	COPY	1
JA		
B2	-1 Information on Medical Practitioner	

Aedical practitioner's full name: 💍	R. JATINS	ER S.	MANNER	
ovincial medical licence number:		CY 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	# FFF FFV	**********
STAMP (IF AVAILABLE) DR. J.S. MANDER THE MEDICAL ARTS CENTRE 30-650 SOUTH TERMINAL AVEY NANAIMO, BC, V9R 5E2 (250) 753-2431			Health Canada / Santé Canada MHAD-04/84-09 MAV 1 2 2009 Zoon-66-ZS OCS / BSC	
Nedical specialization (If applicable):	FAMILY	PROTEI	c	
Suelness Address: 30 -450	5047H T	ERMINAL	AVE Suite Number	
W. NANAIMO	Province: 3	· C.	Postel Code: V9R	SE.
elephone: (250) 741	- 0447	75	3 - 343/	******
ax: ()	nnerer i bentrar aus pro dessa aris de la rife se d'asses su sús que des es	ระ ค่าค่อรัง โดยรั้ง โดง เอาเกล คน หลักระคมเกราะ อนุมคระ	1. 1941 (1845) - 13.2542 (belief fêssê fessê seksektesfesse i ev c'h oernevreuer bressen en er rye	
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Note: You may wish to provide any information that you might consider useful or pertinent for the review of the application.

Page 1 of 3 Revised April 2007

am	ount mbina	Canada's examination of the current available information suggests most individuals use an average daily of 1 gram to 3 grams of dried marihusna for medical purposes, whether it is taken orally, or inhaled or a ation of both.
8,	The and	proposed daily amount of dried marihuans is less then or equal to TEV grams (use letters to write amount 29/4/2009
b.		following method and form of administration (please check appropriate box):
	transfer	Inhalation Oral 45ES A Va Po Pizer, tea baked good
Not B	info	Physiciens: For more information on daily amounts, you can refer to the following documents: ormation for Health Care Professionals — Marihuana ly Amount Fact Sheet
http	r//kc-	cuments can be found on the Health Canada Web site at -sc.gc.ca/dhp-mps/msrikuana/index_a.html or g tell free at 1-868-337-7795.
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Page 2 of 3 Revised April 2007



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nte: Under the <i>Marihuana Medic</i> edical licencing authority of the p tice given under Section 58 or 59	ravince in which the pre	ectitioner is authorized to	itiniidi Mild is Lepuhiiten i	TO DID CHANGE DA CHE
I declare that the information	contained in this form is	correct and complete.		
DR J	. S. MANI	oker -	ME	
EDICAL PRACTITIONER'S SIGNA	T. S.	Mar Sar		
		MANORE		
24/11	AR 2009			
NTE .				
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THE MEDICAL ARTS CENTRE
PORT PLACE
UNIT 30-650 SOUTH TERMINAL AVENUE
NANAIMO, BC, VBR 552

Health Canada Health Envionment & Consumer Speta USOSB CHENCE On.

0507 00.54

MAY 19 2009

Health Canada Santé Canada

Healthy Environments and Consumer Safety Branch Direction générale: Santé environnementale et sécurité des consommateurs

Address Locator: 3503B Ottawa ON KIA 1B9

Your the Voire : eldrence

Our life Note reference

2009-05-19

MMAD-03861-09

Ms. Glenda Allard Barr 6860 Wayne Pl. RR 2 Lantzville BC VOR 2H0

Dear Ms. Allard Barr. :

This is in response to your letter dated April 24, 2009, regarding your husband. Mr. Nell Allard

Unfortunately, as you do not appear to be an assigned representative we are unable to provide you with any details. We can however inform you that, as part of our initiative, medical practitioners supporting applications who have not yet been provided with information on the daily amount are sent documentation for reference purposes along with a request to confirm the daily amount. They are not required to complete Form B a second time but are asked to mainly provide us with a quick confirmation of the daily amount.

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

Marihuana Medical Access Division Tobacco and Drugs Directorate Health Canada Address Locator: 3503B Ottawa ON: KTA 1B9

legerely

Ronan Denault, Manager

Marihuana Medical Access Division Tobacco and Drugs Directorate

c: Dr. Jatinder Singh Mander 30-650- Terminal Ave S Nanaimo BC V9R 5E2

Canadä

Reference #23323C

Contest (CD)	Surntune Alterti	712 Hamilton ave	Mailing Address Nandino, BC, VBR 468, Cane		Date Of Birth Primary Pl 1954-06-25 V 2505-753-0125-016	
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Report Florians			Upload File Document Ty		Selected File Defecte S Defe Created	elected File

"Returning the to Dr. Mander: he explain me that he know the Pt for about 2 years and his marihuana his working well for him. I explain him that we aske a confirm dosage for 10 g and more. I explain him that his a regular procedure. He agree that a good procedure to be sure that what the md want to give .JB 20.5.09"

Approval Sheet		Page 1 of 2
	Application Id: 317	70 . 2007 - 13.447 - 13.000 - 13.000 - 13.000
	MMAD: 04/8/0	
	DATE:2009-05-21	
	Review Officer Merie	
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	MMAR AP CARD (AP) MMAR PUPL CARD (PL) MMAR DPPL CARD (DP)	10275
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APPLICANT Neil Victor Allard 6860 Wayne Pl., RR-2 Lantzville BC V0R 2H0	DESIGNATED PERSON	The second secon
DOB: 1954-05-25 Gender: Male Card No: APPL-NVA-05A0062104754	Gender: I-09-A Card No.	Programme (Control of Control of
Issue Date; JUL 9 2009 Expiry Date: JUL 9 2010 Duration: 12 months	(Expiry Date: Exp	
The second secon	PRODUCTION INFORMATION	
Production Location: 6860 Wayr	ne Pi., RR 2 Lantzville BC V0R 2H0	
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			989	Mr. Neil Victo 6860 Wayne I Lantzville BC	PLRR 2	

Application Page (MMAR I)

Mr. Heil Victor Allard 6869 Wayne PI, RR 2 Larrizville BC VOR 2H0 250-390-2822

DOB: 1954-05-25 File Number: A0052

VIEW

Applicant Information

Picture Information

Overall Status RM 10 Issue Date Expiry Date

Attached Picture Yes Verified Picture Ves Date Submitted 2009-04-02

Deceased/Closed N/A Received Date 2009-04-02

Consent Information Intended Source

Rep. Consent No

Source Personal Use Production Licence

Representative

Form A ok

Medical Practitioner Information

Doctor

fir. Jatinder Singh Mander Doctor's Address:Malling

250-753-3431 250-741-0447 General Practitioner

30-650 Terminal Ave S Nanalmo BC V9R 5E2

is the above MD on the Restricted List? No

Medical Condition - Category 1

Medical Condition - Category 2

Other (myalgic encephalomyellis)

Proposed Daily Amount

Category Category 2 Form of Administration Oral and kinalation

Daily Amount 10.0 grams/day Ourstion 12 months

Assessment Date 2008-03-11

Second Medical Practitioner Information

Br. Bruce M. Carrothers

604-224-1515 250-652-6863

view edit

最高的人。在中国的基础的,并不是一种Mades Electrical Control (Electrical Control Contro Dosage confirmed, -MP (2009-05-21). High dosage, need to confirm with new MD. -MP (2009-04-03)

Personal Production Information

Mode of Preduction Indoor and Outdoor Indoor Plants 37 plants

Outdoor Plants 10 plants

Storage 3750.0 grams

Production/Storage Security Measures Production:

Outdoor: On 1 acre of land, low traffic cul-de-sac, entire property is surrounded by a 7 foot fence, secluded back yard with very low

Indoors: in a 2 section locked room in basement, windowiess and

Production Location 6650 Wayne Pl, RR 2

Lantzville BC, VOR 2HO,

Storage Location Same as Residence

Hotes

Form C ok

Neil Allard

Reference #25313C

First Name	Surnama Allerdi	7/2 Hemiton Ave.	Melling Address Nanamic, BC; VSR 4G6, Cana	de		View Content y Phone (N/A)
Correspondent	State And State St	Company Service Benearing to English Condition (Incl.)	graf version, komman op vydete best i kap i skap geleft fan 'e	galan mengahan kecamatan dan sebagai d	page transport and disconnected to	ocialed Correspond.
Reference No 23323C 253336 (1)19 MMAD-030261 42134C MMAD-08261 MMAD-08274 MMAD-08261	Stotus Closed 12	2009-05-20 2009-07-09 2010-03-17 2010-07-13 2011-04-07 2011-04-07 2011-04-07	Correspondence Typs Call * Call (* Mall (* Call (* Mall (* Mal	Otrection Out 🖄 In: 🔀 In 🔯 In 😾 In 😾 In 🔯 In 🔯	Subject Physician Inquiry General Inquiry Application General Inquiry Application Other	
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"7/9/2009 3:34:35 PM

Language: E

NEIL ALLARD

6860 WAYNE PL

LANTZVILLE, BC VOR2H0

Telephone: (250) 390 2822 Ext.:

Telephone (evening):

Best time to call: 1:00pm to 5:00pmET

Request for Further Information:

The caller would like to speak with a representative in regards to his renewal application he submitted in March. His current licence expires today and he would like to know if the new licence is on its way. A call-back would be appreciated and you may leave a detailed message.

July 10, 2009

I was able to speak directly with Mr. Allard, with regard to his inquiry. Informing him that MMAD sent out his renewal AP/PUPL on July 8, 2009 by courier. Mr. Allard informed me that he has not yet received his renewal. I explained that it is common practice for MMAD not to send out renewals much before to the date of expiry.

I provided Mr. Allard with Canada Post toll free and tracking numbers, to locate his courier pkg. Mr. Allard thanked me for the call and said good bye.

Cheryle.A"

Health Santé Canada Canada

Ottawa ON KIA 189

AUTHORIZATION TO POSSESS DRUCK NARREWANA KOREMEDICA ERREROSESERRIDAVAL

You have met the requirements to be issued an authorization pursuant to section 13 of the Marthuana Madical Access Regulations (MMAR). You are hereby authorized to possess dried marthians for your medical purpose in apportance with your authorization. This document and/or 1D card will serve as proof of your authority to possess marthuans for a medical purpose. You should have at least one of these documents with you are all times when you are impossession of the substance in case, you are required to show proof to the police.

HOLDER OF AUTHORIZATION INFORMATION

NAME: Address:

Neil Victor Allerd 6860 Wayne Pl

DATE OF BIRTH: GENDER

25/05/1954 Male

RR 2

Lantzville BC VOR 2HO

MAILING ADDRESS: Same as above

TERMS AND CONDITIONS

The maximum quantity of dried marihuans that you may possess at any time under this Authoristation to Possess

MEDICAL PRACTITIONER INFORMATION

Dr. Jetinder Singn Munger

EXPIRY DATE

iase note this Authorization to Possess expires of July 15, 2011. Should you wish to renew your Julhorization Pogram please submit your renewal application at least 8 weeks prior 10 your expiry date.

