name of organization Canada Health
Address (no., street, apt.) 3503 B	City Ottawa	Province ON
		Postal code K1A1B9

PART 3

WAIVER AND RELEASE:

I hereby release and forever discharge Her Majesty the Queen in Right of Canada, the Royal Canadian Mounted Police, their members, employees, agents and assigns from any and all actions, causes of actions, claims and demands for damages, loss or injury, which may hereafter be sustained by myself, howsoever arising out of the above authorized disclosure of information and waive all rights thereto.

PART 4

This consent is valid for a period of three months from the date of signature.

Signed this *4th* day of *Dec* *2009* Signature of applicant *[Signature]*

PART 5

Following is information contained in the records of the RCMP or records from other police forces accessible through computer queries and is based on a name and date of birth check only. **A record may or may not exist for the subject of this inquiry, positive identification and a certified criminal records check can only be obtained through a fingerprint check. This can be made with the submission of a complete set of fingerprints to:

INFORMATION AND IDENTIFICATION SERVICES
CANADIAN CRIMINAL RECORD INFORMATION SERVICES
1200 Vanier Parkway
OTTAWA, ONTARIO K1A 0R2

YOUNG OFFENDER INFORMATION - The Youth Criminal Justice Act/Young Offenders Act makes it an offence to disclose young offender information. In cases where an adult's record contains young offender information or a young offender requests a copy of his/her criminal record, the criminal record information MUST be given to the requester. Individuals can disclose their own information, but even with consent the RCMP are not legally permitted to disclose young offender information.

INSTRUCTION TO REQUESTERS: The following section contains varying degrees of police information.

- Confirm with the party identified in PART 2, the exact information they require.
- Choose the category which best symbolizes the information you are providing consent for the RCMP to disclose and place your initials in the appropriate INITIALS box.
- The party identified in PART 2 will be advised accordingly of negative checks.
- Checks resulting in possible "hits" for information identified in categories 1, 2 or 3 will require confirmation by the submission of fingerprints.
- You will be required to confirm that information located through the checks stipulated in category 4, is your personal information.
- You may withdraw this consent prior to disclosure.

No.	Initials	Category of Information for Disclosure	FOR POLICE USE ONLY
1.	<i>[Initials]</i>	Records of criminal convictions found in the Identification Data Bank attainable through the Canadian Police Information Centre (CPIC) for which a pardon has not been granted. RCMP: Make CPIC Original Record "LEVEL 3" Query ONLY.	<input checked="" type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist
2.	<i>[Initials]</i>	Records of criminal convictions attainable through CPIC for which a pardon has not been granted plus records of outstanding criminal charges which the RCMP are aware of or indicated within the Investigative Data Bank of CPIC. RCMP: Make CPIC Criminal Record "LEVEL 1" Query AND a Persons CPIC Query.	<input checked="" type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist
3.	<i>[Initials]</i>	Records of criminal convictions and summary of police information (including records of outstanding criminal charges which the RCMP are aware of or indicated within the Investigative Data Bank of CPIC) attainable through CPIC for which a pardon has not been granted plus records of discharges which have not been removed from the Identification Data Bank in accordance with the Criminal Records Act. This will include all charges regardless of disposition. RCMP: Make CPIC Criminal Record "LEVEL 2" Query AND a Persons CPIC Query.	<input checked="" type="checkbox"/> None located <input type="checkbox"/> ** May or may not exist
4.	<i>[Initials]</i>	Police information located on computer systems (e.g. Police Information Retrieval System (PIRS), CPIC, PROS, PRIME, LEIP) and information located through local police indices checks. This will include all information related to non convictions and all charges regardless of disposition. RCMP: Make Persons Queries on PIRS, CPIC, PROS, PRIME and LEIP. In view of the general nature of this information, confirm with requester this is in fact information pertaining to him/her. Requesters MUST confirm information which pertains to them prior to disclosure. If a discrepancy exists, do not disclose this information.	<input type="checkbox"/> None located <input checked="" type="checkbox"/> May or may not exist

COMPLETED BY

Member (signature) *[Signature]* Unit **MISSION RCMP DETACHMENT** Date *Dec 15/09*
7771 Oliver Street
Mission BC V2V 6H2
Ph: (604) 826-7161

Shawn Davey

Reference # 35392C

Grade Developer Forms Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details View Contact

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Shawn	Davey	31819 Keystone Ave., Mission, BC, V4S 1G4, Canada	1972-08-08	(604) 820-5264 (N/A)

Correspondence Create an Associated Correspond...

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
MMAD-02115	Closed	2009-12-23	Mail	In	Application
35392C	Closed	2010-02-22	Call	In	General Inquiry
39546C	Closed	2010-05-13	Call	In	General Inquiry
128828	Closed	2011-05-10	Mail	In	Application
137704	Closed	2011-06-14	Call	In	Application Inquiry
137704	Closed	2011-06-28	Call	Out	Application Inquiry
158377	Closed	2011-07-15	Mail	Out	Licence Package

Attachments

Report Filename	Document Type	Date Created

Notes Add / Edit Notes

2/22/2010 4:09:57 PM
Language: E
SHAWN DAVEY

"2/22/2010 4:09:57 PM

Language: E

SHAWN DAVEY

Telephone: (604) 820 5264 Ext.:

Telephone (evening):

Best time to call: 9am-5pm

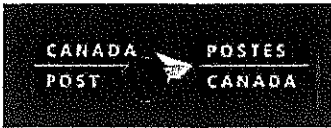
Details:

The caller submitted a request for a licence to possess medical marihuana on December 20th 2009; he would like to know if his applications were received. A call back would be appreciated and a detailed message can be left.

March 4, 2010

I was able to leave a voice msg for Mr. Davey, with regard to his inquiry. Informing him that MMAD received his request on Dec. 23, 2009. MMAD is currently reviewing the request, and may wish to contact MMAD again in another 4-5wks time for further status of his request. Due to high volumes at this time, the processing time is taking longer than expected.

Cheryle.A"



You were looking for

An address within

V2V 2A7

Find Another

We found 1 result(s)

Building #	Delivery Mode	Street Name	Suite	City	Prov.	Postal Code
32021-32037 odd		SEVENTH AVE		MISSION	BC	V2V 2A7

Stamp Prices 0 - 30 g

More >>

\$0.57 \$1.00 \$1.70

► Service and Price changes
January 11, 2010

Shipping in the Vancouver area during the 2010 Winter Games

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Logistics & Transportation Management

B2C Delivery Solutions

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I'm an Employee

Find a Postal Code

Find a Rate

Mail & Ship Online

Find a Post Office

Track

Business Shop

Commercial Business Shop



Canada



You were looking for

An address within

V4S 1C4

Find Another

We found 6 result(s)

Building #	Delivery Mode	Street Name	Suite	City	Prov.	Postal Code
30886-30950 Even		DEWDNEY TRUNK RD		MISSION	BC	<u>V4S 1C4</u>
31170 Even		DEWDNEY TRUNK RD	1-5	MISSION	BC	<u>V4S 1C4</u>
30843-31279 odd		DEWDNEY TRUNK RD		MISSION	BC	<u>V4S 1C4</u>
31284-31338 Even		DEWDNEY TRUNK RD		MISSION	BC	<u>V4S 1C4</u>
31170 Even		DEWDNEY TRUNK RD		MISSION	BC	<u>V4S 1C4</u>
15600 Even		FLORENCE LAKE RD		MISSION	BC	<u>V4S 1C4</u>

Stamp Prices 0 - 30 g

More >>

\$0.57 \$1.00 \$1.70

▶ Service and Price changes
January 11, 2010

Shipping in the Vancouver area during the 2010 Winter Games

Business Solutions

Logistics & Transportation Management

B2C Delivery Solutions

Find New Customers

VentureOne™ Savings and Solutions for Small Business

Create Compelling Direct Mail

© 2010 Canada Post Corporation

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Business Shop

Commercial Business Shop



vancouver 2010
OFFICIAL SUPPLIER

Shawn Davey

Reference # 39546C

Oracle Developer Forms Runtime - Web
 Search Administration Reports Help Exit

Correspondence

Contact Details View Contact

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Shawn	Davey	31018 Haystone Ave., Mission, BC, V4S 1G4, Canada	1978-06-08	(604) 820-5264 (TVA)

Correspondence Create an Associated Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
MIMAD-02115	Closed	2009-12-23	Mail	In	Application
35382C	Closed	2010-02-22	Call	In	General Inquiry
39546C	Closed	2010-05-13	Call	In	General Inquiry
12892B	Closed	2011-06-10	Mail	In	Application
137704	Closed	2011-08-14	Call	In	Application Inquiry
137704	Closed	2011-08-28	Call	Out	Application Inquiry
150377	Closed	2011-07-15	Mail	Out	Licence Package

Attachments

Report Filename	Document Type	Date Created

Notes Add/Edit Notes

5/13/2010 10:37:42 AM
 SHAWN DAVEY
 Telephone: (604) 820 5264 Ext.:
 Telephone (evening):
 Best time to call: 9am-5pm

“5/13/2010 10:37:42 AM

SHAWN DAVEY

Telephone: (604) 820 5264 Ext.:

Telephone (evening):

Best time to call: 9am-5pm

The caller has received confirmation from a Health Canada representative that everything was in order with his application. He was told to call back if he hadn't received anything within the following 4-5 weeks. He would like to know when he can expect to receive his licence. A call-back would be appreciated and a detailed message may be left.

6/15/2010 4:30:09 PM

SHAWN DAVEY

Telephone: (604) 820 5264 Ext.:

Telephone (evening):

Best time to call: 9am-5pm

This is the caller's second request for a call-back. The first request was made on May 13th, 2010. The caller would like to know the status of his application sent in December 2009. A call-back would be appreciated and a detailed message may be left.

7/15/2010 4:20:46 PM

SHAWN DAVEY

Telephone: (604) 820 5264 Ext.:

Telephone (evening):

Best time to call: 9-5 edt

Third request since May 13th, 2010. The caller would like to know the status of his application sent in December 2009. A call-back would be appreciated and a detailed message may be left.

File to Cheryle for callback then to OFR for review - Feb. 24 2010 - KB

Please prepare AP and DP documents (new) and ID cards - June 1.10st

Hocine: doc(s)/card(s) done - Christine - June 26 - ISSUE DATE: JULY 5

Verified. Ronald: please sign (HA, July 10, 2010)

Done- Auth/DP- July 16, 2010- Charlotte

Tracking AP: LT560438720CA

Tracking DP: LT560438716CA

CALL CLOSED - AP/DPL was sent out by courier July 16, 2010 - Cheryle.A"

Application Id: 42760

MMAD: 02/15/10

DATE: 2010-06-01

Review Officer: _____

PLEASE COMPLETE ONE OF THESE SHEETS FOR EVERY C
TO BE MADE AND CHOOSE THE PROPER CARD
EPISUITE NUMBER

- MMAR AP CARD (AP) 46596
- MMAR PUPL CARD (PL)
- MMAR DPPL CARD (DP) 46597

PERSONAL INFORMATION

APPLICANT

Shawn Robert Davey
 32037 Seventh Ave
 Mission BC V2V 2A7
 DOB: 1976-06-08
 Gender: Male
 Card No. AP-SRD-06D0577101876-10-A
 Issue Date: JUL 05 2011
 Expiry Date: JUL 05 2011
 Duration: 12 months

DESIGNATED PERSON

Donald Edward Walsh
 31231 Dewdney Trunk Rd
 Mission BC V4S 1C4
 DOB: 1949/07/13
 Gender: Male
 Card No. DP-DEW-06D0577101876-10-A
 Issue Date: _____
 Expiry Date: _____

PRODUCTION INFORMATION

Production Location: 28640 123 Ave Maple Ridge BC V2W 1M1

Storage Location: 28640 123 Ave Maple Ridge BC V2W 1M1

Indoor Plants: 49 plants

Outdoor Plants: 0 plants

Storage: 2205

Carry: 300.0 grams

Daily Amount: 10.0 grams/day

Type: New Renewal Amendment

Notes: _____

ARE DP

Mr. Shawn Robert Darcy 604-820-5264 DOB: 1976-06-08 view
 32037 Seventh Ave. File Number: 00577 edit
 Mission BC V2Y 2A7

Applicant Information

Status
 Overall Status: New Applicant
 In Issue Date:
 Expiry Date:
 Deceased/Classed: N/A
 Received Date: 2009-12-23

Picture Information
 Attached Picture: Yes
 Verified Picture: Yes
 Date Submitted: 2009-12-23

Consent Information
 Rep. Consent No Representative

Intended Source
 Source: Designated Person Production Licence

Medical Practitioner Information

Doctor
 Dr. Qwynlyn Gaddard 604-261-8494 Family Medicine ✓ view
 Doctor's Address: Address 778-238-2778 edit
 46198 Yale Rd 604-795-7228
 Chilliwack BC V2P 2P1

Is this show MD on the Restricted List? No

Medical Condition -- Category 1
 Severe Arthritis ✓

Medical Condition -- Category 2

Proposed Daily Amount
 Category: Category 1 ✓
 Form of Administration: Oral ✓
 Daily Amount: 10.0 grams/day ✓
 Duration: 12 months ✓
 Assessment Date:

Personal Production Information

Mode of Production N/A
 Indoor Plants: 0 plants
 Outdoor Plants: 0 plants
 Storage: 0.0 grams

Production/Storage Security Measures

Production Location
 Storage Location:

Designated Person

Mr. Donald Edward Welch 604-785-1886 DOB: 1976-06-08 view
 31231 Dewdney Trunk Rd ✓ File Number: edit
 Mission BC V4S 1C4

DPS Status: New

Other Designated Person

Designated Person Production Information
 Criminal Record Check: Yes
 Attached Picture: Yes
 Verified Picture: Yes ✓

Mode of Production Indoor
 Indoor Plants: 49 plants
 Outdoor Plants: 0 plants
 Storage: 2205.0 grams

Production/Storage Security Measures production elsewhere: fenced property, 6 foot security gate, steel security doors, no ground floor windows, alarm, access limited. storage: in locked cabinet in locked room, access restricted to licence holder

Production Location Production Address 1
 28540-123 Ave
 Maple Ridge BC V2Y 1M1

Storage Location Same as Production Address

Notes
 ONE OTHER applied for this production site, distance 7 minutes - June 1, 2011 ✓

Health Canada's Supply Information

Product Requested
 Delivery Location of Dried:
 Max Quantity of Dried: 0 grams/month
 Delivery Location of Seeds:
 Max Quantity of Seeds: 0 bags

Property Owner(s) Information

Mr. Parrinder Purewal 604-785-1886 DOB: view
 13549 Hale Rd ✓ File Number: edit
 Pitt Meadows BC V3Y 1Z1

Notes

Authorizations and Licences /
Autorisations et licences:

- New / Nouvelle
- Renewal / Renouvellement
- Amendment / Modification - Revocation / Révocation
- Supply Letter / Lettre d'approvisionnement

For / Pour Signature:

- Manager, MMAD / Gestionnaire, DAMM
- Director, MC / Directrice, CM
- Director, OCS / Directrice, BSC

ID Cards / Cartes d'identité:

Prepared by/Préparé par: CE Date: June 26, 2010

Production Site/Aire de production: Verified/Véifiée

Comments/Commentaires: _____

Verified by / Vérifié par:

Supply/Approvisionnement: _____ Date: _____
Authorizations/Autorisations: WA Date: 7/10/2010

Approved by / Approuvé par:

WD Yes / Oui
 Redraft / 2ième ébauche

R. Default: _____

For delivery confirmation www.canadapost.ca 81 / en
Confirmation de la livraison www.postescanada.ca 1 888 550-6333

Sender warrants that this item does not contain dangerous goods and agrees with the terms and conditions on Customer Receipt. L'expéditeur garantit que cet envoi ne contient pas de matières dangereuses et consent aux modalités sur le reçu du client.

Customer Receipt Reçu du client

Item number / N° de l'article: **LT 560 438 716 CA** Date: **2010-07-15**

From / Expéditeur: _____

To / Destinataire: _____

604-785-1896
Mr. Donald Edward Walsh
31231 Dewdney Trunk Rd
Mission BC V4S 1C4

For delivery confirmation www.canadapost.ca 81 / en
Confirmation de la livraison www.postescanada.ca 1 888 550-6333

Sender warrants that this item does not contain dangerous goods and agrees with the terms and conditions on Customer Receipt. L'expéditeur garantit que cet envoi ne contient pas de matières dangereuses et consent aux modalités sur le reçu du client.

Customer Receipt Reçu du client

Item number / N° de l'article: **LT 560 438 720 CA** Date: **2010-07-15**

From / Expéditeur: _____

To / Destinataire: _____

604-820-5264
Mr. Shawn Robert Davey
32037 Seventh Ave
Mission BC V2V 2A7



Health Canada Santé Canada

#00577

607

Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-42760-11

**AUTHORIZATION TO POSSESS
DRIED MARIHUANA FOR MEDICAL PURPOSES**

You have met the requirements to be issued an authorization pursuant to section 11 of the *Marihuana Medical Access Regulations (MMAR)*. You are hereby authorized to possess dried marihuana for your medical purpose in accordance with your authorization. This document and/or ID card will serve as proof of your authority to possess marihuana for medical purpose. You should have at least one of these documents with you at all times when you are in possession of the substance in case you are required to show proof to the police.

HOLDER OF AUTHORIZATION INFORMATION

NAME: Shawn Robert Davey **DATE OF BIRTH:** 08-Jun-1976
ADDRESS: 32037 Seventh Ave., Mission, BC, V2V 2A7, Canada **GENDER:** Male
MAILING ADDRESS: 32037 Seventh Ave., Mission, BC, V2V 2A7, Canada

TERMS AND CONDITIONS

The maximum quantity of dried marihuana that you may possess at any time under this *Authorization to Possess* is: **360 grams**.


MEDICAL PRACTITIONER INFORMATION

NAME: Dr. Gwyllyn S. Goddard

EXPIRY DATE

Please note this *Authorization to Possess* expires on **19-Jul-2012**
Should you wish to renew your *Authorization to Possess*, please submit your renewal application at least **8 weeks** prior to your expiry date.