ISSUED BY:

Ronald Denault; Manager

Marthuana Medical Access Division Controlled Substances and Tobacon Directorate

DATE OF ISSUE

2010 -07- 1:5

PLEASE READ ALL ENCLOSED DOCUMENTS CAREFULLY

ENCLOSED DOCUMENTS:

Information you should know about your Abshorization to Possess dried marihumu

e.c.: Dr. Jamider Singh Mandor 30-650 Terminal Ave B - Nanatmo BC V9R-582



All laquiries regarding this suthorization should be directed to the Marihanna Medical Access Division toll-free phone number: 1.866-137/7705.

Haath Sante Canada (Canada

Address Locator: 3503B Orbawa ON 1X 1A 189

MMAD-03626-10

PERSONAL-USE PRODUCTION LICENCE DRIED MARIHUANA FOR MEDICAL PURPOSES - RENEWAL

You have not the requirements to be issued a licence pursuant to section 29 of the Marthiana Medical scores Regulation (MMAR). You are hereby licensed to produce dried marthiana for your medical purpose in accordance with your licence. This document and/or ID card will serve as proof of your authority to produce murihuses 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.

NAME: Neil V ADDRESS: 6860 V RR 2	etor Allard Ayne 21	DATE OF BIRTH: GENDER:	23/05/1954 Male
Langy	ille BC/WOR 2H0 Sabove		
April 10 Carte Care	TERMS AND CON	DITIONS	
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	sic at any time under this and it must be stored indo	dried merlituane the you may Personal-Use Production Licen ors	keep uf the alorey new is 3750 gram
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issuediby: (2)		DATE	OF ISSUE
Ronald Denault, Manage	$u \sum_{i} V_i$	2000 P)10 -07- 1 5
Marihuma Medical Acce Controlled Substances an	ss Division		

PLEASE READ ALL ENCLOSED DOCUMENTS CAREFULLY

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

NOTE: Details of this Fersonti-Use Production Liegace are summarized on your 1D suit anached to your adultion to Possess.

All inquiries (spaiding this license should be directed to the Marthuang Medical Access Division tolk (traphone number: 1-256-337-7703.

Canada

Reference #MMAD-03626-10

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Correspondences	SOUR-BASIN STORY		Ninosao, 9C, V9R 465, Care	Committee and Co		(NA)
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Allochnisins Report Florance Correspondence (Inc.)			Upload File Downert Ty	*		e Selected File
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"LEGACY: Mail Subject - Renewal - Form R

LEGACY correspondence notes - AP + PUPL + exp Jul 9, 2010 LEGACY correspondence notes - For review - Eric - Apr 14, 2010

Christine, please prepare AP + PUPL + CARD Review complete- DA Jun 1, 2010.

Hocine: doc(s)/card(s) done - Christine - June 29 - ISSUE DATE: JULY 9

NB: as requested by Ronald today, NEW ISSUE DATE: JULY 15. docs signed today - Christine - July 15/2010

Gordon: as requested by Ronald, please mail out - Christine - July 15/2010.

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

Tracking: LT560438702CA"

*	R
R1 Applicant's Information	
Applicant's information	
□ Mrs. □ Miss □ Ms. 10 Mr.	المناصرة والمراجعة والمراج
Print Name	
Applicant's full name: A Lost ARD / NEVL	/ UniderTor
Date of Birth: 905 / maples / 1915 4	Gender: M
Address: 6860 WAYNE PLACE	Apartment Number:
City: LANTZ VILLE Province: B.C.	
Telephone: (250) 370-2822	A CONTRACTOR OF THE CONTRACTOR
Fax: ()	S H H H H H H H H H H H H H H H H H H H
E-mail:	
If no street address is available, please provide lot and concession number:	MMD 3626-10 MM 17 2010 2010-54-28
Lot Number:	200-54-28
Concession Number:	
Mailing Address (if different from above):	Apartment Number:
Address or P.O. Box:	Postal Code:
City: Province:	rustal code,
R2 Source of Marihuana	
You are required to choose one of the following:	
I plan to purchase dried marihuana from Health Canada and request that my a be renewed.	pproval to receive dried marihuana
IMPORTANT: If you want to purchase dried marihuana but do not current Canada product, you are required to complete FORM E1: Application to	dy have approval to receive the Health Obtain Dried Marihuana.
OR	
plan to produce my own marihuana and request that my existing Personal-Us	e Production Licence be renewed.
IMPORTANT: If you want to produce your own marihuana and do not curreduction Licence, you are required to complete FORM C: Application to by Applicant.	rently hold a valid Personal-Use
OR	
☐ I plan to have a designated person grow marihuana for me.	•

IMPORTANT: You are required to complete FORM D: Application for Licence to Produce Marihuana by a Designated Person even if renewing an application.

	NO TATION SEO	S. MANDER
STAMP (IF AVAILABLE)	,	accompanies and an entire control of the control of
DR. J.S. MANDER		
THE MEDICAL ARTS CENTRE	ai ree	
30-650 SOUTH TERMINAL AVEN NANAIMO, BC, V9R 5E2	NUE	
(250) 753-3431		
Business Address: 30 - 65	O COUTH TERMINAL	AVE Suite Number:
		Postal Code: V9 R 5
elephone: (25%) 74/-	- 04447 A	753-3431
-mail,	1444 4444 4444 4444 4444 4444 4444 4444 4444 4444 4444 4444 4444 4444 4444 4444	100 marks 1 20 marks 1 10 marks 1
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R4-A Medical Practitioner's	Declaration and Signature	
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MEIL PLLARIS
6860 WAYNE PLACE
LANTZVILLE, B.C.

From anywhere...to anyone

De partout…jusqu'à vous

Marhuera Medical Access Diring Orny Abutely and En holds Substances Frank Canada, Hodren Scator; Others, Ontario MAR 17 2011 Registered Ro

2010-06-01

Approval Sheet	1	Page 1 of
	Application ld: 4	4163
	MMÁD: OSC	376-10
	DATE:2010-06-0	The agreement of the second and the
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APPLICANT Nell Victor Allard 6860 Wayne PI, RR 2 Lantzville BC : V0R 2H0 DOB: 1954-05-25	DESIGNATED PERS	SON
Gender, Male Card No. APPL-NVA-05A0062091	Gender. 754-10-A Card No.	t the second of
Issue Date: Duy \$\frac{1}{2010}\$ Expiry Date: July \$\frac{1}{2011}\$ Duration: 12 months	S Issue Date: ☐ Expiry Date: ☐	
	PRODUCTION INFORMATION	
Production Location: 6880 V	vayne PI , RR 2 Lantzville BC V0R 2H0	
Storage Location: 6860 V	Vayne PI RR 2 Lantzville BC VOR 2H0	Nessey and September 1995
Indoor 37 plants	Outdoor 10 plants Plants:	Storage: 3750
Carry; 300.0 grams	Dally 10:0 grams/day Amount:	
Type: ୮ New Թ	Renewal (T"Amendment	
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Application Page (мижн)

Mr. Hell Victor Allard: 6860 Wayne Pl, RR 2 Lantzville BC VOR 2H0 250-390-2822

DOB: 1954-05-25 File Number: A0062 viow edil

Applicant Information

Status

Picture Information

Overall Status New Applicant ID laste Date Attached Picture Yes
Verified Picture Yes
Date Submitted 2009-04-02

Deceased/Closed N/A Received Date 2010-03-17

Expiry Date

Date Submitted 2009-04-1

Consent Information

Intended Source

Representative

Source Personal Use Production Licence

Notes

Form Rirec'd, Review complete-DA Jun 1, 2010, L/

Medical Practitioner Information

Doctor

Dr. Jatinder Singh Mander Doctor's Address Malling 250-753-3431 250-741-0447 General Practitioner

view edit

30-650 Terminal Ave S Nanamo BC V9R 5E2

Is the above MD on the Restricted List? No

Medical Condition - Category 1

Medical Condition -- Category 2

Other (mysigic encephelomyelitis)

Proposed Daily Amount

Category Category 2

Form of Administration 'Craf and Inhelation' Daily Amount 10.0 grans/day

Duration 12 months

Assessment Date 2008-03-11

Second Medical Practitioner Information

Dr. Bruce M. Carruthers

504-224-1515 250-652-6663 Internal Medicine

view edit

Notes

MD info is verified-.DA June 1, 2010.

Personal Production Information

Mode of Production indoor and Outdoor U Indoor Plants 37 plants U

Outdoor Plants 10 plants Storage 3750.0 grams —

Production/Storage Security Measures Production: Outdoor: On 1 acre of land, low traffic cul-de-sac, entire property is surrounded by a 7 foot fence, sectuded back yard with very low visibility. Indoors: in a 2 section locked room in basement,

windowless and vented. Storage: in locked cabinet

Production Location 6880 Wayne PI, RR 2 Larizylle BC VOR 2H0

Storage Location Same as Residence

Hotes

There are 2 other producers at this site; Pamela Edgar (APPL), Glenda Barr (APPL). This is applicants ONLY licence. DA Jun 1, 2010.

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mo rubeck

Lysician Search Results

Name

Mander, Dr. Jatinder Singh

Medical Arts Centre

Port Place

30-650 Terminal Ave S

Business Address 1*

Nanaimo, BC V9R 5E2

Canada

Phone: 250-753-3431

Accepting new patients*

No

Gender

Male

Physician Status

Licensed for Practice

Practicing in BC

Yes

Credentials

Degree

M.B., Ch.B. - 1999 - Sheffield (United Kingdom)

Additional Language(s)*

Hindi Punjabi

Disciplinary Action



Footnotes:

*The information collected in this field is self-reported and updated by the physician.

All physicians in BC are required to be proficient in the English language.

+ Non-Canadian Certification

CCFP = Certificate, College of Family Physicians

RCPSC = Royal College of Physicians and Surgeons of Canada recognized certification

Print this page

Reference# 42134C

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First No Nell	ine [4]	Surname ard	712 Hamilton Ave.	Malling Address Nanolino, BC, V9R 4GB, Gene	ia.	Date Of 55th Primary Ph 1954-05-25 280-753-0125 (N/P	
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"7/13/2010 11:13:01 AM

NEIL ALLARD

Telephone: (250) 390 2822 Ext.:

Telephone (evening):

Best time to call: 1pm-5pm

The caller would like to get an updated status of his renewal request to possess medical marihuana. The caller submitted the application 4 months ago and would like to know when he should expect to receive his new licence. A call back would be appreciated and a detailed message can be left.

7/15/2010 2:26:37 PM

NEIL ALLARD

Telephone: (250) 390 2822 Ext.:

Telephone (evening):

Best time to call: 1pm-5pm

This is caller's second request for a call-back. The first request was made on July 13th, 2010, but the caller insisted that a second request be sent today. The caller would like to know the status of his renewal application sent four months ago and he would like to know when he should expect to receive his new licence. A call-back would be appreciated and a detailed message may be left.

For review - Eric - Apr 14, 2010

Christine, please prepare AP + PUPL + CARD Review complete- DA Jun 1, 2010.

Hocine: doc(s)/card(s) done - Christine - June 29 - ISSUE DATE: JULY 9

NB: as requested by Ronald today, NEW ISSUE DATE: JULY 15. docs signed today - Christine - July

15/2010

Gordon: as requested by Ronald, please mail out - Christine - July 15/2010.

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

Tracking: LT560438702CA

July 16, 2010

I was able to speak directly with Mr. Allard, further to his inquiry informing him that MMAD is finalising his request, and should be sent out today by courier. Mr. Allard, states that he did not receive his request when he was initially told he was going to receive it.

I apologized to Mr. Allard, and informed him that we agree that MMAD was in error by having not had the renewal sent out on July 9 2010 as told to his MP. I provided Mr. Allard with the tracking number as indicated per the mail log above and informed him that it should be mailed out by courier today July 16, 2010.

Mr. Allard said that he is not going to let this go for the MMAD program, although having taken the time to discuss the process and the strategies that will soon be implemented to help mitigate some of the lengthy delays, which he states he was grateful for having been informed a little that change is something applicants can look forward to.

He feels as an applicant who's now been part of the program for 6 years, having submitted his renewal request several months in advance of his expiry date, MMAD should have not been late with his renewal and then be given a date that it was to be issued, was not honoured by MMAD.

He states "this has created a great deal of stress for him, as well, as what he is hearing from several applicants."

He states t"hat he is going to the media about this, and should expect to see his complaint publishes in the media and possible subpoenas issued to those of our staff as he had called some officers and left msgs about this and was not taken seriously."

He thanked me for the call, and said I was very helpful in taking the time to discuss this matter with him.

Cheryle.A"



Address Locator: 3503B Ottawa ON K1A 1B9 MMAD-1792-11

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:

Neil Victor Allard

DATE OF BIRTH: 25-May-1954

ADDRESS:

6860 Wayne Pl RR 2, Lantzville, BC, V0R 2H0, Canada

GENDER:

Male

MAILING ADDRESS; 6860 Wayne Pi RR 2, Lantzville, BC, V0R 2H0, Canada

TERMS AND CONDITIONS

The maximum quantity of dried marihuana that you may possess at any time under this Authorization to Possess is: 300 grams.

MEDICAL PRACTITIONER INFORMATION

NAME: Dr. Jatinder Singh Mander

EXPIRY DATE

Please note this Authorization to Possess expires on 15-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:

一个

Jeannine R. Ritchot, Director / Directrice Medical Cannabis / Cannabis médical Office of Controlled Substances / Bureau des substances contrôlées DATE OF ISSUE: 15-Jul-2011

PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS:

Information you should know about your Authorization to Possess dried marihuana

c.c.; Dr. Jatinder Singh Mander

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,

Canadă



Address Locator: 3503B Ottawa ON K1A 1B9

MMAD-1792-11

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:

Neil Victor Allard

DATE OF BIRTH 25-May-1954

ADDRESS:

6860 Wayne Pi RR 2, Lantzville, BC, V0R 2H0, GENDER:

Male

Canada

MAILING ADDRESS 6860 Wayne Pl RR 2, Lantzville, BC, V0R 2H0, Canada

TERMS AND CONDITIONS

PRODUCTION SITE:

6860 Wayne Pl RR 2, Lantzville, BC, VOR 2H0, Canada

MODE OF PRODUCTION:

Indoor Outdoor

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

37 PLANTS (indeer) or 10 PLANTS (eutdoor).

STORAGE SITE:

6860 Wayne PI RR 2, Lantzville, BC, V0R 2H0, Canada

STORAGE QUANTITIES:

The maximum quantity of dried marihuana that you may keep at the storage site

at any time under this Personal-Use Production Licence is:

3750 grams and it must be stored indoors.

EXPIRY DATE

Please note this Personal-Use Production Licence expires on 15-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:

DATE OF ISSUE: 15-Jul-2011

Jeannine R. Ritchot, Director / Directrice Medical Cannabis / Cannabis médical Office of Controlled Substances / Bureau des substances contrôlées

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

Reference #MMAD-08261-11

Criespondence Criptael Defails	ta Help Exit					View Contact
First Name Net	Stirringe Aterd	712 Hondlen Ave	Melling Address Nanahira, BC, VSR 4G6; Care	nia		enery Phone 125 nv/A)
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25313C	Closed 🗲	2009-07-09	Cali 🕒	In F	General Inquiry	
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42134C	Closed 💌	2010-07-13	Call 🛣	In 🗷	General inquiry	
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Assigned to GFR Held By FR 3rd

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Page 1 of 2

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DR. 13 DB. 15 30 650 SOUTH NANAIMO	L ARTS CENTRE TERMINAL AVEI BC, V9R 5E2 753-3421			
Business Address:	103 -	650 TEK	MINAL A	12 Suite Number:
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Telephone: 1-257) 741-	0447		Postal Code: V9R 5
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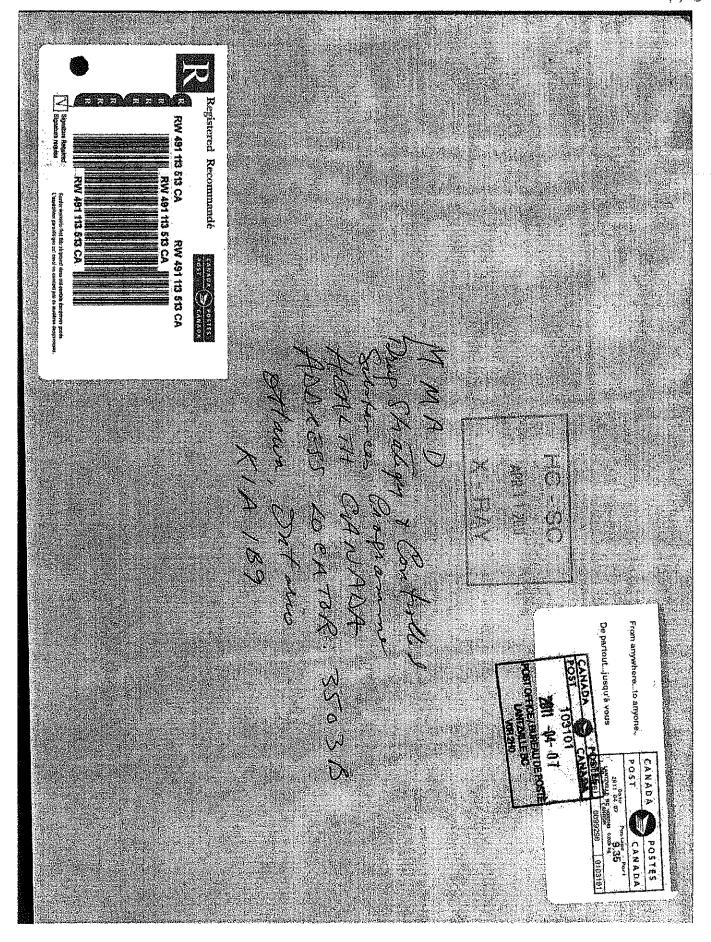
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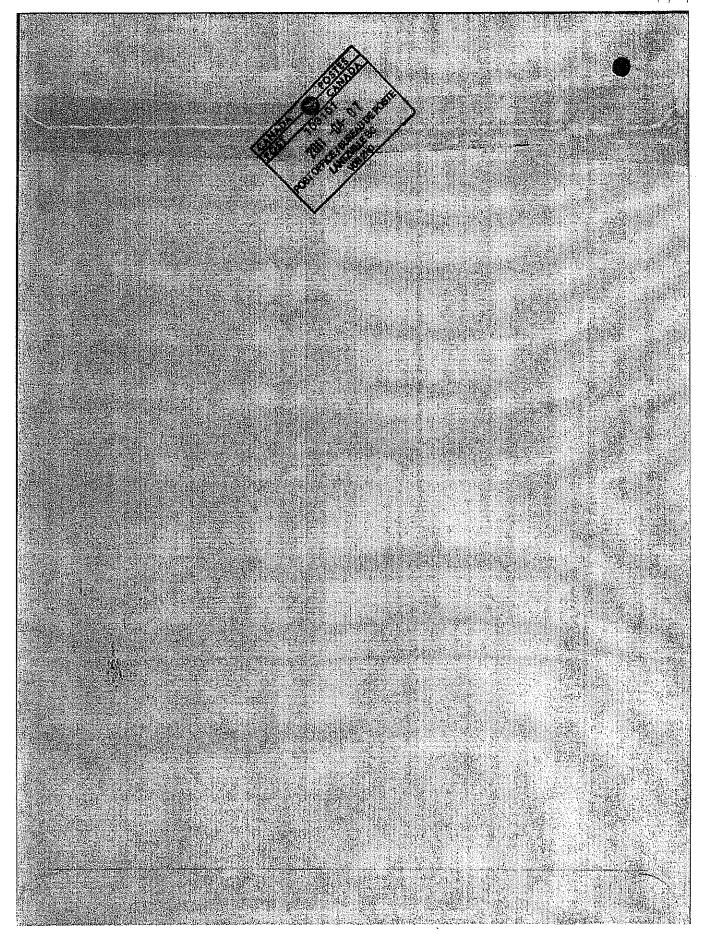
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R1 Applicant's Information	
□ Mrs. □ Miss □ Ms. to Mr.	
Print Name	
	KI GANTAIO R
and the same of th	Gender: M
Address: 6860 WAYNE PLACE	A manufacture of Mills and Sand
City: LANTZVILLE Province: B.C.	Postal Code: VOR 26
Telephone: (250) 390 - 2822	
Fax: ()	and the state of t
E-mail:	Hoalth Canada/
If no street address is available, please provide lot and concession number: Lot Number:	MMAQ-08638-11
Concessión Number:	2011.05.23
Mailing Address (if different from above):	
Address or P.O. Box	Apartment Number:
City: Province:	Postal Code:
R2: Source of Marihuana	
You are required to choose one of the following:	
I plan to purchase dried marihuana from Health Canada and request that my appr be renewed.	roval to receive dried marihuana
IMPORTANT: If you want to purchase dried marihuana but do not currently Canada product, you are required to complete FORM E1: Application to Ob	
sol plan to produce my own marihuana and request that my existing Personal-Use F	Production Licence be renewed.
IMPORTANT: If you want to produce your own marihuana and do not curren Production Licence, you are required to complete FORM C: Application for by Applicant.	
OR	
☐ I plan to have a designated person grow marihuana for me,	
IMPORTANT: You are required to complete FORM D: Application for Licence Designated Person even if renewing an application.	to Produce Marihuana by a

ŧ :

	R3 Information on Medical Practitioner
	Medical practitioner's full name: DR. JATINDER S. MANDER
	Provincial medical licence number: 27/66
D	STAME IF AVAILABLE OF THE MEDICAL ARTS CENTRE 30-650 SOUTH TERMINAL AVENUE NANAIMO, BC, V9R 502 (250) 753-3434
	Business Address: 103 -650 TERMINAL AVE Suite Number:
	Business Address: 183 - 650 TERMINAL AVE Suite Number: City: NAVAIMO Province: B.C. Postal Code: V 9R 5E 5 Telephone: (250) 74/ - 0447
	Fax: ()
	E-maŭ:
	R4-A Medical Practitioner's Declaration and Signature I declare that I am the treating medical practitioner of the individual making this renewal application for an Authorization to Possess under the Marihuana Medical Access Regulations and that there have been no changes to the information provided in the last declaration signed by me.
	monpon 06/04/2011
	MEDICAL PRACTITIONER'S SIGNATURE DATE J. M. AMOKA PRINT NAME
	R4-B Applicant's Declaration
	I declare that I hold a valid Authorization to Possess under the Marihuana Medical Access Regulations and that there have been no changes to the information provided in my last approved application for an Authorization to Possess and, it applicable, Application to Obtain Dried Marihuana or Application for Licence to Produce Marihuana.
	Milliand Cipre 6,2011
	APPLICANT'S SIGNATURE DATE
	NEIL ALLARD PRINT NAME





Reference #136227

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Address Locator: 3503B Ottawa ON K1A 1B9

MMAD-1792-12

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.