ISSUED BY:


Jeanne F. Riichet, Director / Directrice
Medical Cannabis / Cannabis médical
Office of Controlled Substances /
Bureau des substances contrôlées

DATE OF ISSUE:
19-Jul-2011

**PLEASE READ ALL ENCLOSED
DOCUMENTS**

ENCLOSED DOCUMENTS:

Information you should know about your
Authorization to Possess dried marihuana

c.c.: Dr. Gwyllyn S. Goddard

ID CARD AFFIXED HERE

All inquiries regarding this authorization should be directed to the Marihuana Medical Access Division toll-free number: 1-866-337-7705.

Canada

Canada



Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-42760-11

PERSONAL - USE PRODUCTION LICENCE
DRIED MARIHUANA FOR MEDICAL PURPOSES

You have met the requirements to be issued a licence pursuant to section 29 of the *Marihuana Medical Access Regulations (MMAR)*. You are hereby licenced to produce dried marihuana for your medical purpose in accordance with your licence. This document and/or ID card will serve as proof of your authority to produce marihuana for a medical purpose. You should have at least one of these documents with you at all times in case you are required to show proof to the police.

HOLDER OF LICENCE INFORMATION

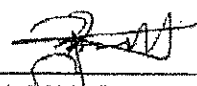
NAME: Shawn Robert Davey **DATE OF BIRTH:** 08-Jun-1976
ADDRESS: 32037 Seventh Ave., Mission, BC, V2V 2A7, Canada **GENDER:** Male
MAILING ADDRESS: 32037 Seventh Ave., Mission, BC, V2V 2A7, Canada

TERMS AND CONDITIONS

PRODUCTION SITE: 28640 123 Ave., MAPLE RIDGE, BC, V2W 1M1, Canada
MODE OF PRODUCTION: Indoor
PRODUCTION QUANTITIES: The maximum number of marihuana plants that you may have under production at the production site at any time under this *Personal-Use Production Licence* is 59 PLANTS (indoor) or 0 PLANTS (outdoor).
STORAGE SITE: 28640 123 Ave., MAPLE RIDGE, BC, V2W 1M1, Canada
STORAGE QUANTITIES: The maximum quantity of dried marihuans that you may keep at the storage site at any time under this *Personal-Use Production Licence* is: 2655 grams and it must be stored indoors.

EXPIRY DATE

Please note this *Personal-Use Production Licence* expires on 19-Jul-2012
Should you wish to renew your *Personal-Use Production Licence*, please submit your renewal application at least 8 weeks prior to your expiry date.

ISSUED BY:  Jeannine R. Ritchie, Director / Directrice Medical Cannabis / Cannabis médical Office of Controlled Substances / Bureau des substances contrôlées	DATE OF ISSUE: 19-Jul-2011
--	--------------------------------------

PLEASE READ ALL ENCLOSED DOCUMENTS CAREFULLY

ENCLOSED DOCUMENTS: Information you should know about your *Personal-Use Production Licence*

NOTE: Details of this *Personal-Use Production Licence* are summarized on your ID card attached to your *Authorization to Possess*.

All inquiries regarding this authorization should be directed to the Marihuana Medical Access Division toll-free number: 1-866-337-7705.



Shawn Davey

Reference # 446288

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 Search Administration Reports Help Exit

Correspondence

Contact Details View Contact

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Shawn	Davey	31919 Keystone Ave, Mission, BC, V4S 1G4, Canada	1976-06-09	604-520-5264 (NA)

Correspondence Create an Associated Correspond...

Reference No.	Status	Correspondence Date	Correspondence Type	Direction	Subject
374283	Closed	2012-06-25	Mail	In	Application
380372	Closed	2012-07-10	Mail	Out	Licence Package
446288	Closed	2012-10-12	Mail	In	Application
451786	Closed	2012-10-25	Mail	Out	Licence Package
453365	Closed	2012-10-29	Mail	In	Application
486924	Closed	2012-12-07	Mail	In	Application
487248	Closed	2012-12-14	Mail	Out	R/W Letter

Attachments Upload File Download Selected File Delete Selected File

Report Filename	Document Type	Date Created
45148_Davey_C_Letter_Licence.pdf	Application	2012-10-18 11:37:02 AM

Comments Add/Edit Notes

Pre-review complete
 Amendment PUPL, new production site
 Rec'd form C, letter, original licence
 Rodica Anca, 2012-10-18

"Pre-review complete

Amendment PUPL, new production site

Rec'd form C, letter, original licence

Rodica Anca, 2012-10-18"

Health Canada

To whom it may concern,

We have enclosed the forms required for an address change for Shawn Davey's production site (form C) from 28640 123Ave Maple Ridge BC to his home at 32037, 7th Ave, Mission BC.

Shawn's current production license has been enclosed in this package.

We have also enclosed the forms for Cecil Jones to start his production site at 28640 123 Ave Maple Ridge BC. He will be filling the slot left by Shawn Davey.

Essentially, Cecil will be taking Shawns place.

Also, Cecil has had an address change since his original Possession License was issued. Old address was 269-9480 128th Ave Surrey BC. His new home address is Apt# 315 at 12170 222 Street, Maple Ridge BC.

These changes have been updated on the current Form A application included in this package. Cecil's current possession license has also been enclosed (not sure if necessary but just in case)

Thank you for your time.

Health Canada / Santé Canada OCT 12 2002 000/100/100 30
--

D0577

Form C

Application for Licence to Produce Marihuana by Applicant

This form is to be completed by applicants who wish to grow their own marihuana.

Applicants wishing to designate someone to grow marihuana for them must use *Form D: Application for Licence to Produce Marihuana by a Designated Person*.

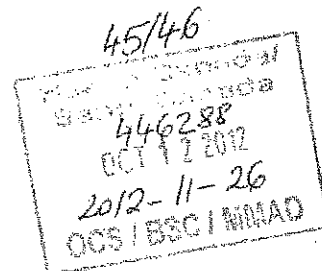
Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until *all* appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Please forward all completed applications to:

**Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9**



C1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: Davey, Shawn, Robert

Date of Birth: 08, June, 1976

Telephone: (778) 240 8261

E-mail: _____

If you already hold an Authorization to Possess dried marihuana under these Marihuana Medical Access Regulations, please indicate the number of that Authorization: MMAD 4276012

IMPORTANT: If you have not been authorized to possess dried marihuana under the Marihuana Medical Access Regulations, you must also submit Form A: Application for Authorization to Possess Marihuana for Medical Purposes and the appropriate medical practitioner form (Form B1 or B2).

C2 Production Site

Please choose one of the following options:

I plan to produce marihuana at my ordinary place of residence (the address that was provided in Page 1 of Form A: Application for Authorization to Possess Marihuana for Medical Purposes).

If you check the box above, please proceed directly to C3.

If not, please check the box below and provide the requested information.

OR

I plan to produce marihuana somewhere other than at my ordinary place of residence (the address that was provided on Page 1 of Form A: Application for Authorization to Possess Marihuana for Medical Purposes).

If you make this selection, please complete the rest of this page.

Proposed production site:

Address: _____ Apartment Number: _____

City: _____ Province: _____ Postal Code: _____

I own, or am part owner of, this site: Yes No

IMPORTANT: If you plan to produce marihuana at a site that is not your ordinary place of residence and is not owned by you, you must get the owner(s) of the production site to complete Form F: Consent of Property Owner.

C3 Mode of Production

I plan to produce marihuana (please choose only one):

entirely indoors;

OR

entirely outdoors;

OR

indoors in the winter and outdoors in the summer.

IMPORTANT:

- 1. The Regulations allow you to grow marihuana indoors in the winter and outdoors in the summer. You cannot grow marihuana indoors and outdoors at the same time.
- 2. Please be sure to read Part C5 of this form with respect to growing marihuana near locations frequented by minors if you plan to grow marihuana outdoors.

C4 Security Measures for Growing and Storing Marihuana

IMPORTANT: The Marihuana Medical Access Regulations state that "the holder of an authorization shall maintain measures necessary to ensure the security of marihuana in their possession." (Sec 61(1)).

Please describe the security measures that will be used at the proposed production site to protect your crop of marihuana against loss or theft: *Yard is fenced and gated. Building is locked and secure. Security lighting and alarm on building.*

Please describe the security measures that will be used to protect your dried marihuana against loss or theft: *Marihuana will be stored in locked box inside locked room in home. Access Restricted.*

Address where the marihuana will be stored:

Address: *32037 Seventh Ave.*

Apartment Number:

City: *Mission*

Province: *BC*


Postal Code: *V2V 2A7*

IMPORTANT: Please note that if the marihuana is not stored at the production site, it must be stored at your ordinary place of residence.

Name:

C5 Declarations and Signature

- i. If I've indicated on this application that I plan to produce marihuana outdoors, I declare and confirm that the production site does not share a border or common point of contact with a school, public playground, day-care facility or other public place frequented mainly by persons under 18 years of age.
- ii. I declare and confirm that the dried marihuana will be stored indoors.
- iii. I declare and confirm that the information contained in this form is correct and complete.


Oct. 9 2012

 APPLICANT'S SIGNATURE DATE

Shawn Darcy

 PRINT NAME

IMPORTANT:

1. Please ensure that you have signed and dated the declaration indicating that the information on this form is correct and complete.
2. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
3. We cannot process the application until ALL appropriate forms are received.
4. Please retain a photocopy of this form for your files.
 If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.



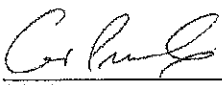
Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-42760-12

**AUTHORIZATION TO POSSESS
DRIED MARIHUANA FOR MEDICAL PURPOSES**

You have met the requirements to be issued an authorization pursuant to section 11 of the *Marihuana Medical Access Regulations* (MMAR). You are hereby authorized to possess dried marihuana for your medical purpose in accordance with your authorization. This document and/or ID card will serve as proof of your authority to possess marihuana for medical purpose. You should have at least one of these documents with you at all times when you are in possession of the substance in case you are required to show proof to the police.

<u>HOLDER OF AUTHORIZATION INFORMATION</u>	
NAME:	Shawn Robert Davey
DATE OF BIRTH:	08-Jun-1976
ADDRESS:	32037 Seventh Ave., Mission, BC, V2V 2A7, Canada
GENDER:	Male
MAILING ADDRESS: 32037 Seventh Ave., Mission, BC, V2V 2A7, Canada	
<u>TERMS AND CONDITIONS</u>	
The maximum quantity of dried marihuana that you may possess at any time under this <i>Authorization to Possess</i> is: 420 grams .	
<u>MEDICAL PRACTITIONER INFORMATION</u>	
NAME: Dr. Gwyllyn S. Goddard	
<u>EXPIRY DATE</u>	
Please note this <i>Authorization to Possess</i> expires on 19-Jul-2013 Should you wish to renew your <i>Authorization to Possess</i> , please submit your renewal application at least 8 weeks prior to your expiry date.	

ISSUED BY:  <small>Louis Protha "Le Directeur, Bureau du cannabis médical" "A Director, Bureau of Medical Cannabis" "Copresident, Substances & Tobacco Directorate" "Directeur des substances contrôlées et de la lutte au tabagisme" Health Canada / Santé Canada</small>	DATE OF ISSUE: 01-Nov-2012
--	--------------------------------------

PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS:

Information you should know about your *Authorization to Possess* dried marihuana

c.c.: Dr. Gwyllyn S. Goddard

ID CARD AFFIXED HERE

All inquiries regarding this authorization should be directed to the Marihuana Medical Access Division toll-free number: 1-866-337-7705.



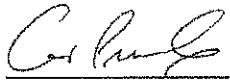
Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-42760-12

PERSONAL - USE PRODUCTION LICENCE
DRIED MARIHUANA FOR MEDICAL PURPOSES

You have met the requirements to be issued a licence pursuant to section 29 of the *Marihuana Medical Access Regulations* (MMAR). You are hereby licenced to produce dried marihuana for your medical purpose in accordance with your licence. This document and/or ID card will serve as proof of your authority to produce marihuana for a medical purpose. You should have at least one of these documents with you at all times in case you are required to show proof to the police.

<u>HOLDER OF LICENCE INFORMATION</u>	
NAME:	Shawn Robert Davey
DATE OF BIRTH:	08-Jun-1976
ADDRESS:	32037 Seventh Ave., Mission, BC, V2V 2A7, Canada
GENDER:	Male
MAILING ADDRESS: 32037 Seventh Ave., Mission, BC, V2V 2A7, Canada	
<u>TERMS AND CONDITIONS</u>	
PRODUCTION SITE:	32037 Seventh Ave., Mission, BC, V2V 2A7, Canada
MODE OF PRODUCTION:	Indoor
PRODUCTION QUANTITIES:	The maximum number of marihuana plants that you may have under production at the production site at any time under this <i>Personal-Use Production Licence</i> is 69 PLANTS (indoor) or 0 PLANTS (outdoor) .
STORAGE SITE:	32037 Seventh Ave., Mission, BC, V2V 2A7, Canada
STORAGE QUANTITIES:	The maximum quantity of dried marihuana that you may keep at the storage site at any time under this <i>Personal-Use Production Licence</i> is: 3105 grams and it must be stored indoors.
<u>EXPIRY DATE</u>	
Please note this <i>Personal-Use Production Licence</i> expires on 19-Jul-2013 Should you wish to renew your <i>Personal-Use Production Licence</i> , please submit your renewal application at least 8 weeks prior to your expiry date.	

ISSUED BY:  <small>Louis Frenais A. Directeur, Bureau de cannabis médical A. Directeur, Bureau de cannabis médical Controlled Substances & Tobacco Directorate Division des substances contrôlées et de la lutte au tabac Health Canada - Santé Canada</small>	DATE OF ISSUE: 01-Nov-2012
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PLEASE READ ALL ENCLOSED DOCUMENTS CAREFULLY

ENCLOSED DOCUMENTS: Information you should know about your *Personal-Use Production Licence*

NOTE: Details of this *Personal-Use Production Licence* are summarized on your ID card attached to your *Authorization to Possess*.

All inquiries regarding this authorization should be directed to the Marihuana Medical Access Division toll-free number: 1-866-337-7705.

Shawn Davey

Reference # 451766

Oracle Developer Forms Runtime - Web
 Search Administration Reports Help Exit

Correspondence

Contact Information

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Shawn	Davey	3181S Keystone Ave., Mission, BC, V4S 1G4, Canada	1976-06-06	604-620-5284 (N/A)

Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
390372	Closed	2012-07-10	Mail	Out	Licence Package
446288	Closed	2012-10-12	Mail	In	Application
451766	Closed	2012-10-29	Mail	Out	Licence Package
453365	Closed	2012-10-29	Mail	In	Application
486824	Closed	2012-12-07	Mail	In	Application
497248	Closed	2012-12-14	Mail	Out	RMI Letter
500676	Closed	2013-01-02	Mail	In	Application

Attachments

Report Filename	Document Type	Date Created
REPORT_FILENAMEcead3sVw.pdf	Application Authorization or Production Licence	2012-10-25 06:39:01 PI
REPORT_FILENAMEnnsnUjCp.pdf	Letter	2012-10-25 06:39:01 PI
REPORT_FILENAME4KzW63ne.pdf	Application Authorization or Production Licence	2012-10-25 06:39:01 PI

Add/Edit Notes

Been Corrected: Canada Post Tracking: AP # LT 731 969 876 CA. 1st verification by LauraV 2012/10/30 Sent to corrections - Dr's address incorrect - LauraV 2012-10-29 Note to Verifiers: doctor address corrected. Please reprint doctor address label - AB, 29 October 2012

“Been Corrected: Canada Post Tracking: AP # LT 731 969 876 CA. 1st verification by LauraV 2012/10/30 Sent to corrections - Dr's address incorrect - LauraV 2012-10-29 Note to Verifiers: doctor address corrected. Please reprint doctor address label - AB, 29 October 2012”

For delivery confirmation www.canadapost.ca or 1 888 550-6333
Confirmation de la livraison www.postescanada.ca ou

Senders warrants that the item does not contain dangerous goods and agrees with the terms and conditions on the attached receipt.
L'expéditeur garantit que son envoi ne contient pas de marchandises dangereuses et consent aux modalités, aux règles de service,

Customer Receipt / **Reçu du client**
Item number / N° de l'article: **LT 731 969 876 CA**
Date: Y.A. M.F. D.J.

From / **Expéditeur**
Customer No. / N° du client: [Redacted]
Name: [Redacted]

Address: [Redacted]
City / Prov.: [Redacted] / [Redacted]
Postal Code: [Redacted] / Code postal: [Redacted]

To / **Destinataire**
Customer No. / N° du client: [Redacted]
Telephone No. / N° de téléphone: [Redacted]

Mr. Shawn Robert Davey
32037 Seventh Ave.
Mission, BC V2V 2A7



Health
Canada Santé
Canada

1 of 1

Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-42760-12

Client ID: 45146
Shawn Davey
32037 Seventh Ave., Mission, BC, V2V 2A7, Canada

Dear: Shawn Davey

Subject: Finalized amendment as requested under the Marihuana Medical Access Regulations (MMAR)

The Marihuana Medical Access Division has reviewed and approved the amendment that you requested to your Authorization to Possess or Licence to Produce. The amended documentation is enclosed and is now your valid Authorization to Possess or Licence to Produce. Your previous authorization or licence is now invalid.

Please note that the expiration date of your authorization or licence has not been changed as a result of the approval of this amendment request. Authorizations and licences are valid for a maximum of 12 months from the original date of issue, regardless of any amendments that have been requested or approved. Authorized persons who wish to renew an Authorization to Possess and/or Licence to Produce, may do so by submitting the appropriate renewal application in advance of their expiry date.

Notwithstanding the above, if you have requested a revocation of your Authorization to Possess or Licence to Produce under Section 62(1) of the MMAR, please note the change in the issue and expiry dates on your new enclosed Authorization to Possess or Licence to Produce.

Furthermore, under Section 60(1) of the MMAR, you are required to return your previous authorization and/or licence within 30 days of the receipt of the enclosed amended documentation. If you have any questions regarding this letter or the Regulations, please visit the Health Canada website at www.healthcanada.gc.ca/mma or you can call toll-free at 1-866-337-7705, or write to:

Louis Proulx
A-Directeur, Bureau du cannabis médical /
A-Director, Bureau of Medical Cannabis
Contrôles Substances & Tobacco Directorate /
Direction des substances contrôlées et de la lutte au
tabagisme
Health Canada / Santé Canada

Enclosures




Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-42760-11

**AUTHORIZATION TO POSSESS
DRIED MARIHUANA FOR MEDICAL PURPOSES**

You have met the requirements to be issued an authorization pursuant to section 11 of the *Marihuana Medical Access Regulations* (MMAR). You are hereby authorized to possess dried marihuana for your medical purpose in accordance with your authorization. This document and/or ID card will serve as proof of your authority to possess marihuana for medical purpose. You should have at least one of these documents with you at all times when you are in possession of the substance in case you are required to show proof to the police.