HOLDER	OF A	UTHO	RIZATION	INFORMA	TION

NAME:

Neil Victor Allard

DATE OF BIRTH: 25-May-1954

ADDRESS:

712 Hamilton Ave., Nanaimo, BC, V9R 4G6,

GENDER:

Male

MAILING ADDRESS: 712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada

TERMS AND CONDITIONS

The maximum quantity of dried marihuana that you may possess at any time under this Authorization to Possess is: 300 grams.

MEDICAL PRACTITIONER INFORMATION

NAME: Dr. Jatinder Singh Mander

EXPIRY DATE

Please note this Authorization to Possess expires on 15-Jul-2013 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:

essard, Director / Directeur Medical Cannabis / Cannabis médical Controlled Substances and Tobacco Directorate / Direction des substances contrôlées et de la lutte DATE OF ISSUE: 15-Jul-2012

PLEASE READ ALL ENCLOSED DOCUMENTS

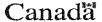
ENCLOSED DOCUMENTS:

Information you should know about your Authorization to Possess dried marihuana

c.c.; Dr. Jatinder Singh Mander

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-1792-12

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.

HOLDER OF LICENCE INFORMATION

NAME:

Neil Victor Allard

DATE OF BIRTH: 25-May-1954

ADDRESS:

712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada

GENDER:

Male

MAILING ADDRESS:712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada

TERMS AND CONDITIONS

PRODUCTION SITE:

6860 Wayne Pl. RR 2, Lantzville, BC, V0R 2H0, Canada

MODE OF PRODUCTION:

Indoor Outdoor

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

37 PLANTS (indoor) or 10 PLANTS (outdoor).

STORAGE SITE:

6860 Wayne Pl. RR 2, Lantzville, BC, V0R 2H0, Canada

STORAGE QUANTITIES:

The maximum quantity of dried marihuana that you may keep at the storage site

at any time under this Personal-Use Production Licence is:

3750 grams and it must be stored indoors.

EXPIRY DATE

Please note this Personal-Use Production Licence expires on 15-Jul-2013 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:

Lessard Director / Directeur Medical Cannabis / Cannabis médical

Controlled Substances and Tobacco Directorate Direction des substances contrôlées et de la lutte 15-Jul-2012

DATE OF ISSUE:

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 a

Reference #268294

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"Spoke with Mr. Allard in terms of his upcoming renewal, he informed me that he is planning to move and he wanted to know what forms he needed to send in for his renewal, I informed him that if he moved and continue with his current pupi then he needs a form A,B1 or B2 depending on his medical condition and form C. He thanked me for taking the call, (Iman Feb 9, 2012)"

Reference #338312

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Health Santé Canada Canada

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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

to 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. requested must be provided to avoid unnecessary
 - 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 1 856-337-7705.

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

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Neath Carada i Santa Canada AXS 26 2012

2012-06-08

Canada

-NINTH APPLIANTED address only -no change see production site A1 Applicant's Information □ Mrs. □ Miss □ Ms. 0 Mr. Applicant's full name: ALLARD 1 NEIL 1 VICTOR 712 HAMILTON AVE Apartment Number; Postal Code: V9R 4G6 City: MANAIMO Province: BC If no street address is available, please provide lot and concession number: Lot Number; Concession Number: Telephone: (250) 753 - 0/25 Fax: This address is: of A private residence (E.G., HOUSE OR APT.) or 🖂 Not a private residence (E.G., HOSPICE, HOSPICE, ETC.) Name of residence: Mailing Address (it different from above): Apartment Number: Address of P.O. Box: Province: A2 Photograph of Applicant PHOTOS ☐ 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 sunglesses 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.

MAXIMUM SIZE

MINIMUM 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).

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: GLENDA / JEAN / BARR
Mailing Aridress: 6860 WAYNE PLACE Apartment Number:
City: LANTZVILLE Province: BC Postal Code: VOR 2/
Telephone: (250) 390 - 2822
Fax:
E-mail:
A4 Proposed Source of Marihuana
You are required to indicate your proposed source of marihuana by choosing one of the following:
tr't plan to produce my own marituana.
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 ficence 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.

William to the control of the contro

Name: NEIL ALLARD

Page 2 of 3

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 arm 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).
- is, I consent to using marituana 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 marifulana are not fully understood and that the use of marifulana 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.
 - (h) Laccept these risks.

fold acrobe man : i	
vi. I attest that the information on this form is correct and con	opiete.
Marco	april 15, 2012
APPLICANT'S SIGNATURE	DATE TO SERVICE TO SER
NEIL ALLARD	
PRINT NAME	

IMPORTANT:

- 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.
- Please retain a photocopy of this form for your files.
 If you have questions regarding this form, please contact Health Canada toll-free at 1-865-337-7705.

NINTH APPLICATION
-Charge of residential address only
Health Santé
Canada Canada

Form B2

Medical Practitioner's Form for Category 2 Applicants

This form is to be completed for Category 2 applicants by the applicant's medical practitioner.

Under the Mathuana Medical Accass 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

- It is important to understand that all information requested must be provided to evoid unnecessary delays.
- 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 fleath Canada toll-free at 1-866-337-7705.

Please forward all completed applications to:

Marihuana Medicel Access Division Drug Strategy and Controlled Substances Programme Health Canada Address Locator; 35038 Ottowa, ON KIA 189

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

Revised April 2007

Canadä

NINTH APPLICATION - Change of residential coldress only

ing: NANAIMO Province: B.C. Postal Code: V9R 552 glaphone: [250] 741 - 0447 ex: [] -mail: 2-2 Medical Condition(s) and Symptoms pplicant's full name: ALLARO NEIL VICTOR	Medical practitioner's full name		man makesa dan dan dan dan dalam			
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C	,-,-	h Cenada's examination of the current available information suggests most individuals use an average deily nt of 1 gram to 3 grams of dried marihuana for medical purposes, whether it is taken crally, or inhaled or a ination of both.
а.	T	he proposed daily amount of dried manifuana is less than or equal to grams (use letters to write amount); nd
b.	il G	re following method and form of administration (please check appropriete box): Inhalation of Oral Line 1 of the control of t
題 176	161	o Physicians: For more information on daily amounts, you can refer to the following documents: Normation for Health Care Professionals — Marihuane ally Amount Fact Sheet
nti	ip://ti	ocuments can be found on the Health Canada Web site at ic-sc.gc.ce/dbp-mps/marinuans/index_e.html of ing toll free at 1-866-337-7705.
32	.4	Duration
Uri	der t	the Marihuana Medical Access Regulations, an Authorization to Possess may be issued for a period of up to 12 months.
if y	ou a	are signing the authorization for a shorter period, please specify the number of months:
32	-5	Medical Practitioner's Declaration and Signature
Ple	71150	read, sign and date the document in the space provided on Page 3:
Ple	-00000	read, sign and date the document in the space provided on Page 3. The applicant's symptom(s) listed in Page 1 of this form falls under Category 2 (symptoms that do not fall under Category 1);
Ple	71150	read, sign and date the document in the space provided on Page 3. The applicant's symptomis) itsred in Page 1 of this form falls under Category 2 (symptoms that do not fall under Category 1); conventional treatments) for the Category 2 symptoms than the documents.
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<i>Pie</i>	a. b:	read, sign and date the document in the space provided on Page 3. The applicant's symptom(s) ifered in Page 1 of this form falls under Category 2 (symptoms that do not fall under Category 1); conventional treatment(s) for the Category 2 symptom(s) have been tried or considered, and have been found to be ineffective or medically inappropriate for the treatment of the applicant. m aware that a Natice of Compliance has not been issued under the Food and Organ Regulations correction the applicant.
<i>Pie</i>	a. b:	read, sign and date the document in the space provided on Page 3. The applicant's symptom(s) listed in Page 1 of this form falls under Category 2 (symptoms that do not fall under Category 1); conventional treatment(s) for the Category 2 symptom(s) have been tried or considered, and have been found to be interfective or medically inappropriate for the treatment of the applicant. In awars that a Natice of Compliance has not been issued under the Food and Drugs Regulations concerning the safety of effectiveness of marihuana as a drug. If you are a medical specialist that your area of medical specialization is relevant to the treatment of the applicant.
<i>Pie</i>	a. b: lar	read, sign and date the document in the space provided on Page 3. The applicant's symptom(s) listed in Page 1 of this form falls under Category 2 (symptoms that do not fall under Category 1); conventional treatment(s) for the Category 2 symptom(s) have been tried or considered, and have been found to be interfective or medically inappropriate for the treatment of the applicant. In awars that a Natice of Compliance has not been issued under the Food and Drugs Regulations concerning the safety of deflectiveness of marihuana as a drug. If you are a medical specialist that your area of medical specialization is relevant to the treatment of the applicant's medical condition; or
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<i>Pie</i>	a. b: lar	The applicant's symptom(s) its red in Page 1 of this form falls under Category 2 (symptoms that do not fall under Category 1); conventional treatment(s) for the Category 2 symptom(s) have been tried or considered, and have been found to be ineffective or medically inappropriate for the treatment of the applicant. m awars that a Natice of Compliance has not been issued under the Food and Drugs Regulations concerning the safety of effectiveness of marihuena as a drug. If you are a medical specialist that your area of medical specialization is relevant to the treatment of the applicant's medical condition; or If you are not a medical specialist, please declars: 1, that the applicant's case has been assessed by a specialist;
<i>Pie</i>	a. b: lar	The applicant's symptom(s) listed in Page 1 of this form falls under Category 2 (symptoms that do not fall under Category 1); conventional treatment(s) for the Category 2 symptom(s) have been tried or considered, and have been found to be ineffective or medically inappropriate for the treatment of the applicant. In award that a Natice of Compliance has not been issued under the Food and Orage Regulations concerning the safety of effectiveness of marinena as a drug. If you are a medical specialist that your area of medical specialization is relevant to the treatment of the applicant's medical condition; or If you are not a medical specialist, please declare: I, that the applicant's case has been assessed by a specialist; It the specialist's area of specialization is relevant to the treatment of the applicant's medical condition; If that the specialist's area of specialization is relevant to the treatment of the applicant's medical condition; If the specialist's area of specialization is relevant to the treatment of the applicant's medical condition;
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Health Sente Canada Canada

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

- 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, clease 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

Canadä

NINTH APPLICATION

- NO CHANGE TO PRODUCTION SITE

C1 Applicant's information				
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Date of Birth: 25/ 05	1 195	¥	naches advert de Cambrica Provincia Provincia Provincia del 2018 del 2018 (pri 2019), è decendo,	
Telephone: (250) 753	- 3/25	anders of Chair Sandard Conserve Victors of 17 a refer to the second of the Sandard	والاستعمادة والإستهام المراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة والمراجعة	********
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If you already hold an Authorization to f indicate the number of that Authorization	T. HIPL-NYA	-05-11001001	EM424 (1)	
iMPORTANT: If you have not been a Regulations, you must also submit Purposes and the appropriate medi	ethorized to possess Form A: Application I	dried marifiuana unde for Authorization to Po	r the Maribuana Medical Ac	cess

C2 Production Site

Please choose one of the following options:

I) I plan to produce manhuana at my ordinary place of residence (the address that was provided in Page 1 of Form A: Application for Authorization to Possess Manhuana 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

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.

Dunmand	production	cita.
Proposed	production	2116

Address	6860	WAYNE	PLACE	Apartment Num	ber
Cite	LANTZU	1146 Province:	BC	Postal Code:	VOR 2HO
	r am part owner of, th	is site: 12 Yes 13 No			

IMPORTANT: If you plan to produce marihuans 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.

THE STATE OF THE PROPERTY OF T

C3 Mode of Production
I plan to produce marihuana (please choose only one): □ entirely indoors; □ entirely outdoors; □ entirely outdoors;
IMPORTANT: 1. The Regulations allow you to grow marihuana indoors in the winter and outdoors in the summer. You cannot grow marihuana indoors 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 MPORTANT: 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 thet. The gradicities sate for the describes and beautiful that the flexibility will be some and beautiful the house and land by whele the source for profession is suited by a ferred for the language of the language that and house and herea for the language of the pasted the or chard passes within
plantings from predicted much as deer all theory planting we down our season as elected for the year with very little Whitelity from our such the property brains planting is in a two section locked room. Please describe the security measures that will be used to protect your dried marituans against loss or theti: so the cuttings are posted in a span bedroom listeness of the home account only by the owner or myself the home so the home. Dried marituals and sented
What his margue and street with the properties should be a colored only by the home owner and myself. Motion directors, chimes on gale.
Address where the marihuana will be stored: Address: 6860 WAYNE PLACE Apartment Number: City: LANTZUIKLE Province: B.C Postal Code: V3R 2H0

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: NEIL ALLARD

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.

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 dolays.

 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.

THE CONTROL OF THE PROPERTY OF



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

- It is important to understand that all information requested must be provided to avoid unnecessary delays.
- 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 1-366-337-7705.

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

Canadä

) Mrs. □ Miss & Ms. □ Mr.	GLENDA	BARR
roperty owner's full name:	LENDA	BARR
ddress: 6860 to	JAYNE PLA	7 C = Apartment Number:
W LANTZVILLE	Province: BC=	Postal Code: 1/OR 2 H
roduction site address (if different	from above)	
ddress:	å, samakan omnassani ääksassa omnapoorista omi	Apartment Number:
ity:	Province:	Postal Code:
f no street address is available, please	provide lot and concession numb	er:
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	Bernald A. Vista et alan et alan ber	
sole Owner confirm that I am the sole owner of the policant's designated person)	16 ALLARD	give my consent to (full name of applicant or to produce marihuana on this property in
a) Sole Owner	al Access Regulations.	to produce marihuana on this property in
a) Sole Owner confirm that I am the sole owner of the applicant's designated person) AC accordance with the Marihuana Medical Property owners should note that marihuana Medical Calenda Exproperty owner's signature Calenda Exprint NAME	al Access Regulations. fluana may also be stored at the p DATE	to produce marituana on this property in moduction site.
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a) Sole Owner confirm that I am the sole owner of the applicant's designated person) AC accordance with the Marihuana-Medical Property owners should note that marihuana AC CALLER CONTROLLER CALLER CONTROLLER CALLER CONTROLLER CALLER CONTROLLER CONTROL	ALL	to produce marihuana on this property in production site. Prid 16, 2012 for each additional property owner in space below. Apartment Number: Postal Code:
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Reference #338318

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"RTS - 338312 - B2 page 3 is missing

Sending B2 back with checklist, All other forms kept on file

LT 711 597 915 CA

Batu O. 2012-05-03"

Reference #348613

Contact Details First Name	Sumanne (Bard	712 Hembon Sya.	Maling Address Narialmo, SC, VSR 1G8, Cana	ida sa ta sa	1954-05-25 250-753-0126	View Contect ry Phone 5 (N/A)
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"Rec'd B2 form (all pages included).

Verified MD and specialist.

Please use forms from ref# 338312 as they were kept on file.

Pre-reviewed by Kelly-Anne 2012-05-22"

NEL ALLARD- 23 re: missing page 3 of B2

May 9, 2012

To : Halth landa

Dear Sir/Madam,

Thank you for ideal fying my error with regard to the missing p.3 o) the B2 prom, and bringing it to my attention quickly I have enclosed the completed Jago as required. Aleaso find

> Health Canada/ Santé Canada 348613 MAY 14 2012

it callword.

BF-2012-06-26 OCS / BSC / MMAD Thank you Kirdly, Maad NEIL ALLARD NINTH APPLIEATION
-charge of sexidential address only

Health Santé
Canada Canada

Form B2

Medical Practitioner's Form for Category 2 Applicants

This form is to be completed for Category 2 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

- It is important to understand that all information requested must be provided to avoid unnecessary delays.
- 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
Ottowa, ON K1A 189

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.

NINTH APPLICATION - charge of secidential coldress only

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Medical spe	cialization (if app	dicable);	FAMIL	y ,	PRACTI	c <i>Ē</i>		
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Date of Sinth: Please spec Medical Cond Symptom(s): / & n reatme	ity the medical dition(s): IN. MR. ALLAR on almedical	l condition Yalgic Perfect Satisa	cncern cncern	n(s) that ar a (o) en y (ov to (over the second)	the basis to	side es (eannese su	ofeets; abis) is	with most an effect include appetite, tincitus

	23	The Proposed Daily Amount
11-4	omb	th Canada's examination of the current available information suggests most individuals use an average daily ant of 1 gram to 3 grams of dried marihuana for medical purposes, whether it is taken orally, or inhaled or a lination of both.
а	. I	he proposed daily amount of dried marihuana is lass than or equal tograms (use letters to write amount); and
b.	. ti	he following method end form of administration (please check appropriate box): Inhalation Sonal Capabizer tea, baken goods
N 競 随	ate I	o Physicians: For more information on daily amounts, you can refer to the following documents: alormation for Health Care Professionals — Marihuana ally Amount Fact Sheet
ht	tp://(locuments can be found on the Health Canada Web site at nó-sc.gc.ca/dhp-mps/marihuana/index_e.html or ling toll free at 1-866-337-7795.
E	2-4	Duration
Uı	nder	the Marihuana Medical Access Regulations, an Authorization to Possess may be issued for a period of up to 12 months.
lf :	уон і	are signing the authorization for a shorter period, please specify the number of months:
BZ	2-5	Medical Practitioner's Declaration and Signature
Pi	ease	read, sign and date the document in the space provided on Page 3.
1.	a.	
	b.	conventional treatment(s) for the Category 2 symptom(s) have been tried or considered, and have been found to be ineffective or medically inappropriate for the treatment of the applicant.
2.	l a an	im aware that a <i>Notice of Compliance</i> has not been issued under the <i>Food and Drugs Regulations</i> concerning the safety and effectiveness of marihuane as a drug.
3.	a.	If you are a medical specialist that your area of medical specialization is relevant to the treatment of the applicant's medical condition; or
	b,	if you are not a medical specialist, please declare:
		i. that the applicant's case has been assessed by a specialist;
		ii. the specialist's area of specialization is relevant to the treatment of the applicant's medical condition;
		iii. that the specialist concurs that conventional treatments for the symptom are ineffective or medically inappropriate for the treatment of the applicant; and
		iv. the specialist is aware that marihuana is being considered as an alternative treatment for the applicant.
(sig	mati	re required on next page)
		NEIL ALLARD
Nar	Re:	IVELL TLALKO

(B2-5 continued)

Please complete the following:
Name of the medical specialist: DR. BRUCE M. CARRUTHERS
The medical specialist's area of specialization: INTERNAL MEDICINE
Date of the specialist's assessment of the applicant's case: MARCH (1, 2008)
Note: Under the Marihuana Medical Access Regulations, a "practitioner" is a practitioner who is recognized as a practitioner by timedical licencing authority of the province in which the practitioner is authorized to practice medicine and who is not named in a notice given under Section 58 or 59 of the Narcotic Control Regulations.
4. I declare that the information contained in this form is correct and complete:
Monor
MEDICAL PRACTITIONER'S SIGNATURE
DR. J. MANDER
25/54/2512
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. 6. It you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

NEIL ALLARD

Reference #353008

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"[First Privacy check done (On Dr. env. I scratched out the "S" that was there after "103-650 Terminal Ave" - it's on on form or CanPost - C.Lindquist - May 30, 2012 - Xpresspost Tracking No.: LT 732 764 573 CA] (I also e-mailed Alem B. re Dr. address - C. Lindquist - May 3012)"

Address Locator: 3503B Ottawa ON K1A 1B9 MMAD-1792-12

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.

HOLDER OF AUTHORIZATION INFORMATION

NAME:

Neil Victor Allard

DATE OF BIRTH: 25-May-1954

ADDRESS:

712 Hamilton Ave., Nanaimo, BC, V9R 4G6,

GENDER:

Male

MAILING ADDRESS: 712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada

TERMS AND CONDITIONS

The maximum quantity of dried marihuana that you may possess at any time under this Authorization to Possess is: 600 grams.

MEDICAL PRACTITIONER INFORMATION

NAME: Dr. Jatinder Singh Mander

EXPIRY DATE

Please note this Authorization to Possess expires on 15-Jul-2013

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:

Louis Fronts
Addresseur, Bruseru du carmabis refdicai
Addresseur, Bruseru de Medicai Carnabis
Controlled Substances de Yobseco Discourate
Decelien des autoriumes contrélées et slota hute au
tabagisme

DATE OF ISSUE: 08-Oct-2012

PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS:

Information you should know about your Authorization to Possess dried marihuana

c.c.: Dr. Jatinder Singh Mander

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 KIA 1B9

MMAD-1792-12

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.

HOLDER OF LICENCE INFORMATION

NAME:

Neil Victor Allard

DATE OF BIRTH: 25-May-1954

ADDRESS:

712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada

GENDER:

Male

MAILING ADDRESS:712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada

TERMS AND CONDITIONS

PRODUCTION SITE:

712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada

MODE OF PRODUCTION:

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

98 PLANTS (indoor) or 0 PLANTS (outdoor).

STORAGE SITE:

712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada

STORAGE QUANTITIES:

The maximum quantity of dried marihuana that you may keep at the storage site

at any time under this Personal-Use Production Licence is:

4410 grams and it must be stored indoors.