<u>HOLDER OF AUTHORIZATION INFORMATION</u>	
NAME: Shawn Robert Davey	DATE OF BIRTH: 08-Jun-1976
ADDRESS: 32037 Seventh Ave., Mission, BC, V2V 2A7, Canada	GENDER: Male
MAILING ADDRESS: 32037 Seventh Ave., Mission, BC, V2V 2A7, Canada	
<u>TERMS AND CONDITIONS</u>	
The maximum quantity of dried marihuana that you may possess at any time under this <i>Authorization to Possess</i> is: 360 grams .	
<u>MEDICAL PRACTITIONER INFORMATION</u>	
NAME: Dr. Gwyllyn S. Goddard	
<u>EXPIRY DATE</u>	
Please note this <i>Authorization to Possess</i> expires on 19-Jul-2012 Should you wish to renew your <i>Authorization to Possess</i> , please submit your renewal application at least 8 weeks prior to your expiry date.	

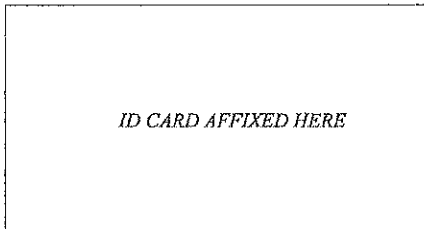
ISSUED BY:  <hr/> Jeanine R. Riachot, Director / Directrice Medical Cannabis / Cannabis médical Office of Controlled Substances / Bureau des substances contrôlées	DATE OF ISSUE: 19-Jul-2011
---	--------------------------------------

PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS:

Information you should know about your *Authorization to Possess* dried marihuana

c.c.: Dr. Gwyllyn S. Goddard



All inquiries regarding this authorization should be directed to the Marihuana Medical Access Division toll-free number: 1-866-337-7705.



Health Canada Santé Canada


Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-42760-11

PERSONAL - USE PRODUCTION LICENCE
DRIED MARIHUANA FOR MEDICAL PURPOSES

You have met the requirements to be issued a licence pursuant to section 29 of the *Marihuana Medical Access Regulations (MMAR)*. You are hereby licenced to produce dried marihuana for your medical purpose in accordance with your licence. This document and/or ID card will serve as proof of your authority to produce marihuana for a medical purpose. You should have at least one of these documents with you at all times in case you are required to show proof to the police.

<u>HOLDER OF LICENCE INFORMATION</u>	
NAME:	Shawn Robert Davey
DATE OF BIRTH:	08-Jun-1976
ADDRESS:	32037 Seventh Ave., Mission, BC, V2V 2A7, Canada
GENDER:	Male
MAILING ADDRESS: 32037 Seventh Ave., Mission, BC, V2V 2A7, Canada	
<u>TERMS AND CONDITIONS</u>	
PRODUCTION SITE:	28640 123 Ave., MAPLE RIDGE, BC, V2W 1M1, Canada
MODE OF PRODUCTION:	Indoor
PRODUCTION QUANTITIES:	The maximum number of marihuana plants that you may have under production at the production site at any time under this <i>Personal-Use Production Licence</i> is 59 PLANTS (indoor) or 0 PLANTS (outdoor) .
STORAGE SITE:	28640 123 Ave., MAPLE RIDGE, BC, V2W 1M1, Canada
STORAGE QUANTITIES:	The maximum quantity of dried marihuana that you may keep at the storage site at any time under this <i>Personal-Use Production Licence</i> is: 2655 grams and it must be stored indoors.
<u>EXPIRY DATE</u>	
Please note this <i>Personal-Use Production Licence</i> expires on 19-Jul-2012 Should you wish to renew your <i>Personal-Use Production Licence</i> , please submit your renewal application at least 8 weeks prior to your expiry date.	

ISSUED BY:	DATE OF ISSUE:
 <hr/> Jeannine R. Ritchot, Director / Directrice Medical Cannabis / Cannabis médical Office of Controlled Substances / Bureau des substances contrôlées	19-Jul-2011

PLEASE READ ALL ENCLOSED DOCUMENTS CAREFULLY

ENCLOSED DOCUMENTS: Information you should know about your *Personal-Use Production Licence*

NOTE: Details of this *Personal-Use Production Licence* are summarized on your ID card attached to your *Authorization to Possess*.

All inquiries regarding this authorization should be directed to the Marihuana Medical Access Division toll-free number: 1-866-337-7705.

Shawn Davey

Reference # 453365

Oracle Developer Forms Runtime - Web
Search Administration Reports Help Exit

Correspondence

Complete this page

View Contact

First Name: Shawn Surname: Davey Mailing Address: 37618 Keystone Ave., Mission, BC, V4S 1G4, Canada Date Of Birth: 1970-08-08 Primary Phone: 604-820-5284 (N/A)

Create an Associated Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
390372	Closed	2012-07-10	Mail	Out	Licence Package
446288	Closed	2012-10-12	Mail	In	Application
451768	Closed	2012-10-25	Mail	Out	Licence Package
453365	Closed	2012-10-29	Mail	In	Application
496824	Closed	2012-12-07	Mail	In	Application
487248	Closed	2012-12-14	Mail	Out	RMI Letter
500676	Closed	2013-01-02	Mail	In	Application

Upload File Download Selected File

Report Filename Document Type Date Created

Correspondence Notes Add / Edit Notes

Error Correction: doctor address corrected. Please reprint doctor address label - AB, 29 October 2012

"Error Correction: doctor address corrected. Please reprint doctor address label - AB, 29 October 2012"

Shawn Davey

Reference # 128926

Oracle Developer Forums Runtime - Web

Search Administration Reports Help Exit

Correspondence

Contact Details [View Contact](#)

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Shawn	Davey	31619 Keystone Ave, Mission, BC, V4S 1G4, Canada	1978-06-08	(604)920-5264 (NA)

Correspondence [Create an Associated Correspondence](#)

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
MMAD-02115	Closed	2009-12-23	Mail	In	Application
35382C	Closed	2010-02-22	Call	In	General Inquiry
39546C	Closed	2010-05-13	Call	In	General Inquiry
128926	Closed	2011-05-10	Mail	In	Application
137704	Closed	2011-06-14	Call	In	Application Inquiry
137704	Closed	2011-06-28	Call	Out	Application Inquiry
150377	Closed	2011-07-15	Mail	Out	Licence Package

Attachments [Upload File](#) [Download Selected File](#) [Delete Selected File](#)

Report Filename	Document Type	Date Created
Davey SR Appl.pdf	Application	2011-05-31 11:21:23 AM
Davey SR Plc BC.jpg	Application	2011-05-31 11:18:50 AM
Davey SR Plc FR.jpg	Application	2011-05-31 11:18:34 AM

Correspondence Notes [Add / Edit Notes](#)

No notes

00377

Form A

Application for Authorization to Possess Marihuana for Medical Purposes

Authorizations are permitted for a period of no more than 12 months. This form is to be used to apply for:

an original authorization

OR

renewal of an authorization if changes since your last renewal or amendment

Note: For authorized persons who are applying to renew their authorization, if there have been no changes since last year, **Short Form A-Renewal** can be used instead of **Form A**.

Health Canada /
Santé Canada
128926
MAY 12 2011
2011-06-21
OCS / BSC

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until *all* appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Please forward all completed applications to:

Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9

A1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: Davey / Shawn / Robert

Date of Birth: 08 / 06 / 1976

Address: 32037 / 7th Ave. / Apartment Number: _____

City: Mission / Province: British Columbia / Postal Code: V2V-2A7

If no street address is available, please provide lot and concession number:

Lot Number: _____

Concession Number: _____

Telephone: (604) 820-5264

Fax: _____

E-mail: Shawndavey0608@shaw.ca

This address is: A private residence (E.G., HOUSE OR APT.) OF Not a private residence (E.G., HOSPICE, HOSPITAL, ETC.)

Name of residence: _____

Mailing Address (if different from above):

Address or P.O. Box: _____ / Apartment Number: _____

City: _____ / Province: _____ / Postal Code: _____

A2 Photograph of Applicant

I have enclosed two copies of a current photograph that clearly identifies me.

The back of one of the photographs has been signed by the medical practitioner signing the medical declaration, who certifies that it is a true likeness of me.

SIZE GUIDE FOR BOTH PHOTOGRAPHS

IMPORTANT: A standard passport photograph is preferred but if one is not available, the photograph submitted must meet the following standards:

- It must show you alone in the photograph.
- It must show a full frontal view of your head and shoulders against a plain contrasting background.
- It must be at least 43 mm x 54 mm (1 11/16 inches x 2 1/8 inches) and not more than 50 mm x 70 mm (2 inches x 2 3/4 inches), and have a view of your head that is at least 30 mm (1.375 inches) in length.
- It must reveal your face without sunglasses or any other obstructions. Facial hair is permitted, of course.

Note: This section does not need to be completed if a photograph has been provided within the last 5 years.

MINIMUM SIZE

MAXIMUM SIZE

A3 Appointed Representative

This section is optional

You may appoint a representative to speak to Health Canada on your behalf. Health Canada will be authorized to exchange information about your case—including personal data and material contained in your medical records — with an appointed representative that you choose (for example, a family member or a friend).

Should you **not** provide this consent, Health Canada will communicate only with and through you.

You may withdraw the appointment of your representative at any time.

Appointed representative (optional):

I consent to allowing Health Canada to exchange personal and medical information about my case with my appointed representative.

Mrs. Miss Ms. Mr.

Representative's full name: _____ / _____ / _____

Mailing Address: _____ Apartment Number: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (_____) _____

Fax: (_____) _____

E-mail: _____

A4 Proposed Source of Marihuana

You are required to indicate your proposed source of marihuana by choosing one of the following:

I plan to produce my own marihuana.

You must apply to get licence to grow your own plants and you must fill out **Form C: Application for Licence to Produce Marihuana by Applicant.**

To purchase seeds from Health Canada so you can grow your own plants, you must fill out **Form E2: Application to Obtain Marihuana Seeds.**

OR

I plan to have a designated person grow the marihuana for me.
My designated person will be: _____

You must apply to get a licence for someone to grow plants for you and you must fill out **Form D: Application for Licence to Produce Marihuana by a Designated Person.**

To purchase seeds from Health Canada so someone can grow plants for you, you must fill out **Form E2: Application to Obtain Marihuana Seeds.**

OR

I plan to purchase dried marihuana from Health Canada.
To purchase a supply of dried marihuana from Health Canada, you must fill out **Form E1: Application to Obtain Dried Marihuana.**

Name: Shawn Davey

A5 Authority to Communicate to Canadian Police

To reduce the possibility of police intervention when you engage in activities allowed under your authorization or licence, if asked, Health Canada will communicate limited authorization and licence information to Canadian police in response to a request in the context of an investigation under the *Controlled Drugs and Substances Act*, or the *Marihuana Medical Access Regulations*.

A6 Declarations and Signature

- i. I am aware that a *Notice of Compliance* has not been issued under the *Food and Drug Regulations* concerning the safety and effectiveness of marihuana as a drug. I understand the significance of this fact.
- ii. I have discussed the potential benefits and risks of using marihuana with the medical practitioner named in Form B1 or B2 (whichever is being filed with this application).
- iii. I consent to using marihuana only for the treatment of the symptom stated in the medical declaration.
- iv. I am aware that the benefits and risks associated with the use of marihuana are not fully understood and that the use of marihuana may involve risks that have not been identified; and I accept those risks.
- v. If the daily amount stated is more than five grams;
 - (a) I have discussed the potential risks associated with an elevated daily consumption of dried marihuana with my medical practitioner named in Form B1 or B2 (whichever is being filed with the application), including risks with respect to the effect on my cardiovascular and pulmonary systems and psychomotor performance, risks associated with the long-term use of marihuana, as well as potential drug dependency.
 - (b) I accept these risks.
- vi. I attest that the information on this form is correct and complete.

x Shawn Davey
 APPLICANT'S SIGNATURE

May 4 2011
 DATE

Shawn Davey
 PRINT NAME

IMPORTANT:

1. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
 2. We cannot process the application until ALL appropriate forms are received.
 3. Please retain a photocopy of this form for your files.
- If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.



Health Canada Santé Canada

Form B1

Medical Practitioner's Form for Category 1 Applicants

This form is to be completed for *Category 1 applicants* by the applicant's medical practitioner.

Under the *Marihuana Medical Access Regulations*, a "medical practitioner" is a person who is authorized under the laws of a province to practice medicine in that province and who is not named in a notice given under sections 58 or 59 of the *Narcotic Control Regulations*.

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until all appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Please forward all completed applications to:

Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9

Note: It is within the professional purview of the medical practitioner to decide to support an application to access marihuana for medical purposes. A medical practitioner is not obliged to sign in support of an application.

B1-1 Information on Medical Practitioner

Medical practitioner's full name: GWYLLYN S. GODDARD
 Provincial medical licence number: CPSBC 25374 MSP 28773

STAMP (IF AVAILABLE)

Dr. Gwyllyn S. Goddard
 25-6014 Vedder Road
 Chilliwack BC V2R 6M4
 Tel: 1-604-859-5300
 Fax: 1-604-859-5364

Medical specialization (if applicable): G.P.
 Business Address: (as above) Suite Number:
 City: Province: Postal Code:
 Telephone: ()
 Fax: ()
 E-mail: <gwyllyn@gmail.com>

B1-2 Medical Condition and Symptoms

Applicant's full name: Davey | Shawn | Robert
 Date of Birth: 1976 | 06 | 08
 Telephone: (604) 820 5264

Details on medical condition(s) and symptom(s)

Please check (✓) in the table below the medical condition(s) and the symptom(s) that are the basis for the application (if applicable).

	SEVERE PAIN	PERSISTENT MUSCLE SPASMS	CACHEXIA	ANDREXIA	WEIGHT LOSS	SEVERE NAUSEA	SEIZURES
MULTIPLE SCLEROSIS							
SPINAL CORD INJURY	✓	✓					
SPINAL CORD DISEASE							
CANCER							
AIDS, HIV INFECTION							
SEVERE ARTHRITIS	✓						
EPILEPSY							

OR

(continued on next page)

(B1-2 continued)

- If the applicant is treated within the context of compassionate end-of-life care, please specify the medical condition(s) and the symptom(s):

Medical Condition(s) and Symptom(s): _____

B1-3 The Proposed Daily Amount

Health Canada's examination of the current available information suggests most individuals use an average daily amount of 1 gram to 3 grams of dried marijuana for medical purposes, whether it is taken orally, or inhaled or a combination of both.

- a. The proposed daily amount of dried marijuana is less than or equal to twelve^{g/d} grams (use letters to write amount); and
- b. the following method and form of administration (please check appropriate box):
 - Inhalation
 - Oral COOKING AND BAKING

Note to Physicians: For more information on daily amounts, you can refer to the following documents:

- Information for Health Care Professionals — Marijuana
- Daily Amount Fact Sheet

Both documents can be found on the Health Canada Web site at http://hc-sc.gc.ca/dhp-mps/marihuana/index_e.html or by calling toll free at 1-866-337-7705.

B1-4 Duration

Under the Marijuana Medical Access Regulations, an Authorization to Possess may be issued for a period of up to 12 months.

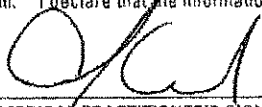
If you are signing the authorization for a shorter period, please specify the number of months: 12^{g/d}

Name: Ghawn Davey

B1-5 Medical Practitioner's Declaration and Signature

Please read, sign and date the document in the space provided below.

- i. a. The applicant suffers from the Category 1 symptom(s) indicated in Section B1-2 of this form that is associated with the corresponding medical condition or the medical treatment that is associated with that condition;
- b. conventional treatment(s) for the Category 1 symptom(s) have been tried or considered, and have been found to be ineffective or medically inappropriate for the treatment of the applicant.
- ii. I am aware that a *Notice of Compliance* has not been issued under the *Food and Drug Regulations* concerning the safety and effectiveness of marijuana as a drug.
- iii. I declare that the information contained in this form is correct and complete.



MEDICAL PRACTITIONER'S SIGNATURE

GWYLLYN S. GODDARD

Dr. Gwyllyn S. Goddard
20-0014 Vedder Road
Chilliwack BC V2R 6M4
Tel: 1-604-658-5300
Fax: 1-604-658-5364

PRINT NAME

MAY 9, 2011

DATE

IMPORTANT:

1. Please ensure that you have read and understood the declarations.
 2. Please sign and date the declarations.
 3. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
 4. We cannot process the application until *ALL* appropriate forms are received.
 5. Please retain a photocopy of this form for your files.
- If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Name: Shawn Parry

Form C

Application for Licence to Produce Marihuana by Applicant

This form is to be completed by applicants who wish to grow their own marihuana.

Applicants wishing to designate someone to grow marihuana for them must use *Form D: Application for Licence to Produce Marihuana by a Designated Person*.

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until *all* appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-937-7705.

Please forward all completed applications to:

**Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9**

C1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: Davey / Shawn / Robert

Date of Birth: 08 / 06 / 1976

Telephone: (604) 820 5264

E-mail: ShawnDavey0608@shaw.ca

If you already hold an Authorization to Possess dried marihuana under these Marihuana Medical Access Regulations, please indicate the number of that Authorization: AP-SRD-06D0577101876-10-A

IMPORTANT: If you have not been authorized to possess dried marihuana under the Marihuana Medical Access Regulations, you must also submit Form A: Application for Authorization to Possess Marihuana for Medical Purposes and the appropriate medical practitioner form (Form B1 or B2).

C2 Production Site

Please choose one of the following options:

- I plan to produce marihuana at my ordinary place of residence (the address that was provided in Page 1 of Form A: Application for Authorization to Possess Marihuana for Medical Purposes).

If you check the box above, please proceed directly to C3.

If not, please check the box below and provide the requested information.

OR

- I plan to produce marihuana somewhere other than at my ordinary place of residence (the address that was provided on Page 1 of Form A: Application for Authorization to Possess Marihuana for Medical Purposes).

If you make this selection, please complete the rest of this page.