EXPIRY DATE

Please note this Personal-Use Production Licence expires on 15-Jul-2013 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:

DATE OF ISSUE: 08-Oct-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.



Reference #424749

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"Pre-review complete

Amendment PUPL, new production address, increase in dosage

Rec'd forms A, B2, C, Letter

Verified MD and specialist in CPS BC; MD, specialist not on restricted list

Rodica Anca, 2012-09-17"



September 6, 2012

Neil Allard

712 Hamilton Ave.

Nanaimo, B.C.

V9R 4G6

To: Health Canada, (M.M.A.D.)

Dear Sir /Madam,

I am enclosing an amendment for my change of production site, as well as an increase in dosage. I am in my ninth year of licenced growing. The herbs are very effective but the quantity of my production is too low due to the restricted number of plants I am allowed.

I am growing organically with very minimal yields, nowhere near ten grams per day. I have had problems with clones not rooting; plants stressed by heat, cold, and insects, and plant sickness, just to mention a few problems. Unfortunately, I have not always been able to give due care and attention to my plants because of my own health problems, the cramped production site, and a previously unsuitable home and living situation.

However, I have had a new properly built production site and I am in a home modified for a disabled person. The new production site and home will allow me to continue growing for my own needs.

I need an increase in plant numbers to allow for larger yields and to give me the flexibility to take time off and rest in between flowering my the plants. This will allow me to manage my vegetative plants more easily and also allow me to plan and pace myself with the gardening, as I must do in all other aspects of my life.

Sincerely,

Nell Allard

cc: Dr. J. Mander

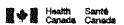
cc: Jean Crowder, Member of Parliament

Health Canads/ Santé Canada

SEP 1 2 2012

OCS / BSC / MMAD

. - Change in production site address only. - increase in dooage.



A 0062

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.

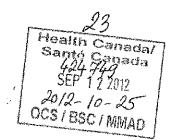
Important

- 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 foll free at 1 866-337 7705.

Please forward all completed applications to:

Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programma
Health Canada
Address Locator: 3503B
Ottawa, ON KIA 189



Canada

□ Mrs. □ Miss □ Ms, @ N	 	***************************************
Applicant's full name: A	LLARD L WET	L / VICTOR
Date of Birth: 25/	25	gddwyrfeidenwydionnog yggywydden y pfoethfuw Capped prophysyrae ddd, fww cy phaff i dyfffuntalau.
Address: 7/2	HAMILTON AVE.	Apartment Number:
City: NANAIMO	Province: 6.C.	Postal Code: V9R 4G
f no street address is available, p	please provide lot and concession number:	The second secon
Lot Number:		
Concession Number:	Danas	
Telephone: (250) 75	3-0125	
Fax:	enes i enes i ser escretatar igrae i est el initia de la ini	
E-mail:		**************************************
This address is: 6 A private res	ildence (E.G., House or APT.) or 🗆 Not a priva	te residence (E.G., HOSPICE, HOSPITAL, ETC.)
	Name of res	idence:
•	•	
Mailing Address (if different from a	above):	
Address or P.O. Box:	**************************************	Apartment Number:
City;	Province:	Postal Code:
	arment so imported and the problem of the same self of standard and self and the same self and self and self a	
199233	The day between the control to the best and the state of the control to the best of the serventeer of	***************************************
A2 Photograph of Applica	ant	
		PHOTOS ON FILE
☐ I have enclosed two copies of a	a current photograph that clearly identifies me	PHOTOS ON FILE.
☐ I have enclosed two copies of a	a current photograph that clearly identifies me	PHOTOS ON FILE AT HEALTH CANA
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☐ I have enclosed two copies of a☐ ☐ The back of one of the photogrammer certifies that it is a true likeness	a current photograph that clearly identifies me aphs has been signed by the medical practitions of me. IMPORTANT: A standard passport photograph submitted in the photogr	PHOTOS ON FILE AT INCH LITH CANA Inter signing the medical declaration, who Integraph is preferred but if one is not nust meet the following standards: Inches and shoulders against a plain Inches 2 1/8 inches) and not more inches, and have a view of your head that
☐ I have enclosed two copies of a☐ ☐ The back of one of the photogrammer certifies that it is a true likeness	a current photograph that clearly identifies me aphs has been signed by the medical practitics of me. IMPORTANT: A standard passport pho available, the photograph submitted reference it must show you alone in the photograph it must show a full frontal view of your he contrasting background. It must be at least 43 mm x 54 mm (1 1) than 50 mm x 70 mm (2 inches x 2 3/4 is at least 30 mm (1.375 inches) in lengence it must reveal your face without sunglass.	PHOTOS ON FILE AT HEALTH CANA oner signing the medical declaration, who intograph is preferred but if one is not must meet the following standards: oh. ead and shoulders against a plain 11/16 inches x 2 1/8 inches) and not more inches), and have a view of your head that th. sees or any other obstructions. Facial hair is

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.

	ntment of your representative at any time.	
Appointed representative		
		cal information about my case with my appointed
□ Mrs. □ Miss □ Ms. □		
Representative's full name:	:1	2 50%
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**************************************	FORRICE,	Dontol O. d.
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A4 Proposed Source		
A4 Proposed Source	of Marihuana	
Many many and the day		
Tou are required to indicate	your proposed source of marihuana i	by choosing one of the following:
a shell to bloome tilk OMI IL	iarinuana.	
	e to grow your own plants and you must fil icence to Produce Marihuana by Appli	icant
To purchase seeds from Hea Form E2: Application to C	illh Canada so you can arous you	nts, you must fill out
OR		
☐ I plan to have a designated p My designated person will be	person grow the marihuana for me.	
You must apply to get a licen		you must fill out
	ce for someone to grow plants for you and cence to Produce Marihuana by a Deci	ignored Dames
to purchase seeds from Heal	th Canada so someone can array a Desi	ignated Person
IO purchase seeds from Heal Form E2: Application to Ol	th Canada so someone can array a Desi	ignated Person
to purchase seeds from Heal	th Canada so someone can grow plants for btain Marihuana Seeds.	ignated Person

NEIL ALLARD 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.

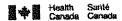
A6 Declarations and Signature

- 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 comp	plete. September 6, 2012
APPLICANT'S SIGNATURE	DATE DATE
PRINT NAME	(and)

IMPORTANT:

- 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.
- 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 B2

Medical Practitioner's Form for Category 2 Applicants

This form is to be completed for Category 2 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

- It is important to understand that all information requested must be provided to avoid unnecessary delays.
- 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 189

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.

edical practitioner's full name:				MANDER	langlik sassat anim meknak
ovincial medical licence numb	***************************************	27166	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-4y book pous ne pransité, e es ain a é alui existinal agrada que proposition de la companya de	najemet-corps
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30-650 SOUTH TERMINA	ALIAVENUE				
NANAIMO, BC, V9R	£				
(250) 753-343	7				
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edical specialization (if applica	able).	FAMILY	PRAC	TICE	
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B2-3 The Proposed Daily Amount	
a. The proposed daily amount of dried marihuana is less than or equal to went grams.	06/09
b. The following method and form of administration (please check appropriate box):	
13/Inhalation 13/Oral uses a Vaforisee, tea, baked	goods.
Note to Physicians: For more information on daily amounts, you can refer to the following doct Information for Health Care Professionals—Marihuana Daily Amount Fact Sheet	minents:
Both documents can be found on the Health Canada web site at www.hc-sc.gc.ca/hecs-secs/ocma/index.htm or by calling toll free at 1-866-337-7705.	
B2-4 Duration	
Unider the Marihuana Medical Access Regulations, an Authorization to Possess may be issued for a perio	nd of up to
12 months.	
If you are signing the authorization for a shorter period, please specify the number of months:	
B2-5 Medical Practitioner's Declaration and Signature	
Please read, sign and date the document in the space provided on Page 3.	
 a. the applicant's symptom(s) listed in Page 1 of this form falls under Category 2 (symptoms that do a Category 1); 	
 b. conventional treatment(s) for the Category 2 symptom(s) have been tried or considered, and have inneffective or medically inappropriate for the treatment of the applicant. 	been found to be
I am aware that a Notice of Compliance has not been issued under the Food and Drugs Regulations c and effectiveness of marihuana as a drug.	concerning the safety
 a. If you are a medical specialist that your area of medical specialization is relevant to the treatment medical condition; or 	of the applicant's
b. If you are not a medical specialist, please declare:	
i. that the applicant's case has been assessed by a specialist;	
ii. the specialist's area of specialization is relevant to the treatment of the applicant's medical con-	
iii. that the specialist concurs that conventional treatments for the symptom are ineffective or med for the treatment of the applicant; and	dically inappropriate
iv, the specialist is aware that marihuana is being considered as an alternative treatment for the a	pplicant.
(signature required on next page)	
Name: NEIL ALLARD	Page 2 of 3

182-9 Commueo)	
Please complete the following:	
Name of the medical specialist:	KARL MUENDELL
The medical specialist's area of specialization:	WESTHES 1040GY
Date of the specialist's assessment of the applicant's	case: JUNE 11, 2012
Note: Under the Marihuana Medical Access Regulation by the medical licencing authority of the province in with named in a notice given under Section 58 or 59 of the	ons, a "practitioner" is a practitioner who is recognized as a practitione which the practitioner is authorized to practice medicine and who is not be Narcotic Control Regulations.
4. I declare that the information contained in this form	
MEDICAL PRACTITIONER'S SIGNATURE	THE MEDICAL ARTS CENTRE 30-650 SOUTH TERMINAL AVENUE
PRINT NAME 06/09/2012	NANAIMO, BC, V9R 5E2 (250) 753-3431
DATE	The state of the s

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.
- 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.

NEIL ALLARD

change of production site address only.



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

- It is important to understand that all information requested must be provided to avoid unnecessary delays.
- 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 KIA 189

☐ Mrs. ☐ Miss ☐ Ms. Ø Mr.		
Applicant's full name: AUARD last // Date of Birth: day 257 month 5/ year /954	だル first	/ V/C//Vinidale
Date of Birth: day 257 month 5/ year /952/	**************************************	Section Section Section Control of the Section
Telephone: (250) 753-0/25	Y	i i i yang belanang bulan arak arak 2 kalan kung belang darak karan 100 prop perengan belang darak belang dara
See 3.5 MALTS:		
If you already hold an Authorization to Possess dried marihuana und Indicate the number of that Authorization: IHPL-NVA TOS	ler these Marihuana	Medical Access Regulations, pleas
IMPORTANT: If you have not been authorized to possess drie Regulations, you must also submit Form A: Application for A: Purposes and the appropriate medical practitioner form (For	d marihuana unde	
C2 Production Site		
Please choose one of the following options:		
plan to produce marihuana at my ordinary place of residence (the	e address that was i	provided in Page 1 of
Form A: Application for Authorization to Possess Marihuana for N	ledical Purposes).	
If you check the box above, please proceed directly to C3.	ledical Purposes).	
If you check the box above, please proceed directly to C3. If not, please check the box below and provide the request	ledical Purposes).	
If you check the box above, please proceed directly to C3.	ledical Purposes).	I
If you check the box above, please proceed directly to C3. If not, please check the box below and provide the request OR I plan to produce marihuana somewhere other than at my ordinar	ed information.	(the address that was provided on
If you check the box above, please proceed directly to C3. If not, please check the box below and provide the request OR	edical Purposes). ed Information. y place of residence uana for Medical Pur	(the address that was provided on poses).
If you check the box above, please proceed directly to C3. If not, please check the box below and provide the request I plan to produce marihuana somewhere other than at my ordinar Page 1 of Form A: Application for Authorization to Possess Marih	edical Purposes). ed Information. y place of residence uana for Medical Pur	i (the address that was provided on poses).
If you check the box above, please proceed directly to C3. If not, please check the box below and provide the request I plan to produce marihuana somewhere other than at my ordinar Page 1 of Form A: Application for Authorization to Possess Marih If you make this selection, please complete the rest of this Proposed production site:	ledical Purposes). ed information. y place of residence uana for Medical Purp page.	ovses),
If you check the box above, please proceed directly to C3. If not, please check the box below and provide the request OR I plan to produce marihuana somewhere other than at my ordinar Page 1 of Form A: Application for Authorization to Possess Marih If you make this selection, please complete the rest of this	edical Purposes). ed information. y place of residence uana for Medical Purp page.	ooses), Apartment Number:

I plan to produce marihuana (please choese 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 wir grow marihuana indoors and outdoors at the same time. 2. Please be sure to read Part C5 of this form with respect to grow minors if you plan to grow marihuana outdoors.	iter and outdoors in the summer. You cannot ving marihuana near locations frequented by
C4 Security Measures for Growing and Storing Marihuan	a
IMPORTANT: The Marihuana Medical Access Regulations state that 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 pagainst loss or theft: Industrial Sales S	roduction site to protect your crop of marihuana
becaused Windows will be would by Ith	was in an illiant they
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which have all that the at don	Us + seesa . Mek - 17-6
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Please describe the security measures that will be used to protect your drivers.	The state of the s
Disect Asola Constant	ed marihuana against loss or theft:
Deed Serter Camadas Landel la	the the a frater
and account on he little de	May be adversary
Looked at all times	District de la pl
Address where the marihuana will be stored:	Minimas in the second s
Address:	Apartment Number:
City: Province:	Postal Code:
MPORTANT: Please note that if the marihuana is not stored at the prordinary place of residence.	
Name: NEIL ALLARD	
	Page 2 of 3

C3 Mode of Production

C5 Declarations and Signature

- 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.

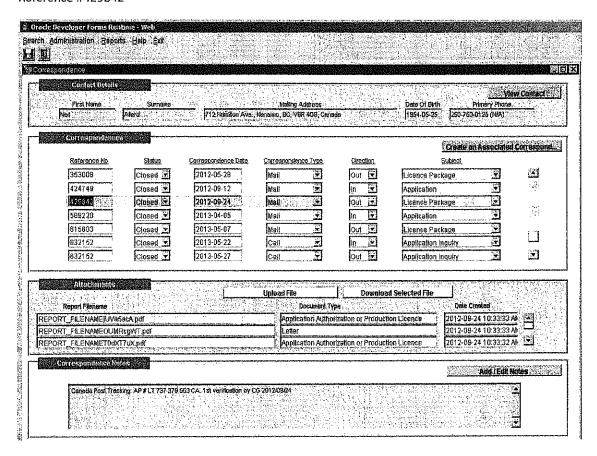
ACCIONAL DATE DATE

NEIL ALLARI

IMPORTANT:

- Please ensure that you have signed and dated the declaration indicating that the information on this form is correct and complete.
- 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.
- 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.

Reference #429842



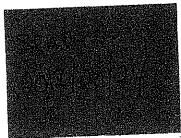
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Name Norm Address Admisse City / Prov. Ville Prov. Postal Code Code postal Constitution No. 14 de Code Code postal Constitution No. 15 de Code Code postal Constitution No. 16 de Code Code postal Code Code Code Code postal To. No. 16 Victor Allard 712 Hamilton Ave.	100
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Mr. Neil Victor Allard 712 Hamilton Ave.	
712 Hamilton Ave.	iles (film)
Nanaimo, BC V9R 4G6	



Health Santé Canada Canada

Address Locator: 3503B Ottawa ON K1A 1B9



1 of 1

MMAD-1792-12

Client ID: 23 Neil Allard 712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada

Dear: Neil Allard

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:

Enclosures

Address Locator: 0300A Ottawa ON K1A 1B9 MMAD-1792-13 Client ID: 23

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 serves as proof of your authority to possess marihuana for medical purpose. You should have this document 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 I	NFORMATION
NAME:	Neil Victor Allard	DATE OF BIRTH: 25-May-1954
ADDRESS:	712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada	GENDER: Male
MAILING ADDI	RESS: 712 Hamilton Ave., Nanaimo, BC, V9R 4G6, C	Canada
AUTHORIZATIO	ON #: APPL-NVA-05-A00621314-54-12-C	
	TERMS AND CONDITIO	<u>NS</u>
The maximum q Possess is: 600	quantity of dried marihuana that you may possess grams.	at any time under this Authorization to
	MEDICAL PRACTITIONER IN	FORMATION
NAME: Dr.Ja	tinder Singh Mander	
	EXPIRY DATE	
This Authoria	zation to Possess expires on: 15-Jul-2013	
ISSUED BY:	Loude Prevalle Loude Prevalle	DATE OF ISSUE: 23-May-2013
ENCLOSED I	AD ALL ENCLOSED DOCUMENTS DOCUMENTS: tion you should know about your extion to Possess dried marihuana	
and / or	Licence to Produce er Singh Mander	

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

Canadä

Address Locator: 0300A Ottawa ON K1A 1B9 MMAD-1792-13 Client ID: 23

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 serves as proof of your authority to produce marihuana for a medical purpose. You should have this document with you at all times in case you are required to show proof to the police.

		HOLDER OF LICENCE INFO	RMATION	
NAME:	Neil Victor	r Allard	DATE OF BIF	RTH: 25-May-1954
ADDRESS:	712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada		GENDER:	Male
MAILING ADDRESS:	712 Hamilt	on Ave., Nanaimo, BC, V9R 4G6, Ce	mada	
LICENCE #:	APPL-NV	/A-05-A00621314-54-12-C		
		TERMS AND CONDITION	<u>vs</u>	
PRODUCTION SITE:		712 Hamilton Ave., Nanaimo, E	BC, V9R 4G6, Ca	nada
MODE OF PRODUCT	TION:	Indoor		
PRODUCTION QUAN	TTTTES:	The maximum number of marihuan at the production site at any time up 98 PLANTS (indoor) or 0 PLAN	der this Personal-	
STORAGE SITE:		712 Hamilton Ave., Nanaimo, E	3C, V9R 4G6, Ca	nada
STORAGE QUANTIT	tes:	The maximum quantity of dried ma at any time under this Personal-Use		
		4410 grams and it must be stored	indoors.	
A CONTRACTOR OF THE CONTRACTOR		EXPIRY DATE		

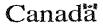
ISSUED BY:

Louis Preside
A. Directors, Bureau of connected médical f
A. Directors, Bureau of Medical Connected f
A. Directors, Bureau of Medical Connected f
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President Connected f
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PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS: Information you should know about your Authorization to Possess dried marihuana and / or Licence to Produce

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



Reference #589220

Die Stondence Contact Octobe					Mew Consect
First Nome Surna Nag Akard		Meding Address Nanshio BC, V98 466, Coned	la.	Date Of Skrih Primary P 1954-05-25 250-753-0125 (Az	nane
Correspondences		· · · · · · · · · · · · · · · · · · ·		Create on Assuc	loned Correspond
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"Rec'd Form R and AP pics (signed by MD)

Pre-Review: PUPL Renewal Application Complete

Verified MD in CPS BC; not on restricted list

AKritsch 2013-04-10"

A0062.

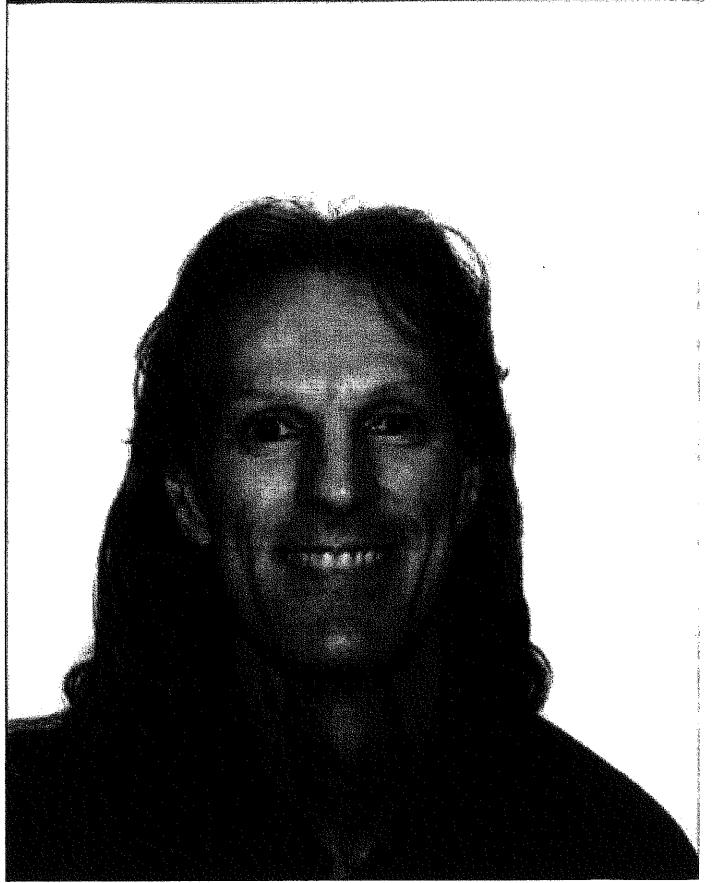
R1 Applicant's Informa	ition	
□ Mrs. □ Miss □ Ms. O	/Mr.	
Print Name Applicant's full name:	LLARD, NESL	/ VInGaleTOR
Date of Birth: ペッン /	ments / 1854	Gender: M
Address: 7/2 /	IAMILTON AVE.	Apartment Number:
City: NANAIMO	Province: △. ∠.	Postal Code: V9 R 466
Telephone: (250) 75	3-0/25	A CHATTARA CONTRACTOR
Fax: ()	**************************************	
E-malk	erenteritation per excessive annual excessive agent, consequently agent	andre dental dental de anticologica de la companio
If no street address is available	e, please provide lot and concession number	er:
Lot Number:		
Concession Number:	(CONTRACTOR OF THE CONTRACTOR	and the last of the second
the 1994 responses to the second section of the second section is a second seco		
Mailing Address (if different fro	m above):	
Address or P.O. Box;		Apartment Number:
City:	Province:	Postal Code:
e i de la companione de l		
R2 Source of Marihuar	na	
You are required to choose	one of the following:	
☐ 1 plan to purchase dried ma be renewed.	rihuana from Health Canada and request th	at my approval to receive dried marihuana
	purchase dried marihuana but do not e quired to complete FORM E1: Applicat	currently have approval to receive the Health tion to Obtain Dried Marihuana.
OR		
plan to produce my own m	arihuana and request that my existing Pers	sonal-Use Production Licence be renewed.
	produce your own marihuana and do n e required to complete FORM C: Applic	ot currently hold a valid Personal-Use cation for Licence to Produce Marihuana
NO.		
☐ I plan to have a designated	person grow marihuana for me.	
IMPORTANT: You are requir	ed to complete FORM D: Application for	or Licence to Produce Marihuana by a