Proposed production site:

Address: 28640 123 Ave. Apartment Number: _____

City: Maple Ridge Province: British Columbia Postal Code: V2W 1M1

I own, or am part owner of, this site: Yes No

IMPORTANT: If you plan to produce marihuana at a site that is not your ordinary place of residence and is not owned by you, you must get the owner(s) of the production site to complete Form F: Consent of Property Owner.

C3 Mode of Production

I plan to produce marihuana (please choose only one):

entirely indoors;

OR

entirely outdoors;

OR

indoors in the winter and outdoors in the summer.

IMPORTANT:

- 1. The Regulations allow you to grow marihuana indoors in the winter and outdoors in the summer. You cannot grow marihuana indoors and outdoors at the same time.
- 2. Please be sure to read Part C5 of this form with respect to growing marihuana near locations frequented by minors if you plan to grow marihuana outdoors.

C4 Security Measures for Growing and Storing Marihuana

IMPORTANT: The *Marihuana Medical Access Regulations* state that "the holder of an authorization shall maintain measures necessary to ensure the security of marihuana in their possession." (Sec 61(1)).

Please describe the security measures that will be used at the proposed production site to protect your crop of marihuana against loss or theft:

Property is fenced with a 6' security gate. Building has steel security doors and no ground floor windows. Building will have a monitored alarm and security lighting. Fertilized guard dog on premises. Access to building limited strictly.

Please describe the security measures that will be used to protect your dried marihuana against loss or theft:

Dried marihuana will be stored in a locked cabinet in a locked room in the facility. Access will be limited to license holder only.

Address where the marihuana will be stored:

Address: 28640 123 Ave Apartment Number:
 City: Maple Ridge Province: British Columbia Postal Code: V2W-1M1

IMPORTANT: Please note that if the marihuana is not stored at the production site, it must be stored at your ordinary place of residence.

Name:

C5 Declarations and Signature

- i. If I've indicated on this application that I plan to produce marihuana outdoors, I declare and confirm that the production site does not share a border or common point of contact with a school, public playground, day-care facility or other public place frequented mainly by persons under 18 years of age.
- ii. I declare and confirm that the dried marihuana will be stored indoors.
- iii. I declare and confirm that the information contained in this form is correct and complete.

x Shawn Dawson
APPLICANT'S SIGNATURE

May 4 2011
DATE

Shawn Dawson
PRINT NAME

IMPORTANT:

1. Please ensure that you have signed and dated the declaration indicating that the information on this form is correct and complete.
 2. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
 3. We cannot process the application until ALL appropriate forms are received.
 4. Please retain a photocopy of this form for your files.
- If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Form F

Consent of Property Owner

This form must be completed and signed by the property owner(s) when the proposed production site is not the ordinary place of residence of the applicant and is not owned by either the applicant or, where applicable, the designated person.

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until *all* appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Please forward all completed applications to:

**Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9**

1 Property Owner Information

Mrs. Miss Ms. Mr.

Property owner's full name:

Parminder Purewal

Address: 13549 Hale Road

City: Pitt Meadows

Province: British Columbia

Apartment Number:

Postal Code: V3Y 1Z1

Production site address (if different from above)

Address: 28640 123 Ave

City: Maple Ridge

Province: British Columbia

Apartment Number:

Postal Code: V2W 1M1

If no street address is available, please provide lot and concession number:

Lot Number:

Concession Number:

F2 Property Owner Consent

a) Sole Owner

I confirm that I am the sole owner of the proposed production site and I give my consent to (full name of applicant or applicant's designated person) Shawn Robert Davey to produce marihuana on this property in accordance with the Marihuana Medical Access Regulations.

Property owners should note that marihuana may also be stored at the production site.

X 
PROPERTY OWNER'S SIGNATURE

MAY 5/11
DATE

X PARMINDER PUREWAL
PRINT NAME

Note: If the property is co-owned, please provide the name and address for each additional property owner in space below.

b) Joint Owner(s)

Co-property owner's full name:

Address:

City:

Province:

Apartment Number:

Postal Code:

Co-property owner's full name:

Address:

City:

Province:

Apartment Number:

Postal Code:

(continued on next page)

2 continued)

I give my consent to (full name of applicant or applicant's designated person) _____ to produce marihuana on this property in accordance with the *Marihuana Medical Access Regulations*.

Property owners should note that marihuana may also be stored at the production site.

PROPERTY CO-OWNER'S SIGNATURE _____ DATE _____

PRINT NAME _____

PROPERTY CO-OWNER'S SIGNATURE _____ DATE _____

PRINT NAME _____

IMPORTANT:

1. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until ALL appropriate forms are received.
3. Please retain a photocopy of this form for your files.
If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

May 4 / 2011

To: Marihuana Medical Access Division
Re: Renewal and Amendment of existing license
For Shawn Robert Davey
AP#: AP-SRD-06D0577101876-10-A

To whom it may concern, This letter is to inform you of my request to amend and renew my current license.

The changes to my file will be the addition of 2 g/day to my current prescription of 10 g/day for a total of 12 g/day, also the removal of Donald Walsh as my designated grower and the addition of myself as the producer. Production area/address will remain the same.

I request that Donald Walsh not be renewed as my designated producer when my current license expires, as I wish to produce for myself, at the same site/address my license is currently associated with (28640 123 Ave, Maple Ridge).

I am not asking to revoke him as my designated grower, until my renewal is being processed, though.

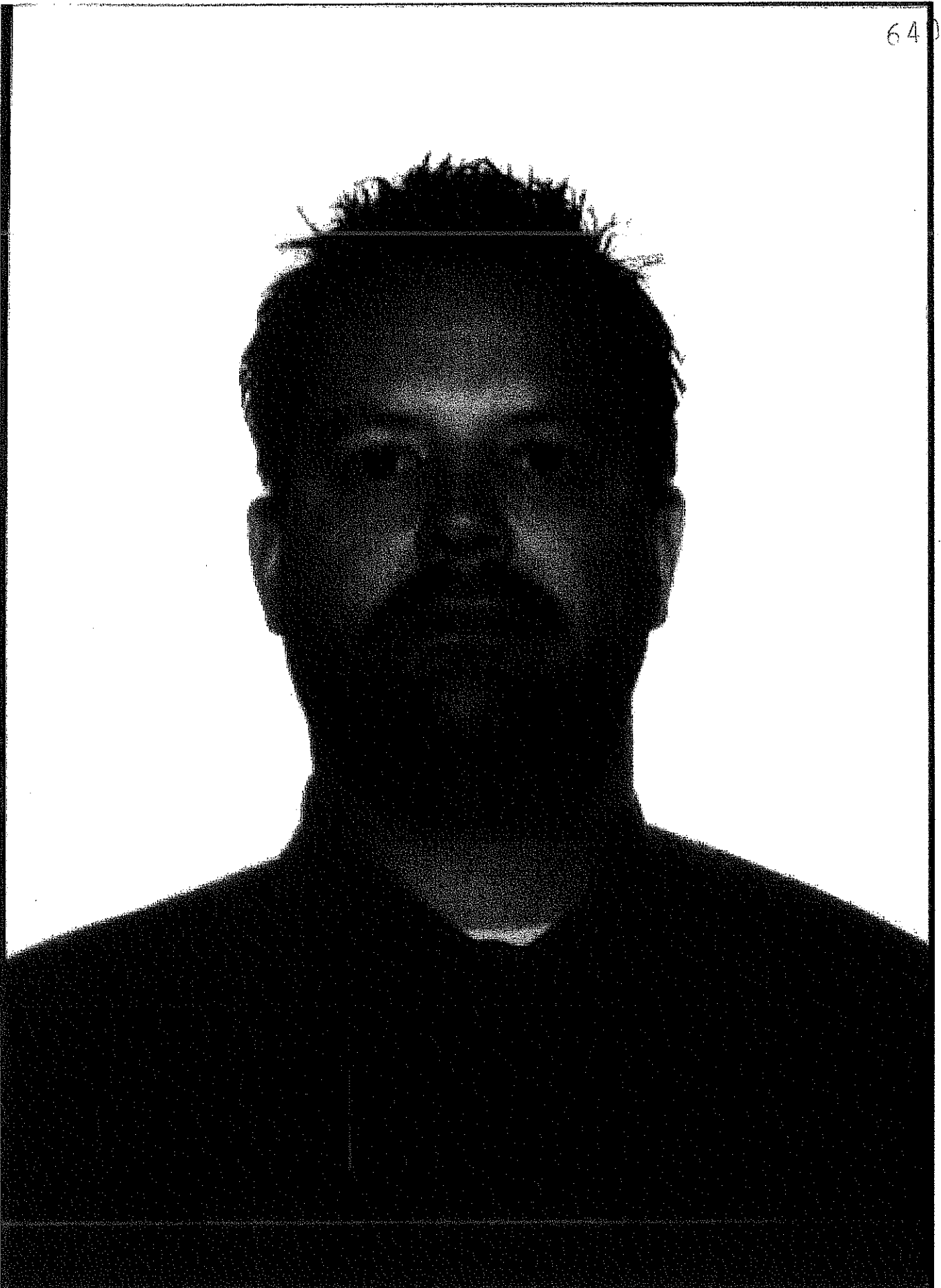
I am only asking that the production license be transferred to me during the renewal process.

I have called Health Canada twice in regards to this amendment and I am following all instructions given to me to the best of my understanding. I am refilling out the original application package and will be sending it in.

If I have made any mistakes in my paperwork or procedure, please forgive and advise me to correction.

Thank you.

Shawn R. Davey



JNDON DRUGS #41
21-45585 Luckakuck Way
Chilliwack, BC CANADA

Photo Taken MAY 4 2011

certify this to be a true and

 SHAWN DAVEY

Guardian's Signature


Dr. Gwynn S. Goddard

25-6914 Vedder Road
Chilliwack BC V2R 5M4



Shawn Davey

Reference 137704

Oracle Developer Forms Runtime - Web
 Search Administration Reports Help Exit

Correspondence

Contact Info View Contact

First Name Shawn	Surname Davey	Mailing Address 31919 Keystone Ave., Mission, BC, V4S 1G4, Canada	Date Of Birth 1975-06-06	Primary Phone 604-520-5254 (N/A)
---------------------	------------------	--	-----------------------------	-------------------------------------

Correspondence Create an Associated Correspond...

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
MMAD-92115	Closed	2009-12-23	Mail	In	Application
35392C	Closed	2010-02-22	Call	In	General Inquiry
39548C	Closed	2010-06-13	Call	In	General Inquiry
128926	Closed	2011-06-10	Mail	In	Application
137704	Closed	2011-06-14	Call	In	Application Inquiry
137704	Closed	2011-06-28	Call	Out	Application Inquiry
150377	Closed	2011-07-15	Mail	Out	Licence Package

Attachments

Report Filename	Document Type	Date Created

Comments and Notes Add / Edit Notes

Comments : The caller would like to speak to a representative who would help him with the amendment of the designated grower's permit for medical marihuana. A call back would be appreciated. Leave message, yes.
 Client ID : 45146
 First Name : SHAWN ROBERT
 Last Name : DAVEY

“Comments : The caller would like to speak to a representative who would help him with the amendment of the designated grower's permit for medical marihuana. A call back would be appreciated. Leave message, yes.

Client ID : 45146

First Name : SHAWN ROBERT

Last Name : DAVEY

Street Address :

City :

Province :

Postal Code :

Day Phone : 6048205264

Extension :

Fax :

Email :

Evening Phone :

Call Date : 14-JUN-11

Call Bank Time : 09:00 - 17:00 (Pacific)

Subject : Application Inquiry

Language : E

Secondary Client ID :

Secondary First Name :

Secondary Last Name :

Secondary Day Phone :

Tertiary Client ID :

Tertiary First Name :

Tertiary Last Name :

Tertiary Day Phone : *****

Spoke to AP in regards to his call back concerning his request of change of DP. AP informed me that he didn't want to have the DP he has currently and wants to have him removed from his license. I informed AP that in order for that to happen DP will have to revoke his license or he will have to re-submit for a new application. AP is currently nearing his renewal period and he has just sent in his renewal forms, I indicated to him we need to have a A,B,C,F form to proceed to his amendment change and remove the DP.

MM 06/28/2011"

Shawn Davey

Reference #150377

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 Search Administration Reports Help Exit

Correspondence

View Contact

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Shawn	Davey	31819 Keystone Ave., Mission, BC, V4S 1G4, Canada	1976-06-09	804-820-5264 (NOA)

Create an Associated Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
MMAD-02115	Closed	2009-12-23	Mail	In	Application
35382C	Closed	2010-02-22	Call	In	General Inquiry
39546C	Closed	2010-05-13	Call	In	General Inquiry
128826	Closed	2011-05-10	Mail	In	Application
137704	Closed	2011-06-14	Call	In	Application Inquiry
137704	Closed	2011-06-28	Call	Out	Application Inquiry
150377	Closed	2011-07-16	Mail	Out	Licence Package

Upload File Download Selected File Delete Selected File

Report Filename	Document Type	Date Created
REPORT_FILENAME1K6xsJww.pdf	Application Authorization or Production Licence	2011-07-15 10:41:31 AM
REPORT_FILENAME5zGMIEb.pdf	Application Authorization or Production Licence	2011-07-15 10:41:31 AM
	Licence ID Card	2011-07-15 10:41:31 AM

Add EDR Notes

PUROLATOR AP: 1173 341 9698 (Danielle 2011-07-20)

"PUROLATOR AP: 1173 341 9698 (Danielle 2011-07-20)"



Health Canada Santé Canada

D0577

Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-42760-12

**AUTHORIZATION TO POSSESS
DRIED MARIHUANA FOR MEDICAL PURPOSES**

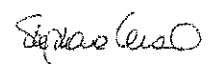
You have met the requirements to be issued an authorization pursuant to section 11 of the *Marihuana Medical Access Regulations* (MMAR). You are hereby authorized to possess dried marihuana for your medical purpose in accordance with your authorization. This document and/or ID card will serve as proof of your authority to possess marihuana for medical purpose. You should have at least one of these documents with you at all times when you are in possession of the substance in case you are required to show proof to the police.

<u>HOLDER OF AUTHORIZATION INFORMATION</u>		
NAME:	Shawn Robert Davey	DATE OF BIRTH: 08-Jun-1976
ADDRESS:	32037 Seventh Ave., Mission, BC, V2V 2A7, Canada	GENDER: Male
MAILING ADDRESS: 32037 Seventh Ave., Mission, BC, V2V 2A7, Canada		

<u>TERMS AND CONDITIONS</u>
The maximum quantity of dried marihuana that you may possess at any time under this <i>Authorization to Possess</i> is: 420 grams .

<u>MEDICAL PRACTITIONER INFORMATION</u>
NAME: Dr. Gwyllyn S. Goddard

<u>EXPIRY DATE</u>
Please note this <i>Authorization to Possess</i> expires on 19-Jul-2013 Should you wish to renew your <i>Authorization to Possess</i> , please submit your renewal application at least 8 weeks prior to your expiry date.

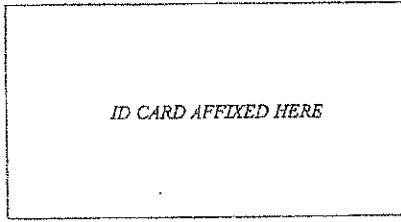
ISSUED BY: 	DATE OF ISSUE: 19-Jul-2012
Stéphane Lesard Director Directeur Medical Cannabis Bureau Bureau du Cannabis Médical Controlled Substances and Tobacco Directorate Direction des Substances Contrôlées et de la Lutte au Tabagisme	

PLEASE READ ALL ENCLOSED DOCUMENTS

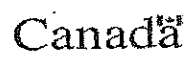
ENCLOSED DOCUMENTS:

Information you should know about your *Authorization to Possess* dried marihuana

c.c.: Dr. Gwyllyn S. Goddard



All inquiries regarding this authorization should be directed to the Marihuana Medical Access Division toll-free number: 1-866-337-7705.





Health Canada / Santé Canada


Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-42760-12

PERSONAL - USE PRODUCTION LICENCE
DRIED MARIHUANA FOR MEDICAL PURPOSES

You have met the requirements to be issued a licence pursuant to section 29 of the *Marihuana Medical Access Regulations (MMAR)*. You are hereby licenced to produce dried marihuana for your medical purpose in accordance with your licence. This document and/or ID card will serve as proof of your authority to produce marihuana for a medical purpose. You should have at least one of these documents with you at all times in case you are required to show proof to the police.

<u>HOLDER OF LICENCE INFORMATION</u>	
NAME:	Shawn Robert Davey
DATE OF BIRTH:	08-Jun-1976
ADDRESS:	32037 Seventh Ave., Mission, BC, V2V 2A7, Canada
GENDER:	Male
MAILING ADDRESS: 32037 Seventh Ave., Mission, BC, V2V 2A7, Canada	
<u>TERMS AND CONDITIONS</u>	
PRODUCTION SITE:	28640 123 Ave., Maple Ridge, BC, V2W 1M1, Canada
MODE OF PRODUCTION:	Indoor
PRODUCTION QUANTITIES:	The maximum number of marihuana plants that you may have under production at the production site at any time under this <i>Personal-Use Production Licence</i> is 69 PLANTS (indoor) or 0 PLANTS (outdoor) .
STORAGE SITE:	28640 123 Ave., Maple Ridge, BC, V2W 1M1, Canada
STORAGE QUANTITIES:	The maximum quantity of dried marihuana that you may keep at the storage site at any time under this <i>Personal-Use Production Licence</i> is: 3105 grams and it must be stored indoors.
<u>EXPIRY DATE</u>	
Please note this <i>Personal-Use Production Licence</i> expires on 19-Jul-2013 Should you wish to renew your <i>Personal-Use Production Licence</i> , please submit your renewal application at least 8 weeks prior to your expiry date.	

ISSUED BY:	DATE OF ISSUE:
 Stéphane Lessard Director / Directeur Medical Cannabis Bureau / Bureau du Cannabis Médical Controlled Substances and Tobacco Directorate Direction des Substances Contrôlées et de la Lutte au Tabagisme	19-Jul-2012

PLEASE READ ALL ENCLOSED DOCUMENTS CAREFULLY

ENCLOSED DOCUMENTS: Information you should know about your *Personal-Use Production Licence*

NOTE: Details of this *Personal-Use Production Licence* are summarized on your ID card attached to your *Authorization to Possess*.

All inquiries regarding this authorization should be directed to the Marihuana Medical Access Division toll-free number: 1-866-337-7705.

Canada

Shawn Davey

Reference #374283

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Correspondence

View Contact

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Shawn	Davey	31019 Keystone Ave., Mission, BC, V4S 1G4, Canada	1970-06-08	604-820-5284 (N/A)

Create an Associated Correspondence

Reference No.	Status	Correspondence Date	Correspondence Type	Direction	Subject
374283	Closed	2012-06-26	Mail	In	Application
380372	Closed	2012-07-10	Mail	Out	Licence Package
448288	Closed	2012-10-12	Mail	In	Application
451766	Closed	2012-10-25	Mail	Out	Licence Package
453365	Closed	2012-10-29	Mail	In	Application
486924	Closed	2012-12-07	Mail	In	Application
487248	Closed	2012-12-14	Mail	Out	RMI Letter

Upload File Download Selected File

Report Filename	Document Type	Date Created
45148_DAVEY_APSK.jpg	Application	2012-06-29 03:18:11 PM
45148_DAVEY_AP.jpg	Application	2012-06-29 03:18:05 PM
45148_DAVEY_Forms A B1 C F.pdf	Application	2012-06-29 03:05:21 PM

Add/Edit Notes

Forms A-B1 C F rec'd. PUPL renewal w/ changes. Dosage increase and route of administration changed. Pre-review complete, forms OK. MBisson, 2012-06-26
 correction 2x AP pics (signed) also rec'd. MBisson, 2012-06-29

"Forms A B1 C F rec'd. PUPL renewal w/ changes. Dosage increase and route of administration changed. Pre-review complete, forms OK. MBisson, 2012-06-29

correction 2x AP pics (signed) also rec'd. MBisson, 2012-06-29"

Form A

Application for Authorization to Possess Marihuana for Medical Purposes

Authorizations are permitted for a period of no more than 12 months. This form is to be used to apply for:

an original authorization

OR

renewal of an authorization if changes since your last renewal or amendment

Note: For authorized persons who are applying to renew their authorization, if there have been no changes since last year.

Short Form A - Renewal can be used instead of **Form A**.

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until *all* appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Please forward all completed applications to:

Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9

45146
Health Canada /
Santé Canada
374283
JUN 25 2012
2012-08-08
OCS / BSC / MMAD

A1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: Dorey Daway / SA / Shawa / Robert

Date of Birth: 08 / 06 / 1976

Address: 32037 Savanth ave. Apartment Number: _____

City: MISSION Province: B.C. Postal Code: V2V 2A7

If no street address is available, please provide lot and concession number:

Lot Number: _____

Concession Number: _____

Telephone: (604) 814-2414

Fax: ()

E-mail: _____

This address is: A private residence (E.G., HOUSE OR APT.) OR Not a private residence (E.G., HOSPICE, HOSPITAL, ETC.)

Name of residence: _____

Mailing Address (if different from above):

Address or P.O. Box: _____ Apartment Number: _____

City: _____ Province: _____ Postal Code: _____

A2 Photograph of Applicant

I have enclosed two copies of a current photograph that clearly identifies me.

The back of one of the photographs has been signed by the medical practitioner signing the medical declaration, who certifies that it is a true likeness of me.

SIZE GUIDE FOR BOTH PHOTOGRAPHS

IMPORTANT: A standard passport photograph is preferred but if one is not available, the photograph submitted must meet the following standards:

- It must show you alone in the photograph.
- It must show a full frontal view of your head and shoulders against a plain contrasting background.
- It must be at least 43 mm x 54 mm (1 11/16 inches x 2 1/8 inches) and not more than 50 mm x 70 mm (2 inches x 2 3/4 inches), and have a view of your head that is at least 30 mm (1.375 inches) in length.
- It must reveal your face without sunglasses or any other obstructions. Facial hair is permitted, of course.

Note: This section does not need to be completed if a photograph has been provided within the last 5 years.

MINIMUM SIZE

MAXIMUM SIZE

A3 Appointed Representative

This section is optional

You may appoint a representative to speak to Health Canada on your behalf. Health Canada will be authorized to exchange information about your case — including personal data and material contained in your medical records — with an appointed representative that you choose (for example, a family member or a friend).

Should you **not** provide this consent, Health Canada will communicate only with and through you.

You may withdraw the appointment of your representative at any time.

Appointed representative (optional):

I consent to allowing Health Canada to exchange personal and medical information about my case with my appointed representative.

Mrs. Miss Ms Mr.

Representative's full name:

Mailing Address:

Apartment Number:

City:

Province:

Postal Code:

Telephone: ()

Fax: ()

E-mail:

A4 Proposed Source of Marihuana

You are required to indicate your proposed source of marihuana by choosing one of the following:

I plan to produce my own marihuana.

S.D.
You must apply to get licence to grow your own plants and you must fill out
Form C: Application for Licence to Produce Marihuana by Applicant.

To purchase seeds from Health Canada so you can grow your own plants, you must fill out
Form E2: Application to Obtain Marihuana Seeds.

OR

I plan to have a designated person grow the marihuana for me.

S.D.
My designated person will be:

You must apply to get a licence for someone to grow plants for you and you must fill out
Form D: Application for Licence to Produce Marihuana by a Designated Person.

To purchase seeds from Health Canada so someone can grow plants for you, you must fill out
Form E2: Application to Obtain Marihuana Seeds.

OR

I plan to purchase dried marihuana from Health Canada.

To purchase a supply of dried marihuana from Health Canada, you must fill out
Form E1: Application to Obtain Dried Marihuana.

Name:

A5 Authority to Communicate to Canadian Police

To reduce the possibility of police intervention when you engage in activities allowed under your authorization or licence, if asked, Health Canada will communicate limited authorization and licence information to Canadian police in response to a request in the context of an investigation under the *Controlled Drugs and Substances Act*, or the *Marihuana Medical Access Regulations*.

A6 Declarations and Signature

- i. I am aware that a *Notice of Compliance* has not been issued under the *Food and Drug Regulations* concerning the safety and effectiveness of marihuana as a drug. I understand the significance of this fact.
- ii. I have discussed the potential benefits and risks of using marihuana with the medical practitioner named in Form B1 or B2 (whichever is being filed with this application).
- iii. I consent to using marihuana only for the treatment of the symptom stated in the medical declaration.
- iv. I am aware that the benefits and risks associated with the use of marihuana are not fully understood and that the use of marihuana may involve risks that have not been identified; and I accept those risks.
- v. If the daily amount stated is more than five grams:
 - (a) I have discussed the potential risks associated with an elevated daily consumption of dried marihuana with my medical practitioner named in Form B1 or B2 (whichever is being filed with the application), including risks with respect to the effect on my cardiovascular and pulmonary systems and psychomotor performance, risks associated with the long-term use of marihuana, as well as potential drug dependency.
 - (b) I accept these risks.
- vi. I attest that the information on this form is correct and complete.

Shawn R. Davay
 APPLICANT'S SIGNATURE

June 19/2012
 DATE

Shawn Davay
 PRINT NAME

IMPORTANT:

1. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until **ALL** appropriate forms are received.
3. Please retain a photocopy of this form for your files.
 If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.



Health Canada Santé Canada

Form B1

Medical Practitioner's Form for Category 1 Applicants

This form is to be completed for *Category 1 applicants* by the applicant's medical practitioner.

Under the *Marihuana Medical Access Regulations*, a "medical practitioner" is a person who is authorized under the laws of a province to practice medicine in that province and who is not named in a notice given under sections 58 or 59 of the *Narcotic Control Regulations*.

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until all appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Please forward all completed applications to:

Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9

Note: It is within the professional purview of the medical practitioner to decide to support an application to access marihuana for medical purposes. A medical practitioner is not obliged to sign in support of an application.

B1-1 Information on Medical Practitioner

Medical practitioner's full name: GWYLLYN S. GODDARD
Provincial medical licence number: CPSBC 25374 MSP 28773

STAMP (IF AVAILABLE)
Dr. Gwyllyn S. Goddard
25-6014 Vedder Road
Chilliwack BC V2R 5M4
Tel: 1-604-858-5300
Fax: 1-604-858-5364

Medical specialization (if applicable): G.P.
Business Address: as above Suite Number:
City: Province: Postal Code:
Telephone: ()
Fax: ()
E-mail: gwyllyn@gmail.com

B1-2 Medical Condition and Symptoms

Applicant's full name: Davey / Shawn / Robert
Date of Birth: 1976 / 06 / 08
Telephone: (604) 820-526A or (604) 814-2414

Details on medical condition(s) and symptom(s)
Please check (✓) in the table below the medical condition(s) and the symptom(s) that are the basis for the application (if applicable).

	SEVERE PAIN	PERSISTENT MUSCLE SPASMS	CACHEXIA	ANOREXIA	WEIGHT LOSS	SEVERE NAUSEA	SEIZURES
MULTIPLE SCLEROSIS							
SPINAL CORD INJURY							
SPINAL CORD DISEASE							
CANCER							
AIDS, HIV INFECTION							
SEVERE ARTHRITIS	✓						
EPILEPSY							

OR
(continued on next page)

(B1-2 continued)

- If the applicant is treated within the context of compassionate end-of-life care, please specify the medical condition(s) and the symptom(s):

Medical Condition(s) and Symptom(s): _____

B1-3 The Proposed Daily Amount

Health Canada's examination of the current available information suggests most individuals use an average daily amount of 1 gram to 3 grams of dried marihuana for medical purposes, whether it is taken orally, or inhaled or a combination of both.

a. The proposed daily amount of dried marihuana is less than or equal to fourteen grams (use letters to write amount); and

b. the following method and form of administration (please check appropriate box):

- Inhalation
- Oral

COOKING AND BAKING AND

Dr. Gwyllyn S. Goddard
 25-8014 Vedder Road
 Chilliwack BC V2R 5M4
 TEL: 1-804-888-1300
 FAX: 1-804-838-5384

Note to Physicians: For more information on daily amounts, you can refer to the following documents:

- Information for Health Care Professionals — Marihuana
- Daily Amount Fact Sheet

Both documents can be found on the Health Canada Web site at http://hc-sc.gc.ca/dhp-mps/marihuana/index_e.html or by calling toll free at 1-866-337-7705.

B1-4 Duration

Under the Marihuana Medical Access Regulations, an Authorization to Possess may be issued for a period of up to 12 months.

If you are signing the authorization for a shorter period, please specify the number of months: 12 9/4

Name: Shawn Davey

B1-5 Medical Practitioner's Declaration and Signature

Please read, sign and date the document in the space provided below.

- i. a. The applicant suffers from the Category 1 symptom(s) indicated in Section B1-2 of this form that is associated with the corresponding medical condition or the medical treatment that is associated with that condition;
- b. conventional treatment(s) for the Category 1 symptom(s) have been tried or considered, and have been found to be ineffective or medically inappropriate for the treatment of the applicant.
- ii. I am aware that a *Notice of Compliance* has not been issued under the *Food and Drug Regulations* concerning the safety and effectiveness of marihuana as a drug.
- iii. I declare that the information contained in this form is correct and complete.

MEDICAL PRACTITIONER'S SIGNATURE

Dr. Gwyllyn S. Goddard

PRINT NAME

GWYLLYN S. GODDARD

25-6014 Vedder Road

Chilliwack BC V2R 5M4

Tel: 1-604-858-5300

Fax: 1-604-858-6364

DATE

June 19, 2012

IMPORTANT:

1. Please ensure that you have read and understood the declarations.
 2. Please sign and date the declarations.
 3. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
 4. We cannot process the application until *ALL* appropriate forms are received.
 5. Please retain a photocopy of this form for your files.
- If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Name:

Shawn Davey

Form C

Application for Licence to Produce Marihuana by Applicant

This form is to be completed by applicants who wish to grow their own marihuana.

Applicants wishing to designate someone to grow marihuana for them must use *Form D: Application for Licence to Produce Marihuana by a Designated Person*.

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until *all* appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Please forward all completed applications to:

**Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9**

C1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: Davery / Shawn / Robert

Date of Birth: 08 / 06 / 1976

Telephone: (604) 814-2414

E-mail:

If you already hold an Authorization to Possess dried marihuana under these Marihuana Medical Access Regulations, please indicate the number of that Authorization: APPL-SAD-06-DOS770825-76-11-A

IMPORTANT: If you have not been authorized to possess dried marihuana under the Marihuana Medical Access Regulations, you must also submit Form A: Application for Authorization to Possess Marihuana for Medical Purposes and the appropriate medical practitioner form (Form B1 or B2).

C2 Production Site

Please choose one of the following options:

I plan to produce marihuana at my ordinary place of residence (the address that was provided in Page 1 of Form A: Application for Authorization to Possess Marihuana for Medical Purposes).

If you check the box above, please proceed directly to C3.

If not, please check the box below and provide the requested information.

OR

I plan to produce marihuana somewhere other than at my ordinary place of residence (the address that was provided on Page 1 of Form A: Application for Authorization to Possess Marihuana for Medical Purposes).

If you make this selection, please complete the rest of this page.

Proposed production site:

Address: 28640 123 Ave Apartment Number:

City: Maple Ridge Province: British Columbia Postal Code: V2W 1M1

I own, or am part owner of, this site: Yes No

IMPORTANT: If you plan to produce marihuana at a site that is not your ordinary place of residence and is not owned by you, you must get the owner(s) of the production site to complete Form F: Consent of Property Owner.

C3 Mode of Production

I plan to produce marihuana (please choose only one):

entirely indoors:

OR

entirely outdoors:

OR

indoors in the winter and outdoors in the summer.

IMPORTANT:

- 1. The Regulations allow you to grow marihuana indoors in the winter and outdoors in the summer. You cannot grow marihuana indoors and outdoors at the same time.
- 2. Please be sure to read Part C5 of this form with respect to growing marihuana near locations frequented by minors if you plan to grow marihuana outdoors.

C4 Security Measures for Growing and Storing Marihuana

IMPORTANT: The *Marihuana Medical Access Regulations* state that "the holder of an authorization shall maintain measures necessary to ensure the security of marihuana in their possession." (Sec 61(1)).

Please describe the security measures that will be used at the proposed production site to protect your crop of marihuana against loss or theft: *Site has 6ft security fencing and gate. Guard dog in yard. Building has no main floor windows and has steel doors. Alarmed and security lighting. Access limited to license holders only.*

Please describe the security measures that will be used to protect your dried marihuana against loss or theft: *Marihuana is stored in locked cabinet in locked room in grow building. Access limited to license holders.*

Address where the marihuana will be stored:

Address: *26640 123 Ave* Apartment Number:
City: *Maple Ridge* Province: *British Columbia* Postal Code: *V2W 1M1*

IMPORTANT: Please note that if the marihuana is not stored at the production site, it must be stored at your ordinary place of residence.

Name:

C5 Declarations and Signature

- i. If I've indicated on this application that I plan to produce marihuana outdoors, I declare and confirm that the production site does not share a border or common point of contact with a school, public playground, day-care facility or other public place frequented mainly by persons under 18 years of age.
- ii. I declare and confirm that the dried marihuana will be stored indoors.
- iii. I declare and confirm that the information contained in this form is correct and complete.

Shawn Darcy
APPLICANT'S SIGNATURE

06/20/2012
DATE

Shawn Darcy
PRINT NAME

IMPORTANT:

1. Please ensure that you have signed and dated the declaration indicating that the information on this form is correct and complete.
2. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
3. We cannot process the application until ALL appropriate forms are received.
4. Please retain a photocopy of this form for your files.
If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.



Form F

Consent of Property Owner

This form must be completed and signed by the property owner(s) when the proposed production site is not the ordinary place of residence of the applicant and is not owned by either the applicant or, where applicable, the designated person.

- Important**
1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
 2. We cannot process the application until all appropriate forms are received.
 3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Please forward all completed applications to:

**Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9**

F1 Property Owner Information

Mrs. Miss Ms. Mr.

Property owner's full name: Parminder Purewal

Address: 13549 Hale Road

City: Pitt Meadows Province: BC

Apartment Number:

Postal Code: V3Y 1Z1

Production site address (if different from above)

Address: 28640 Q3 Ave

City: Made Ridge Province: British Columbia

Apartment Number:

Postal Code: V2W 1M1

If no street address is available, please provide lot and concession number:

Lot Number:

Concession Number:

F2 Property Owner Consent

a) Sole Owner

I confirm that I am the sole owner of the proposed production site and I give my consent to (full name of applicant or applicant's designated person) Shawn Robert Davey to produce marihuana on this property in accordance with the Marihuana Medical Access Regulations.

Property owners should note that marihuana may also be stored at the production site.

[Signature] _____ DATE June 20 2012

PROPERTY OWNER'S SIGNATURE

DATE

PARMINDER PUREWAL
PRINT NAME

Note: If the property is co-owned, please provide the name and address for each additional property owner in space below.

b) Joint Owner(s)

Co-property owner's full name:

Address:

City:

Province:

Apartment Number:

Postal Code:

Co-property owner's full name:

Address:

City:

Province:

Apartment Number:

Postal Code:

(continued on next page)

(F2 continued)

I give my consent to (full name of applicant or applicant's designated person) _____ to produce marihuana on this property in accordance with the *Marihuana Medical Access Regulations*.

Property owners should note that marihuana may also be stored at the production site.

PROPERTY CO-OWNER'S SIGNATURE

DATE

PRINT NAME

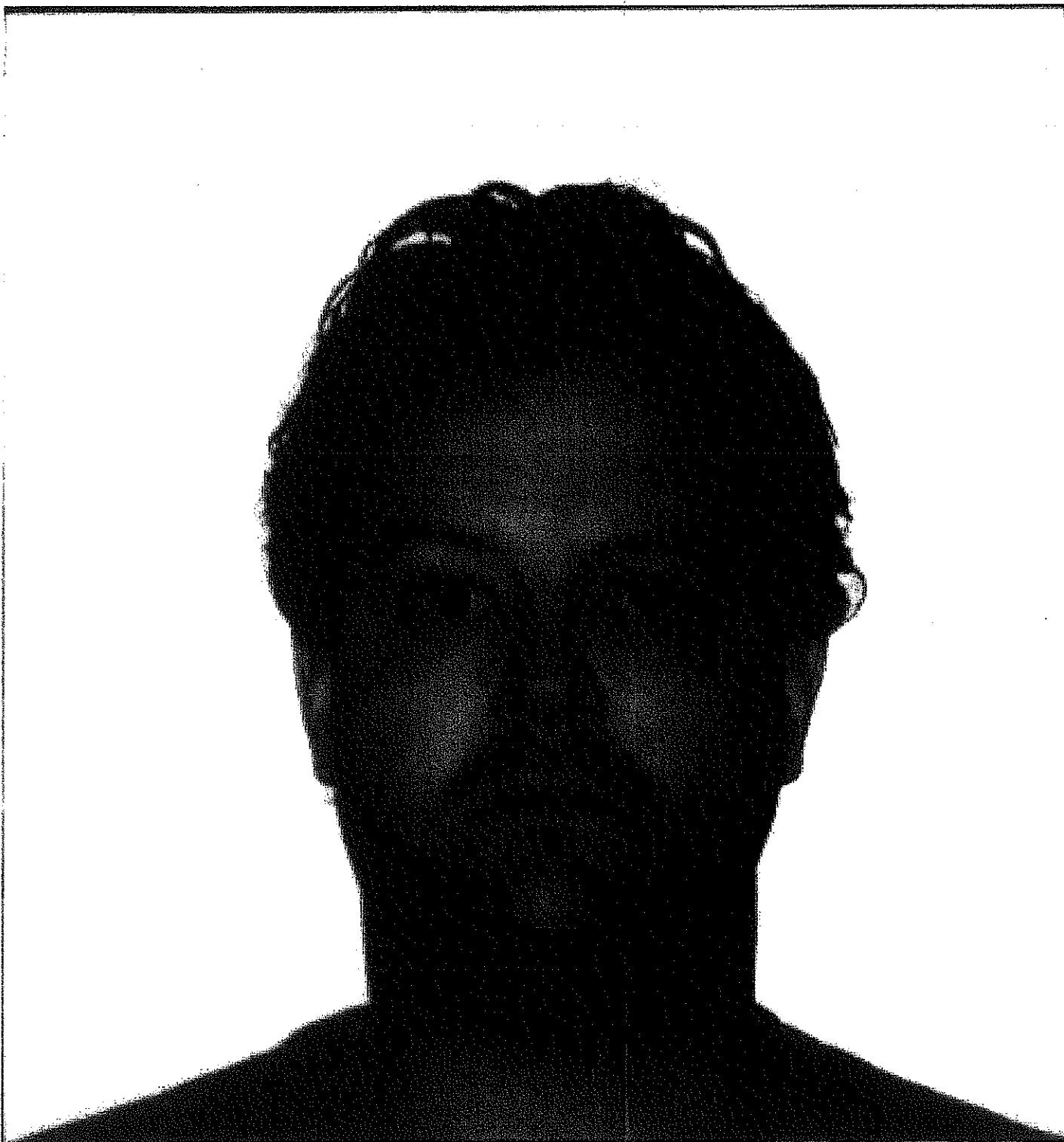
PROPERTY CO-OWNER'S SIGNATURE

DATE

PRINT NAME

IMPORTANT:

1. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
 2. We cannot process the application until ALL appropriate forms are received.
 3. Please retain a photocopy of this form for your files.
- If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.



LONDON DRUGS #55
#200 - 32555 London Way
Mission, BC CANADA

JUN 20 2012

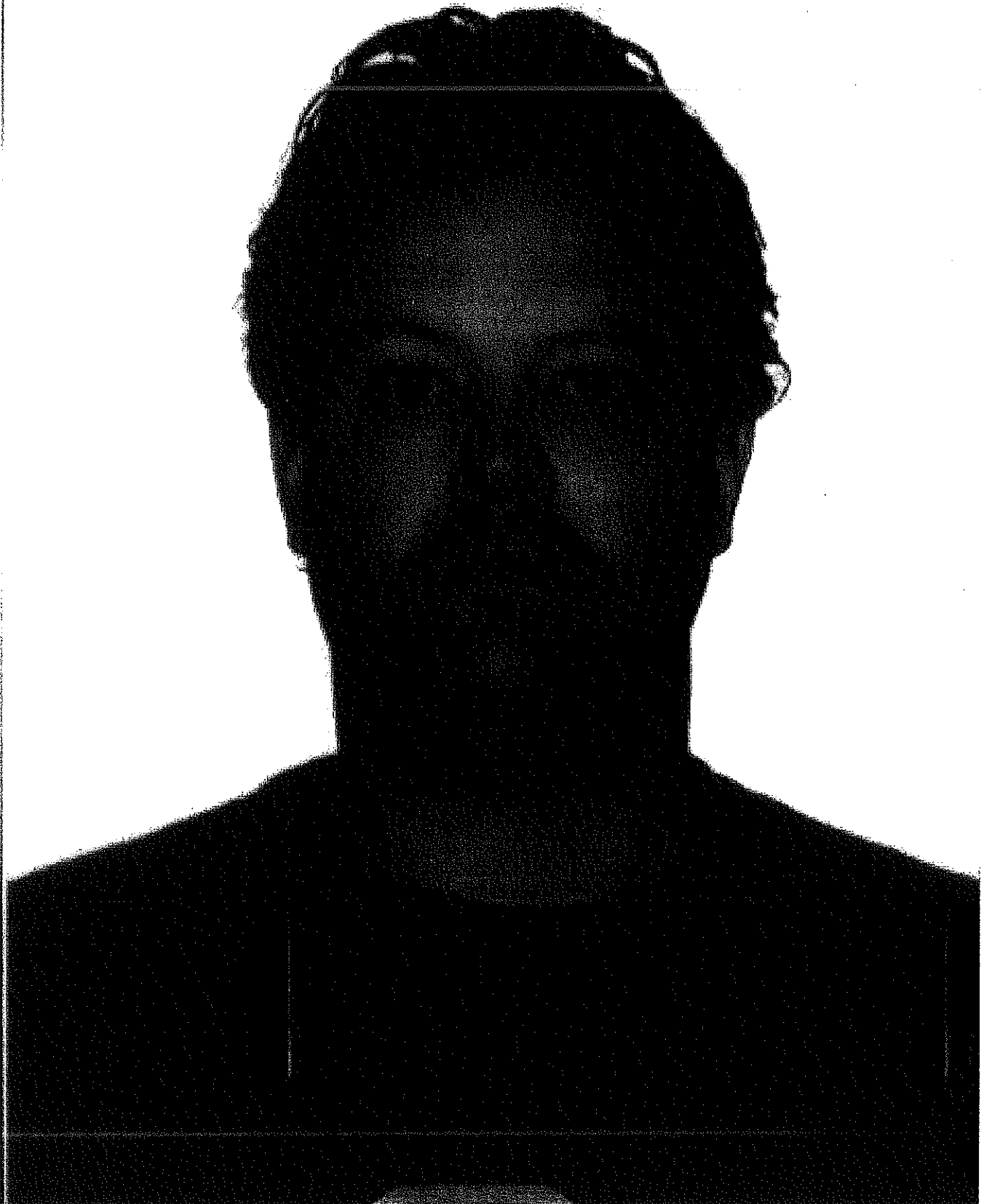
Photo Taken _____
Date

I certify this to be a true likeness of

Shawn R. Davy

Shawn R. Davy

Guarantor's Signature



LONDON DRUGS #55
#200 - 32555 London Way
Mission, BC CANADA

Photo Taken JUN 20 2012
Date

I certify this to be a true likeness of

Guarantor's Signature

Shawn Davey

Reference #380372

Grade Developer Forms Runtime - Web
 Search Administration Reports Help Exit

Correspondence

View Contact

First Name: Shawn Surname: Davey Mailing Address: 3111P Kayatone Ave, Mission, BC, V4S 1G4, Canada Date Of Birth: 1976-06-08 Primary Phone: 604-829-5294 (N/A)

Create an Associated Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
374283	Closed	2012-06-25	Mail	In	Application
380372	Closed	2012-07-10	Mail	Out	Licence Package
446288	Closed	2012-10-12	Mail	In	Application
451766	Closed	2012-10-25	Mail	Out	Licence Package
453365	Closed	2012-10-29	Mail	In	Application
466924	Closed	2012-12-07	Mail	In	Application
487248	Closed	2012-12-14	Mail	Out	RMI Letter

Upload File Download Selected File Delete Selected File

Report Filename	Document Type	Date Created
REPORT_FILENAMEY1tqhWq.pdf	Application Authorization or Production Licence	2012-07-10 06:15:52 PT
REPORT_FILENAMEp6JKAig9.pdf	Application Authorization or Production Licence	2012-07-10 06:15:52 PT
124781_Mikota_DP_BK.jpg	License ID Card	2012-07-10 06:15:52 PT

Add / Edit Notes

[First Privacy check done - C.Lindquist - July 16, 2012 - Xpresspost Tracking No.: LT 702 101 213 CA]

[" First Privacy check done - C.Lindquist - July 16, 2012 - Xpresspost Tracking No.: LT 702 101 213 CA "]




Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-42760-13

**AUTHORIZATION TO POSSESS
DRIED MARIHUANA FOR MEDICAL PURPOSES**

You have met the requirements to be issued an authorization pursuant to section 11 of the *Marihuana Medical Access Regulations* (MMAR). You are hereby authorized to possess dried marihuana for your medical purpose in accordance with your authorization. This document and/or ID card will serve as proof of your authority to possess marihuana for medical purpose. You should have at least one of these documents with you at all times when you are in possession of the substance in case you are required to show proof to the police.

<u>HOLDER OF AUTHORIZATION INFORMATION</u>	
NAME: Shawn Robert Davey	DATE OF BIRTH: 08-Jun-1976
ADDRESS: 32037 Seventh Ave., Mission, BC, V2V 2A7, Canada	GENDER: Male
MAILING ADDRESS: 32037 Seventh Ave., Mission, BC, V2V 2A7, Canada	
<u>TERMS AND CONDITIONS</u>	
The maximum quantity of dried marihuana that you may possess at any time under this <i>Authorization to Possess</i> is: 420 grams.	
<u>MEDICAL PRACTITIONER INFORMATION</u>	
NAME: Dr. Gwyllyn S. Goddard	
<u>EXPIRY DATE</u>	
Please note this <i>Authorization to Possess</i> expires on 19-Jul-2013 Should you wish to renew your <i>Authorization to Possess</i> , please submit your renewal application at least 8 weeks prior to your expiry date.	

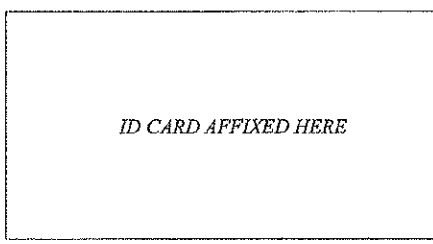
ISSUED BY:  <small>Lorette Tremblay A Director, Bureau du cannabis médical A Director, Bureau of Medical Cannabis Conseiller, Substances et Tabac au Diversaire Division des substances contrôlées et de la lutte au rétrograde Health Canada / Santé Canada</small>	DATE OF ISSUE: 18-Feb-2013
--	--------------------------------------

PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS:

Information you should know about your *Authorization to Possess* dried marihuana

c.c.: Dr. Gwyllyn S. Goddard



All inquiries regarding this authorization should be directed to the Marihuana Medical Access Division toll-free number: 1-866-337-7705.



Address Locator: 3503B
Ottawa ON K1A 1B9

MMAD-42760-13

DESIGNATED PERSON PRODUCTION LICENCE
DRIED MARIHUANA FOR MEDICAL PURPOSES

You have met the requirements to be issued a licence pursuant to section 40 of the *Marihuana Medical Access Regulations* (MMAR). You are hereby licenced to produce dried marihuana. This document and/or ID card will serve as proof of your authority to produce marihuana for a medical purpose. You should have at least one of these documents with you at all times in case you are required to show proof to the police.

<u>HOLDER OF LICENCE INFORMATION</u>	<u>AUTHORIZED PERSON INFORMATION</u>
NAME: Karen Marlene Jones	NAME: Shawn Robert Davey
D.O.B.: 07-Feb-1956	D.O.B.: 08-Jun-1976
GENDER: Female	GENDER: Male
ADDRESS: 26768 Cunningham Ave., Maple Ridge, BC, V2W 1M8, Canada	ADDRESS: 32037 Seventh Ave., Mission, BC, V2V 2A7, Canada
MAILING ADDRESS: 26768 Cunningham Ave., Maple Ridge, BC, V2W 1M8, Canada	MAILING ADDRESS: 32037 Seventh Ave., Mission, BC, V2V 2A7, Canada

TERMS AND CONDITIONS

PRODUCTION SITE: 26768 Cunningham Ave., Maple Ridge, BC, V2W 1M8, Canada

MODE OF PRODUCTION: Indoor

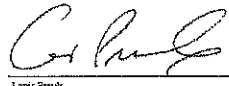
PRODUCTION QUANTITIES: The maximum number of marihuana plants that you may have under production at the production site at any time under this *Designated Person Production Licence* is **69 PLANTS (indoor)** or **0 PLANTS (outdoor)**.

STORAGE SITE: 26768 Cunningham Ave., Maple Ridge, BC, V2W 1M8, Canada

STORAGE QUANTITIES: The maximum quantity of dried marihuana that you may keep at the storage site at any time under this *Designated Person Production Licence* is:
3105 grams and it must be stored indoors.

EXPIRY DATE

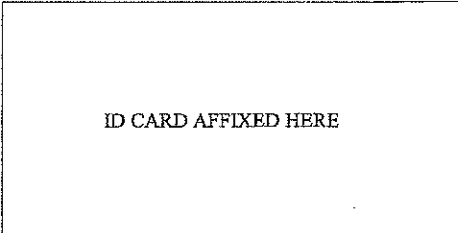
Please note this *Designated Person Production Licence* expires on **19-Jul-2013**
Should you wish to renew your *Designated Person Production Licence*, please submit your renewal application at least **8 weeks** prior to your expiry date.

ISSUED BY:  <small>Lorette Probit A Directeur, Bureau du cannabis médical A Director, Bureau of Medical Cannabis Contrôle des Substances de Tolérance Dépendance Direction des substances contrôlées et de la lutte au tabagisme Health Canada - Santé Canada</small>	DATE OF ISSUE: 18-Feb-2013
---	--------------------------------------

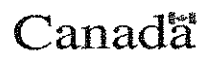
PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS:
Information you should know about your *Designated Person Production Licence*

c.c.: Shawn Robert Davey



All inquiries regarding this authorization should be directed to the Marihuana Medical Access Division toll-free number: 1-866-337-7705.



Shawn Davey

Reference # 486924

Oracle Developer Forms Runtime - Web
 Search Administration Reports Help Exit

Correspondence

Contact Profile View Contact

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Shawn	Davey	31819 Keystone Ave., Mission, BC, V4S 1G4, Canada	1976-08-08	604-820-5284 (N/A)

Correspondence Create an Associated Correspond...

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
380372	Closed	2012-07-10	Mail	Out	Licence Package
448288	Closed	2012-10-12	Mail	In	Application
451766	Closed	2012-10-25	Mail	Out	Licence Package
453365	Closed	2012-10-29	Mail	In	Application
486924	Closed	2012-12-07	Mail	In	Application
487248	Closed	2012-12-14	Mail	Out	RMI Letter
500676	Closed	2013-01-02	Mail	In	Application

Attachments Upload File Download Selected File

Report Filename	Document Type	Date Created
45146_Davey_A_C_D_E2_F.pdf	Application	2012-12-14 11:53:59 AM
45146_Davey_OrigCRC.pdf	Application	2012-12-14 11:52:30 AM
45146_Davey_DP_BK.jpg	Application	2012-12-14 11:52:24 AM

Notes Add / Edit Notes

Rec'd forms A, C, D, E2, F, OrigCRC & 2x DP pics (signed by AP)
 Amendment incomplete
 Changing from PUPL to DPPL
 1) Missing letter of revocation -LChellew Dec 14/12

"Rec'd forms A, C, D, E2, F, OrigCRC & 2x DP pics (signed by AP)

Amendment incomplete

Changing from PUPL to DPPL

1) Missing letter of revocation -LChellew Dec 14/12"

00577

673

Health Canada / Santé Canada

Form A

Application for Authorization to Possess Marijuana for Medical Purposes

Authorizations are permitted for a period of no more than 12 months. This form is to be used to apply for:

an original authorization

OR

renewal of an authorization if changes since your last renewal or amendment

Note: For authorized persons who are applying to renew their authorization, if there have been no changes since last year, **Short Form A-Renewal** can be used instead of **Form A**.

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until all appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Please forward all completed applications to:

**Marijuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9**

45146
Health Canada /
Santé Canada
486924
DEC 07 2012
2013-01-23
OCS / ESC

Canada

A1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: DAVEY / SHAWN / ROBERT

Date of Birth: 08 / JUNE / 1970

Address: 32037 SEVENTH AVE Apartment Number: _____

City: MISSION Province: BC Postal Code: V2V 2A7

If no street address is available, please provide lot and concession number:

Lot Number: _____

Concession Number: _____

Telephone: () _____

Fax: () _____

E-mail: _____

This address is: A private residence (E.G., HOUSE OR APT.) or Not a private residence (E.G., HOSPICE, HOSPITAL, ETC.)

Name of residence: _____

Mailing Address (if different from above):

Address or P.O. Box: _____ Apartment Number: _____

City: _____ Province: _____ Postal Code: _____

A2 Photograph of Applicant

I have enclosed two copies of a current photograph that clearly identifies me.

The back of one of the photographs has been signed by the medical practitioner signing the medical declaration, who certifies that it is a true likeness of me.

SIZE GUIDE FOR BOTH PHOTOGRAPHS

IMPORTANT: A standard passport photograph is preferred but if one is not available, the photograph submitted must meet the following standards:

- It must show you alone in the photograph.
- It must show a full frontal view of your head and shoulders against a plain contrasting background.
- It must be at least 43 mm x 54 mm (1 11/16 inches x 2 1/8 inches) and not more than 50 mm x 70 mm (2 inches x 2 3/4 inches), and have a view of your head that is at least 30 mm (1.375 inches) in length.
- It must reveal your face without sunglasses or any other obstructions. Facial hair is permitted, of course.

MINIMUM SIZE

MAXIMUM SIZE

***Note: This section does not need to be completed if a photograph has been provided within the last 5 years.**

A3 Appointed Representative

This section is optional

You may appoint a representative to speak to Health Canada on your behalf. Health Canada will be authorized to exchange information about your case—including personal data and material contained in your medical records — with an appointed representative that you choose (for example, a family member or a friend).

Should you **not** provide this consent, Health Canada will communicate only with and through you.

You may withdraw the appointment of your representative at any time.

Appointed representative (optional):

I consent to allowing Health Canada to exchange personal and medical information about my case with my appointed representative.

Mrs. Miss Ms. Mr.

Representative's full name: _____ / _____ / _____

Mailing Address: _____ Apartment Number: _____

City: _____ Province: _____ Postal Code: _____

Telephone: (_____) _____

Fax: (_____) _____

E-mail: _____

A4 Proposed Source of Marihuana

You are required to indicate your proposed source of marihuana by choosing one of the following:

I plan to produce my own marihuana.

You must apply to get licence to grow your own plants and you must fill out **Form C: Application for Licence to Produce Marihuana by Applicant.**

To purchase seeds from Health Canada so you can grow your own plants, you must fill out **Form E2: Application to Obtain Marihuana Seeds.**

OR

I plan to have a designated person grow the marihuana for me.

My designated person will be: KAREN MARILYN JONES

You must apply to get a licence for someone to grow plants for you and you must fill out **Form D: Application for Licence to Produce Marihuana by a Designated Person.**

To purchase seeds from Health Canada so someone can grow plants for you, you must fill out **Form E2: Application to Obtain Marihuana Seeds.**

OR

I plan to purchase dried marihuana from Health Canada.

To purchase a supply of dried marihuana from Health Canada, you must fill out **Form E1: Application to Obtain Dried Marihuana.**

Name: DAVEY SHAWN ROBERT

A5 Authority to Communicate to Canadian Police

To reduce the possibility of police intervention when you engage in activities allowed under your authorization or licence, if asked, Health Canada will communicate limited authorization and licence information to Canadian police in response to a request in the context of an investigation under the *Controlled Drugs and Substances Act*, or the *Marihuana Medical Access Regulations*.

A6 Declarations and Signature

- i. I am aware that a *Notice of Compliance* has not been issued under the *Food and Drug Regulations* concerning the safety and effectiveness of marihuana as a drug. I understand the significance of this fact.
- ii. I have discussed the potential benefits and risks of using marihuana with the medical practitioner named in Form B1 or B2 (whichever is being filed with this application).
- iii. I consent to using marihuana only for the treatment of the symptom stated in the medical declaration.
- iv. I am aware that the benefits and risks associated with the use of marihuana are not fully understood and that the use of marihuana may involve risks that have not been identified; and I accept those risks.
- v. If the daily amount stated is more than five grams;
 - (a) I have discussed the potential risks associated with an elevated daily consumption of dried marihuana with my medical practitioner named in Form B1 or B2 (whichever is being filed with the application), including risks with respect to the effect on my cardiovascular and pulmonary systems and psychomotor performance, risks associated with the long-term use of marihuana, as well as potential drug dependency.
 - (b) I accept these risks.
- vi. I attest that the information on this form is correct and complete.

Shawn Davey DATE DECEMBER 19, 2012
APPLICANT'S SIGNATURE DATE

SHAWN DAVEY
PRINT NAME

IMPORTANT:
1. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until ALL appropriate forms are received.
3. Please retain a photocopy of this form for your files.
If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Form C

Application for Licence to Produce Marihuana by Applicant

This form is to be completed by applicants who wish to grow their own marihuana.

Applicants wishing to designate someone to grow marihuana for them must use *Form D: Application for Licence to Produce Marihuana by a Designated Person*.

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until all appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7706.

Please forward all completed applications to:

**Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9**

Canada

C1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: DAVEY / SHAWN / ROBERT

Date of Birth: 08 / JUNE / 1976

Telephone: (604) 814-2414

E-mail:

If you already hold an Authorization to Possess dried marihuana under these Marihuana Medical Access Regulations, please indicate the number of that Authorization: MMAD-46716013

IMPORTANT: If you have not been authorized to possess dried marihuana under the Marihuana Medical Access Regulations, you must also submit Form A: Application for Authorization to Possess Marihuana for Medical Purposes and the appropriate medical practitioner form (Form B1 or B2).

C2 Production Site

Please choose one of the following options:

I plan to produce marihuana at my ordinary place of residence (the address that was provided in Page 1 of Form A: Application for Authorization to Possess Marihuana for Medical Purposes).

If you check the box above, please proceed directly to C3.
If not, please check the box below and provide the requested information.

OR

I plan to produce marihuana somewhere other than at my ordinary place of residence (the address that was provided on Page 1 of Form A: Application for Authorization to Possess Marihuana for Medical Purposes).

If you make this selection, please complete the rest of this page.

Proposed production site:

Address: 26718 Cunningham Ave Apartment Number:
City: MAPLE RIDGE Province: BC Postal Code: V6W 1M8

I own, or am part owner of, this site: Yes No

IMPORTANT: If you plan to produce marihuana at a site that is not your ordinary place of residence and is not owned by you, you must get the owner(s) of the production site to complete Form F: Consent of Property Owner.

C3 Mode of Production

I plan to produce marihuana (please choose only one):

entirely indoors;
OR

entirely outdoors;
OR

indoors in the winter and outdoors in the summer.

IMPORTANT:

- 1. The Regulations allow you to grow marihuana indoors in the winter and outdoors in the summer. You cannot grow marihuana indoors and outdoors at the same time.
- 2. Please be sure to read Part C5 of this form with respect to growing marihuana near locations frequented by minors if you plan to grow marihuana outdoors.

C4 Security Measures for Growing and Storing Marihuana

IMPORTANT: The Marihuana Medical Access Regulations state that "the holder of an authorization shall maintain measures necessary to ensure the security of marihuana in their possession." (Sec 61(1)).

Please describe the security measures that will be used at the proposed production site to protect your crop of marihuana against loss or theft: fully fenced perimeter, alarmed to local RCMP.

Please describe the security measures that will be used to protect your dried marihuana against loss or theft: locked in safe, fully fenced perimeter, alarmed to local police.

Address where the marihuana will be stored:

Address: 20708 Cunningham Ave Apartment Number: _____
 City: Maple Ridge Province: BC Postal Code: V2W 1M8

IMPORTANT: Please note that if the marihuana is not stored at the production site, it must be stored at your ordinary place of residence.

Name: DAVEY, SHAWN ROBERT

680

C5 Declarations and Signature

- i. If I've indicated on this application that I plan to produce marihuana outdoors, I declare and confirm that the production site does not share a border or common point of contact with a school, public playground, day-care facility or other public place frequented mainly by persons under 18 years of age.
- ii. I declare and confirm that the dried marihuana will be stored indoors.
- iii. I declare and confirm that the information contained in this form is correct and complete.

Shawn Davley _____ DECEMBER 1ST 2013
APPLICANT'S SIGNATURE DATE

SHAWN DAVLEY
PRINT NAME

IMPORTANT:

- 1. Please ensure that you have signed and dated the declaration indicating that the information on this form is correct and complete.
 - 2. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
 - 3. We cannot process the application until ALL appropriate forms are received.
 - 4. Please retain a photocopy of this form for your files.
- If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Form D

Application for Licence to Produce Marihuana by a Designated Person

This form is to be completed by the applicant (the person who has applied for an *Authorization to Possess marihuana*) who wishes to have someone else grow the marihuana for them. This application is to be signed by **both** the applicant and the person who has been designated as the grower.

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until *all* appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Please forward all completed applications to:

**Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9**

Canada

D1 Applicant's Information

Mrs. Miss Ms. Mr.

Applicant's full name: DAVEY / SHAWN / ROBERT

Date of Birth: 09 / JUNE / 1970

Address: 33037 SEVENTH AVE Apartment Number: _____

City: MISSION Province: BC Postal Code: V2V 2A7

If no street address is available, please provide lot and concession number:

Lot Number: _____

Concession Number: _____

Telephone: (_____) _____

Fax: (_____) _____

E-mail: _____

If you already hold an Authorization to Possess dried marijuana under these Marijuana Medical Access Regulations, please indicate the number of that Authorization: (MMA) - 5210-12

IMPORTANT: If you have not been authorized to possess dried marijuana under the Marijuana Medical Access Regulations, you must also submit Form A: Application for Authorization to Possess Marijuana for Medical Purposes and the appropriate medical practitioner form (Form B1 or B2).

D2 Designated Person's Information

Mrs. Miss Ms. Mr.

Designated person's full name: Karen / Marlene / Jones

Date of Birth: 07 / 02 / 1956

Address: 26768 Cunningham Ave Apartment Number: _____

City: Maple Ridge Province: BC Postal Code: V2W 1M8

If no street address is available, please provide lot and concession number:

Lot Number: _____

Concession Number: _____

Telephone: (604) 462-0163

Fax: (_____) _____

E-mail: Kmj1956@live.com

Mailing Address (if different from above):

Address or P.O. Box: _____ Apartment Number: _____

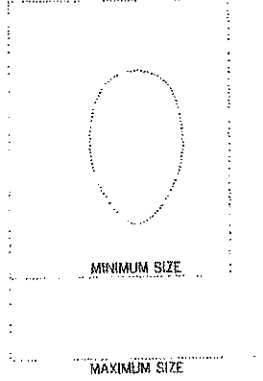
City: _____ Province: _____ Postal Code: _____

D3 Photograph of Designated Person

Please complete and check both boxes:

- Two copies of a current photograph that clearly identifies the designated person have been enclosed.
- The back of one photograph of the designated person has been signed by the applicant (not the designated person) certifying that it is a true likeness of the designated person.

SIZE GUIDE FOR BOTH PHOTOGRAPHS



IMPORTANT: A standard passport photograph is preferred but if one is not available, the photograph submitted must meet the following standards:

- It must show you alone in the photograph.
- It must show a full frontal view of your head and shoulders against a plain contrasting background.
- It must be at least 43 mm x 54 mm (1 11/16 inches x 2 1/8 inches) and not more than 50 mm x 70 mm (2 inches x 2 3/4 inches), and have a view of your head that is at least 30 mm (1.375 inches) in length.
- It must reveal your face without sunglasses or any other obstructions. Facial hair is permitted, of course.

Note: A photograph is required every year.

D4 Production Site

Please choose one of the following three options:

- As the designated person, I plan to produce marihuana at my ordinary place of residence (the address that was provided on Page 1 of this form).

OR

- As the designated person, I plan to produce marihuana at the applicant's ordinary place of residence (the address that was provided by the applicant on Page 1 of Form D).

If you make either of these two selections, please proceed directly to D5. If not, please check the box on page 3 and provide the requested information.

OR

(continued on next page)

Name: DAVEY, SHAWN ROBERT

(D4 continued)

- As the designated person, I plan to produce marihuana somewhere other than either at my ordinary place of residence or at the ordinary residence of the applicant.
If you make this selection, please complete the rest of this page.

Proposed production site:

Address: 26768 Cunningham Ave Apartment Number: _____
 City: Maple Ridge Province: BC Postal Code: V2W-1M8

If no street address is available, please provide lot and concession number:

Lot Number: _____

Concession Number: _____

This site is owned by either the applicant or the designated person: Yes No

IMPORTANT: If the marihuana is to be produced at a site that is not the ordinary residence of and not owned by the applicant or the designated person, the owner(s) of the production site must complete Form F: Consent of Property Owner.

D5 Mode of Production

The marihuana will be produced (please choose only one):

entirely indoors;

OR

entirely outdoors;

OR

indoors in the winter and outdoors in the summer.

IMPORTANT:

- The Regulations allow you to grow marihuana indoors in the winter and outdoors in the summer. You cannot grow marihuana indoors and outdoors at the same time.
- Please be sure to read the declaration on D8 Part B with respect to growing marihuana near locations frequented by minors if you plan to grow marihuana outdoors.

Name: DAVEY, SHAWN ROBERT

D6 Security Measures for Growing and Storing Marihuana

IMPORTANT: The Marihuana Medical Access Regulations state that "the holder of an authorization shall maintain measures necessary to ensure the security of marihuana in their possession." (Sec 61(1)).

Please describe the security measures that will be used at the proposed production site to protect your crop of marihuana against loss or theft: Fully fenced, alarmed, guard dogs.

Please describe the security measures that will be used to protect your dried marihuana against loss or theft: locked in safe, in house.

Address where the marihuana will be stored:

Address: 26768 Cunningham Ave Apartment Number: _____
City: Maple Ridge Province: BC Postal Code: V2W 1M8

IMPORTANT: Please note that if the marihuana is not stored at the production site, it must be stored at the ordinary place of residence of the designated person or the applicant.

D7 Authority to Communicate to Canadian Police

To reduce the possibility of police intervention when you engage in activities allowed under your licence, Health Canada will communicate limited licence information to Canadian police in response to a request received from Canadian police in the context of an investigation under the *Controlled Drugs and Substances Act* or the *Marihuana Medical Access Regulations*.

Name: DAVEY, SHAWN ROBERT Page 4 of 5

D8 Part A—Applicant's Declaration and Signature

I, the applicant, declare and confirm that the information contained in this form is correct and complete.

Shawn Daway
 APPLICANT'S SIGNATURE

December 01/12
 DATE

Shawn Daway
 PRINT NAME

D8 Part B—Designated Person's Declaration and Signature

I, the designated person, declare that:

- i. Within the ten (10) year period preceding the date of this application, I have not been convicted as an adult of a designated drug offence committed in Canada and that I have attached a document from a Canadian police force in support of this declaration. (Note: Please consult the Applicant Guide for explanation of "designated drug offence.")
- ii. I declare that, within ten (10) years preceding the date of this application, I have not been convicted, as an adult, of an offence committed outside of Canada that, if committed in Canada, would have constituted a designated drug offence.
- iii. If I've indicated on this application that I plan to produce marijuana outdoors, I declare and confirm that the production site does not share a border or common point of contact with a school, public playground, day-care facility or other public place frequented mainly by persons under 18 years of age.
- iv. I declare and confirm that the dried marijuana will be stored indoors.
- v. I declare and confirm that the information contained in this form is correct and complete.

Karen Jones
 DESIGNATED PERSON'S SIGNATURE

Dec 1, 2012
 DATE

Karen Jones
 PRINT NAME

IMPORTANT:

1. Please ensure that D8 Part A has been signed and dated by the applicant, and D8 Part B has been signed and dated by the designated person.
 2. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
 3. We cannot process the application until ALL appropriate forms are received.
 4. Please retain a photocopy of this form for your files.
 5. Remember to include the document from a Canadian police force also known as a criminal record check for the designated person.
- If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Form F

Consent of Property Owner

This form must be completed and signed by the property owner(s) when the proposed production site is not the ordinary place of residence of the applicant and is not owned by either the applicant or, where applicable, the designated person.

Important

1. It is important to understand that all information requested must be provided to avoid unnecessary delays.
2. We cannot process the application until all appropriate forms are received.
3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Please forward all completed applications to:

**Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 1B9**

F1 Property Owner Information

Mrs. Miss Ms. Mr.
 Property owner's full name: Gary and Karen Jones
 Address: 26768 Cunningham Ave. Apartment Number: _____
 City: Maple Ridge Province: BC Postal Code: V2W 1M8

Production site address (if different from above)
 Address: _____ Apartment Number: _____
 City: _____ Province: _____ Postal Code: _____

If no street address is available, please provide lot and concession number:
 Lot Number: _____
 Concession Number: _____

F2 Property Owner Consent

a) Sole Owner
 I confirm that I am the sole owner of the proposed production site and I give my consent to (full name of applicant or applicant's designated person) _____ to produce marihuana on this property in accordance with the *Marihuana Medical Access Regulations*.
 Property owners should note that marihuana may also be stored at the production site.

 PROPERTY OWNER'S SIGNATURE DATE

 PRINT NAME

Note: If the property is co-owned, please provide the name and address for each additional property owner in space below.

b) Joint Owner(s)
 Co-property owner's full name: Gary Edward Jones
 Address: 26768 Cunningham Ave Apartment Number: _____
 City: Maple Ridge Province: BC Postal Code: V2W 1M8

Co-property owner's full name: Karen Marlene Jones
 Address: 26768 Cunningham Ave Apartment Number: _____
 City: Maple Ridge Province: BC Postal Code: V2W 1M8
 (continued on next page)

(F2 continued)

I give my consent to (full name of applicant or applicant's designated person) Karen Murlona Jones produce marihuana on this property in accordance with the Marihuana Medical Access Regulations.

Property owners should note that marihuana may also be stored at the production site.

Gary Jones _____ DATE Dec 1, 2012

PROPERTY CO-OWNER'S SIGNATURE
GARY JONES
PRINT NAME

Karen Jones _____ DATE Dec 1, 2012

PROPERTY CO-OWNER'S SIGNATURE
Karen Jones
PRINT NAME

IMPORTANT:

1. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
 2. We cannot process the application until ALL appropriate forms are received.
 3. Please retain a photocopy of this form for your files.
- If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.



LONDON DRUGS #47
101 - 22709 Lougheed Hwy
Maple Ridge, BC CANADA

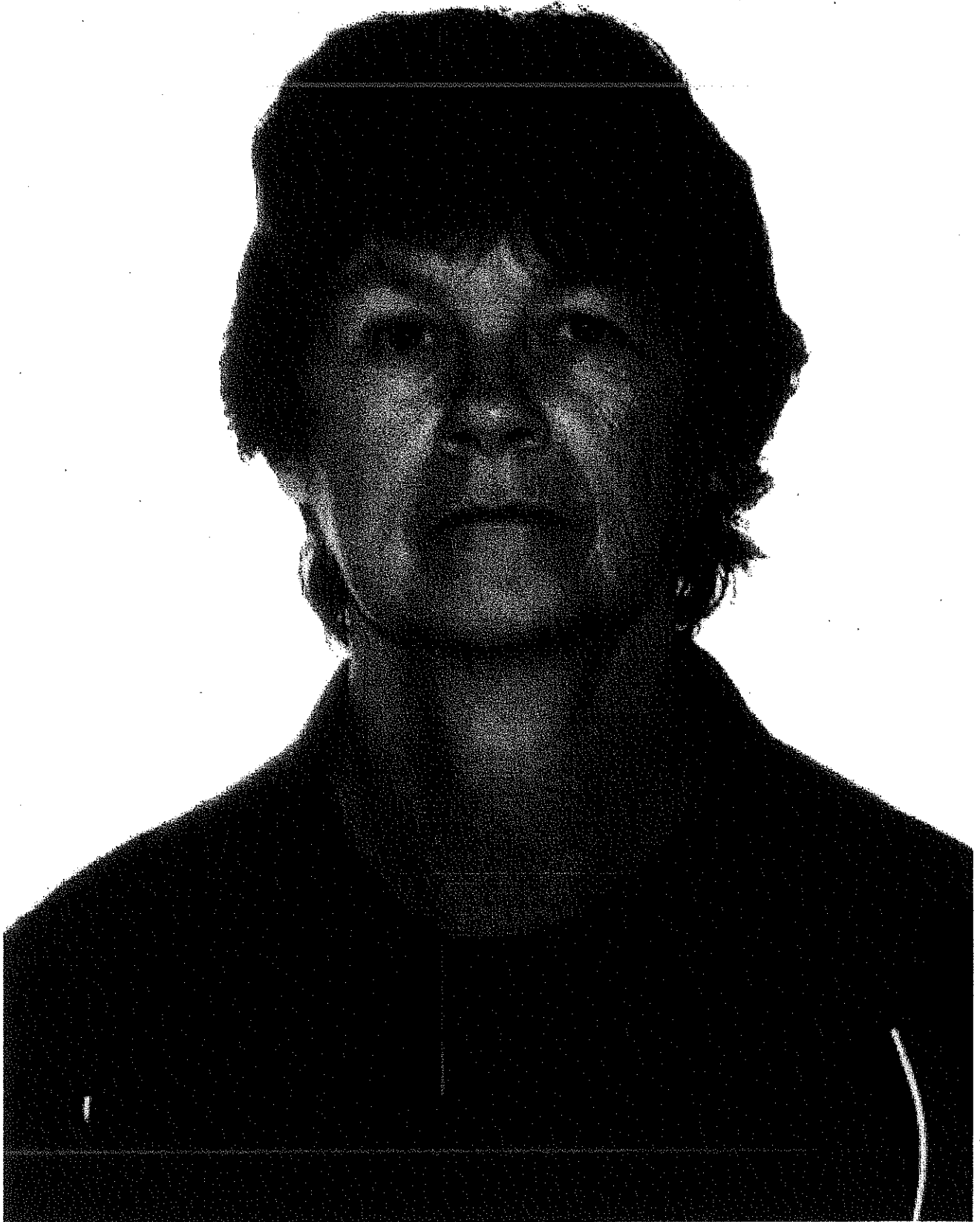
DEC 02 2012

Photo Taken _____
Date

I certify this to be a true likeness of

Karen Maclaugh Jones

Frank Dewey



LONDON DRUGS #47
101 - 22709 Lougheed Hwy
Maple Ridge, BC CANADA

DEC 02 2012

Photo taken _____

Date

I certify this to be a true likeness of

[Faint signature]



Royal
Canadian
Mounted
Police

Gendarmerie
royale
du
Canada

CANADIAN POLICE CERTIFICATE
FOR VISA APPLICANTS/FOREIGN TRAVEL/FOREIGN WORK
PERMITS

CERTIFICAT DE LA POLICE CANADIENNE
POUR LES REQUÉRANTS DE VISA/VOYAGES À
L'ÉTRANGER/PERMIS DE TRAVAIL À L'ÉTRANGER

Name - Nom		DOB - DDN
Karen Marlene JONES (MARTIN) nee		1956-02-07
Address - Adresse	Signature of Applicant - Signature du requérant	
26768 Cunningham Avenue Maple Ridge, B.C. V2W 1M8	<i>Karen Jones</i>	

This certifies that a search, based on the above name and date of birth, failed to disclose any such person with a record of criminal convictions in the national repository for criminal records in Canada. "SEARCH NOT CONFIRMED BY FINGERPRINTS".

La présente atteste que nos recherches dans le fichier judiciaire national du Canada ont révélé qu'aucune personne de ce nom née à cette date n'a fait l'objet de condamnations criminelles «RECHERCHE NON CERTIFIÉE PAR LES EMPREINTES»

Issued at (Unit) - Délivré par (service)	Name and rank - Nom et grade
Ridge-Meadows RCMP Detachment 11990 Haney Place Maple Ridge, B.C. V2X 9B8	E. McRae - Information Officer
	Signature: <i>E. McRae</i> MIE 1743
	Date: 2012-11-21

Canada

Shawn Davey

Reference # 487248

Oracle Developer Forms Runtime - Web
 Search Administration Reports Help Exit

Correspondence

View Contact

First Name	Surname	Mailing Address	Date Of Birth	Primary Phone
Shawn	Davey	31819 Keystone Ave., Mission, BC, V4S 1G4, Canada	1976-06-09	804-830-5264 (1/A)

Create an Associated Correspondence

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
389372	Closed	2012-07-10	Mail	Out	Licence Package
446288	Closed	2012-10-12	Mail	In	Application
451766	Closed	2012-10-26	Mail	Out	Licence Package
453385	Closed	2012-10-29	Mail	In	Application
486924	Closed	2012-12-07	Mail	In	Application
487248	Closed	2012-12-14	Mail	Out	RMI Letter
500076	Closed	2013-01-02	Mail	In	Application

Upload File Download Selected File Delete Selected File

Report Filename	Document Type	Date Created
45146 - RMI.doc	Letter	2012-12-14 02:42:57 PM
REPORT_FILENAME2YQplwq.pdf	Letter	2012-12-14 02:41:35 PM

Add / Edit Notes

--RMI verified by second officer, RANca-- RTS for 486924
 Changing from PUPL to DPPL
 1) Missing letter of revocation
 Sending back all originals, pics & CRC (sent in by AP)
 LT 702 498 640 CA -LChellew Dec 14/12"

--RMI verified by second officer, RANca-- RTS for 486924

Changing from PUPL to DPPL

1) Missing letter of revocation

Sending back all originals, pics & CRC (sent in by AP)

LT 702 498 640 CA -LChellew Dec 14/12"



Health Santé
Canada Canada

Address Locator: 3503B

Ottawa ON K1A 1B9



Dear Applicant:

Subject: Application under the *Marihuana Medical Access Regulations (MMAR)*

You have applied for:

- an *Authorization to Possess* dried marihuana for the first time
 - and a *Personal-Use Production Licence*
 - and a *Designated Person Production Licence*
 - and Health Canada's supply of dried marihuana
- a renewal of an *Authorization to Possess* dried marihuana and a source of marihuana
 - but with changes to the previous Authorization information
- an amendment to the current Authorization information

However, your application is incomplete. **Missing elements are indicated on the attached form.**

Please submit a complete application to the Marihuana Medical Access Program at the address indicated below, with the required completed forms. Your application will be reviewed only once all required information is received.

Should you have any questions, please visit the Health Canada website at www.healthcanada.gc.ca/mma or call our office toll-free at 1-866-337-7705, or fax at (613) 952-2196.

Marihuana Medical Access Program
Controlled Substances and Tobacco Directorate
Health Canada
Address Locator: 0300A
Ottawa ON K1A 1B9

Encl.

Form A: Application for Authorization to Possess Marijuana for Medical Purposes

NOT OK See below OK

- Form A required and/or page(s) _____ required
- Applicant's information missing (section A1)
 - The address provided cannot be confirmed as a physical address; please provide a valid civic/physical address.
- Please confirm the order of the applicant's name (section A1); name order should be entered as: Last / First/ Middle on this and any other form completed by the applicant.
- 2 copies of the photograph not included and/or not signed by the supporting medical practitioner (section A2)
- Source of marijuana not indicated (section A4)
- Marijuana source indicated is not a legal source. Choose one of the three legal source options (section A4)
- Form not signed and/or dated by applicant (section A6)
- Complete the Form(s) A, C, D, E1, E2 and F, as appropriate, depending on your source of marijuana

Form B: Medical Practitioner's Form

NOT OK See below OK

- Form B required, either Form B1 or B2 must be completed by your medical practitioner
- Form B was completed, however page(s) _____ required
- Your medical condition does not fall under category 1, Form B2 should be completed instead
- Your medical condition does not fall under category 2, Form B1 should be completed instead
- Applicant's name not indicated, please have your medical practitioner complete part 1 and re-sign and date Form B (section B1-1 OR B2-1)
- Your medical condition(s) and symptom(s) were not indicated, please have your medical practitioner complete part 2 and re-sign and date Form B (section B1-2 OR B2-2)
- Daily amount not indicated, please have your medical practitioner complete part 3 and re-sign and date Form B (section B1-3 OR B2-3)
- Your case must be assessed by a medical specialist and the details related to the specialist's assessment must be provided (section B2-5)
- Form not signed and/or dated by medical practitioner (section B1-5 OR B2-5)
- For all cases above, please have the supporting medical practitioner named in section B1-1 or B2-1 re-sign and date Form B1/2-5.

Form C: Application for Licence to Produce Marijuana by Applicant

NOT OK See below OK

- Form C required and/or page(s) _____ required
- Applicant's information missing (section C1)
- Production site not indicated (section C2)
- Mode of production not indicated (section C3)
- Production and/or storage site security measures missing (section C4)
 - Indoor Outdoor Storage
- Storage site address missing (section C4)
- Storage location must be at the production site or your ordinary place of residence (section C4)
- Form not signed and/or dated by applicant (section C5)

Form D: Application for Licence to Produce Marijuana by a Designated Person

NOT OK See below OK

- Form D required and/or page(s) _____ required
- Applicant's information missing (section D1)
- Designated person's information missing (section D2)
- Please confirm the order of the designated person's name (section D2); name order should be entered as: Last / First/ Middle and must exactly match the Criminal Record Check provided.
- 2 copies of the photograph not included and/or not signed by applicant (section D3)
- Production site not indicated (section D4)
- Mode of production not indicated (section D5)
- Production and/or storage site security measures missing (section D6)
 - Indoor Outdoor Storage
- Storage site address missing (section D6)

Client: Shawn Davey

Client ID: 45146

Form D: Application for Licence to Produce Marijuana by a Designated Person (cont'd)

NOT OK See below OK

- Storage location must be at the production site or your designated person's ordinary place of residence (section D6)
- Form not signed and dated by applicant (section D8-A)
- Form not signed and/or dated by designated person (section D8-B)
- Original, within one year, criminal record check is required (section D8-B)
- Provide additional and original document from a Canadian police force clearly establishing that the proposed designated person has not been convicted as an adult of a designated drug offence within 10 years preceding the application (section D8-B)

Form E1: Application to Obtain Dried Marijuana

NOT OK See below OK

- Form E1 required and/or page(s) _____ required
- Applicant's information missing (section E1-1)
- Delivery instructions not indicated (section E1-3)
- Form not signed and/or dated by applicant (section E1-4)

Form E2: Application to Obtain Marijuana Seeds

NOT OK See below OK

- Form E2 required and/or page(s) _____ required
- Applicant's information missing (section E2-1)
- Delivery instructions not indicated (section E2-3)
 - Delivery instructions must be to the designated person (E2-3)
- Form not signed and/or dated by applicant (section E2-4)

Form F: Consent of Property Owner

NOT OK See below OK

- Form F required and/or page(s) _____ required
- Property owner's information missing (section F1)
- Production site address missing (section F1)
- Property owner's consent not provided (section F2)
 - Applicant's name not provided
 - Designated person's name not provided
- Form not signed and/or dated by property owner(s) (section F2)

Form R: Renewal

NOT OK See below OK

- All Forms are required for renewal
- Form R cannot be used, you will need to complete Form(s) A, C, D, E1, E2 and F, as appropriate
- Form R was completed, however page(s) _____ required
- Applicant's information missing (section R1)
- Source of marijuana not indicated (section R2)
- Medical practitioner's information missing (section R3)
- Form not signed and dated by medical practitioner (section R4-A)
- Form not signed and dated by applicant (section R4-B)

Comments:

- Please note that if you are changing your source, a Form A is always required
- As you do not own or co-own your production site, a Form F will be required with each renewal
- Note to Medical Practitioners: We have received the enclosed Form B1/2 for your patient, _____. Please provide the enclosed application package to _____ in order to submit a complete application
- As your licence expires in less than 10 weeks, we are unable to complete your amendment request at this time. Please submit a complete Form(s) _____ in order to ensure a complete renewal application

Continued onto next page

Medical Practitioners

- The person who signed the medical declaration on Form B (B1 or B2) does NOT comply with the definition of a medical practitioner in support of applications under the *Marihuana Medical Access Regulations* (section B1-1 or B2-1)
- Your case must be assessed by a medical specialist, note that Dr. _____ does not appear to be registered as a specialist with the Royal College of Physicians and Surgeons of Canada or the Royal College of Physicians and Surgeons of _____ (section B2-5)
- Your photographs must be signed by your new supporting medical practitioner/ the signature on the photographs does not match that of the supporting medical practitioner in section B1-5/ B2-5.
- Please note that the Form B1/B2 is dated from more than 1 year ago. Please have your supporting medical practitioner re-sign and re-date the Form B1/B2.

Revocation is Required

- In order to change your production source, a signed & dated letter of revocation is required. It must clearly indicate that you wish to revoke your current Personal-Use Production Licence
- In order to change your production source, a signed & dated letter of revocation is required from your designated grower. It must clearly indicate that they wish to revoke their Designated Person Production Licence. If you are unable to acquire a letter from your designated grower, you can provide a signed & dated letter requesting to revoke your entire authorization to possess. If you wish to do so, a complete application package will be required.
- Please note that you cannot change your supporting medical practitioner before the renewal of your licences. If you wish to do so, you must provide a signed and dated letter stating you wish to revoke your entire authorization to possess. You can also return your pink licence(s) to our offices. Otherwise, please keep these forms and resubmit your application 10 weeks before the expiry of your current licence

Address Discrepancies

- Note that Section 5(c) of the *Marihuana Medical Access Regulations* states that the mailing address must correspond to the physical/civic address. A separate mailing address should only be provided if the mail is undeliverable to the applicant/ designated persons's civic address. (Our offices may not mail correspondence to your appointed representative)
- You have applied to be a designated grower for _____. However, you also have a current licence to produce for _____. According to that account, your ordinary residence and mailing address is _____. Before we can fulfill _____'s request, you must send in an amendment for _____'s account. As such, a Form D with _____'s information will be required

Section 56 Request

- To process your renewal or application we require the application to be supported by a medical doctor. Please submit a new Form B1 or B2, supported by a medical doctor, and be sure to have them sign the back of the applicant photos in order for your application to be processed.
- Please note that your request for a Section 56 exemption and the affidavit have been submitted to the Office of Controlled Substances (OCS) for further consideration.

Further Supporting Documentation Required

- Please submit a proof of ownership document (i.e. Articles of Constitution of a Company), which will show that _____ has authority to sign for _____
- The physical address indicated as the proposed production site is unverifiable, please provide a government issued document or municipal tax/utility bill clearly substantiating that _____ is a legal address in the city of _____.
- The documents enclosed herein are being returned as they do not substantiate that the physical address indicated as the proposed production site is a valid legal address; please provide a government issued document or municipal tax/utility bill clearly substantiating that _____ is a legal address in the city of _____.

Designated Grower Production Licence Applications

- Please note that we are unable to complete your application at this time. Due to privacy restrictions, we are unable to divulge any further information. Please contact your designated grower for further information
- Please provide the completed CRC (or Form D) to your applicant to resubmit for a complete application
- Please note that we are unable to complete your application at this time. Due to privacy restrictions, we are unable to divulge any further information. Please contact the applicant for further information.

Invalid Declarations

- Please note that the declarations on Form _____ have been altered, and as such it has made the form invalid. Please complete a new Form _____
- Under the *Marihuana Medical Access Regulations*, the specialist must concur that the specialist is aware that marihuana is being considered for an alternative treatment

Other

- All original forms and photographs have been returned to you. Please resubmit all forms with the appropriate changes for a complete application.
- Copies of your forms have been returned to you. All original forms and/or photographs have been kept on file. Please resubmit all copied forms with the appropriate changes for a complete application.
- A portion of your application has been kept on file. Please resubmit all forms and/or photographs with the appropriate changes for a complete application.
- All elements of your application have been kept on file.

Should you have any questions regarding this checklist, please contact the Program via the toll free number at 1-866-337-7705 or by email at mmap-pamm@hc-sc.gc.ca.

Shawn Davey

Reference #500676

Oracle Developer Forms Runtime - Web
 Search Administration Reports Help Exit

Correspondence

Shawn Davey
 31819 Keystone Ave, Mission, BC, V4S 1G4, Canada
 1976-08-08 604-820-5204 (N/A)

Reference No	Status	Correspondence Date	Correspondence Type	Direction	Subject
487248	Closed	2012-12-14	Mail	Out	RMI Letter
500676	Closed	2013-01-02	Mail	In	Application
522835	Closed	2013-02-04	Mail	Out	Licence Package
522846	Closed	2013-02-04	Mail	Out	Licence Package
651705	Closed	2013-02-27	Mail	In	Application
738513	Closed	2013-09-12	Mail	In	Application
738603	Closed	2013-09-19	Mail	Out	Licence Package

Report Filename	Document Type	Date Created
45146_DAVEY_DP_FT.jpg	Application	2013-01-10 09:46:39 AM
45146_DAVEY_DP_BK.jpg	Application	2013-01-10 09:46:30 AM
45146_DAVEY_A_D_F_letter of PUPL revocation_C.pdf	Application	2013-01-10 08:46:22 AM

Amendment: Changing sources to DPPL
 Rec'd forms A, D, F + letter revoking PUPL + C (not required) + 2 x DP photos signed + original DP CRC + old RMI checklist
 Pre-reviewed by Kelly-Anne 2013-01-10

"Amendment: Changing sources to DPPL

Rec'd forms A, D, F + letter revoking PUPL + C (not required) + 2 x DP photos signed + original DP CRC + old RMI checklist

Pre-reviewed by Kelly-Anne 2013-01-10"

December 22nd, 2012

Health Canada
Healthy Environments and Consumer Safety Branch
Address Locator 0300A
Ottawa, ON K1A 1B9

RE: Shawn Davey Client ID: 45146

To Whom It May Concern:

Due to my application for an amendment to the current authorization information, please accept this letter as my revocation consent of my current personal-use production licence.

Should you require more information, please do not hesitate to contact me at 604-814-2414 or via mail at 32037 Seventh Ave, Mission, BC V2V 2A7.

Sincerely,

Shawn Robert Davey

Shawn Davey *Dec 22/2012*

12/22/12
cc: exc