Page 1 of 2

NO PROTESTION OF MEGICAL FLACTIONES
Medical practitioner's full name: DR. J.S. MANDER
the state of the s
STAMPAR AVAILABLE) THE MEDICAL
30-650 SOUTH TERMINAL ANTE
I TOWNO, DU, VOID REA
(250) 753.3431
Business Address: 30 - 650 SOUTH TERMINAL AVE. Suite Number:
City: NANAIMO Province: B.C. Postal Code: VPR SE2
Telephone: (250) 753 - 3431 & 741 - 0447
Fax: ()
E-mail:
R4-A Medical Practitioner's Declaration and Signature
TO Medical Musicional Depot and Transportation
I declare that I am the treating medical practitioner of the individual making this renewal application for an Authorization to
Possess under the Marihuana Medical Access Regulations and that there have been no changes to the information provided in the last declaration signed by me.
in the last deciding deriver and the control of the
02/03/2018
MEDICAL PRACTITIONER'S SIGNATURE DATE
J. MANDIN
PRINT NAME
R4-B Applicant's Declaration
I declare that I hold a valid Authorization to Possess under the Marihuana Medical Access Regulations and that there
have been no changes to the information provided in my last approved application for an Authorization to Possess and, if applicable, Application to Obtain Dried Marihuana or Application for Licence to Produce Marihuana.
March 31, 2013
APPLICANTS SIGNATURE DATE
NEIL V. ALLARD
PRINT NAME

- 4 - 1/2 - 1/3 - 1/3



Portrait Studio in Walmart 6801 Island Hwy N Nanajmo, BC 2 9 2013 Certy this to be a true photograph of Signature of Official 02/04/2013

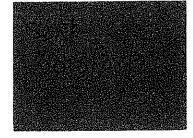
Reference #615803

Net Allera 712 Hamiton Ave., Nanalino, SC, V9R 4CB,	
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Correspondences	Create en Responsibilité Corresponsi
Reference No Status Correspondence Date Correspondence Type	
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Correstantiane Roles	

"Canada Post Tracking: AP # LT 757 909 954 CA. 1st verification by Mario 2013/05/15" $\,$

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ty / Prov.	Ville Prov.	Pustal	Çode C	ode postal	
Mr. Neil Vi 712 Hamilt			rann Sla.'	₩ 8a 1ā	entanti :





1 of 1

Address Locator: 3503B Ottawa ON K1A 1B9

MMAD-1792-13

Client ID: 23 Neil Allard 712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada

Dear: Neil Allard

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.

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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:

Enclosures

Address Locator: 0300A Ottawa ON K1A 1B9 MMAD-1792-13 Client ID: 23

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 serves as proof of your authority to possess marihuana for medical purpose. You should have this document with you at all times when you are in possession of the substance in case you are required to show proof to the police.

	THAT DEP OF AUTHORIZ	ATTON INTO DAGATIO		
	HOLDER OF AUTHORIZ	ATTON INFORMATIO	<u>x</u>	
NAME:	Neil Victor Allard	DATE O	FBIRTH:	25-May-1954
ADDRESS:	712 Hamilton Ave., Nanzimo, BC, VS Canada	PR 4G6, GENDER	t:	Male
MAILING ADDR	ESS: 712 Hamilton Ave., Nanaimo, BC, V	PR 4G6, Canada		
AUTHORIZATIO	N #: APPL-NVA-05-A00621622-54-13-A			
,	TERMS AND CO	ONDITIONS		
The maximum qualified Possess is: 600	nantity of dried marihuana that you may grams.	possess at any time und	ler this Au	thorization to
	MEDICAL PRACTITIO	NER INFORMATION		
NAME: Dr.Jati	inder Singh Mander			
	VALIDITY DATE	<u>:</u> 15-Jul-2014		
	as the validity date represents the last da a licenced producer.	y that you may use this	licence to	obtain medical
authorization to p to register with a	for your licence is March 31, 2014. At the possess marihuana; however, until the v. Licensed Producer to purchase marihua ir licensed producer may be used as producial purposes.	nat time this no longer palidity date noted above an a for medical purposes	you may The doc	use this licence uments you
	Lorde Prode. Ad Districtor, Brown du cannoble médicul. Ad Districtor, Brown du Cannoble médicul. Ad Districtor, Brown du Federal Cannoble Controlled Substances & Tribosom Discrement Finishin des chiefemers et complérée et de la blite set rabajaisor Fredit Cannoble 3 Berdé Cannoble		DATE OI 15-Jul-20	
PLEASE REA	D ALL ENCLOSED DOCUMENTS			
ENCLOSED D	OCUMENTS:			
Authoriza	ion you should know about your ation to Possess dried marihuana .icence to Produce			
e.c.: Dr. Jatinder	Singh Mander			

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

Canadä'

Address Locator: 0300A Ottawa ON K1A 1B9

MMAD-1792-13 Client ID: 23

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 serves as proof of your authority to produce marihuana for a medical purpose. You should have this document with you at all times in case you are required to show proof to the police.

HOLDER OF LICENCE INFORMATION

NAME:

Neil Victor Allard

DATE OF BIRTH: 25-May-1954

ADDRESS:

712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada

GENDER:

Male

MAILING ADDRESS:712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada

LICENCE #:

APPL-NVA-05-A00621622-54-13-A

TERMS AND CONDITIONS

PRODUCTION SITE:

712 Hamilton Ave., Nanaimo, BC, V9R 4G6, 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

98 PLANTS (indoor) or 0 PLANTS (outdoor).

STORAGE SITE:

712 Hamilton Ave., Nanaimo, BC, V9R 4G6, Canada

STORAGE QUANTITIES:

The maximum quantity of dried marihuana that you may keep at the storage site

at any time under this Personal-Use Production Licence is:

4410 grams and it must be stored indoors.

EXPIRY DATE

This Personal-Use Production Licence expires on: 31-Mar-2014

ISSUED BY:

DATE OF ISSUE: 15-Jul-2013

PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS: Information you should know about your Authorization to Possess dried marihuana and / or Licence to Produce

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

Canadä



☐ Mrs. ☐ Miss ☐ Ms. €	o√Mr,	
Print Name	Manufacture and the Conference of the Conference	CONTRACTOR CONTRACTOR AND CONTRACTOR OF THE CONTRACTOR CONT
	ALLARD, NEIL	1 VIndulator
Date of Birth: \$75 /	A 1854	Gender: M
Address: 7/2	HAMILTON ATE-	Apartment Number:
City: NANAIMO	O Province: 名. C.	Postal Code: V 4 K, 4 6
	3-0125 a - 74	
Fax: ()		
E-mail:		
a	ole, please provide lot and concession number:	
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Lot Number; Concession Number;	istorials allowed the artifety matrix countries (p. 150) for the property of t	ме (Стомет межет дестава на различности престоя на да вет за запад
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Lot Number: Concession Number: Mailing Address (if different fr	rom above): Province:	Apartment Number: Postal Code:

You are required to choose one of the following:

🗇 I plan to purchase dried marihuana from Health Canada and request that my approval to receive dried marihuana be renewed.

IMPORTANT: If you want to purchase dried marihuana but do not currently have approval to receive the Health Canada product, you are required to complete FORM E1: Application to Obtain Dried Marihuana.

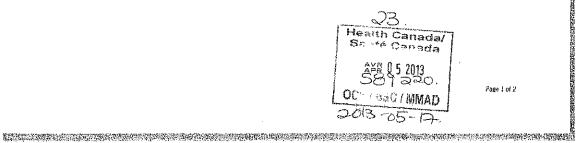
Iplan to produce my own marihuana and request that my existing Personal Use Production Licence be renewed.

IMPORTANT: If you want to produce your own marihuana and do not currently hold a valid Personal-Use Production Licence, you are required to complete FORM C: Application for Licence to Produce Marihuana by Applicant.

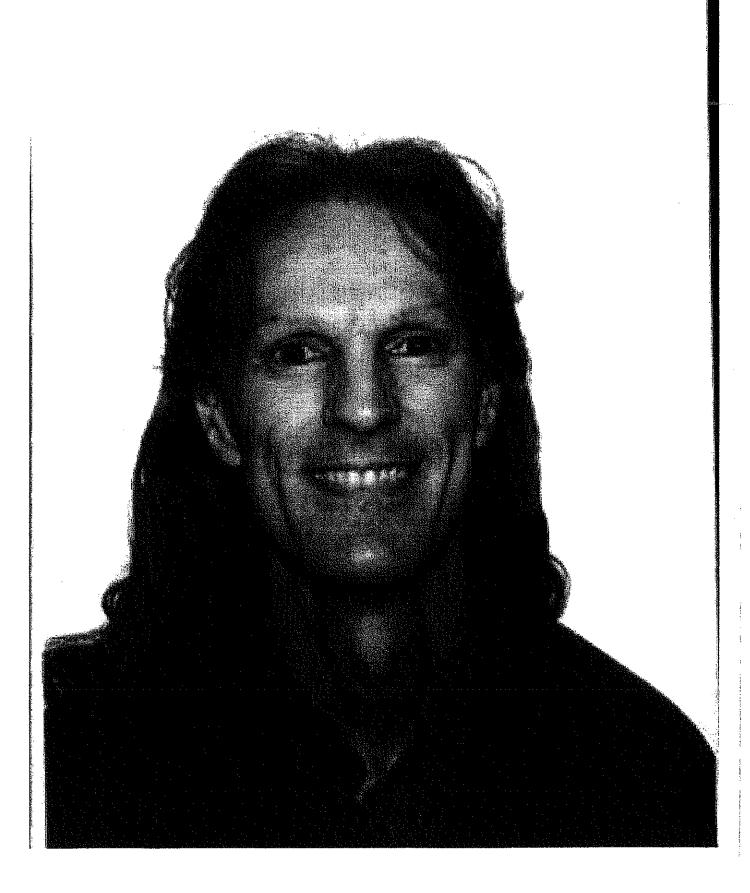
OR

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

IMPORTANT: You are required to complete FORM D: Application for Licence to Produce Marihuana by a Designated Person even if renewing an application.



	Medical practitioner's full name: DR. J.S. MANDER	
•	Provincial medical licence number: 27/4/66	
	STAMPJE AVAILABILD THE MEDICAL ARTS CENTRE 30-650 SOUTH TERMINAL AVENUE NANAIMO, BC, V9R 5E2 (250) 753-3431	ner a a thuis a s
	Business Address: 30 - 650 SOUTH TERMINAL AVE, Suite Number:	
	City: NANALALO Province: B @ Postal Code: VIR	5E2
	Telephone: (250) 753-3431 Dr. 741-0447	- Area -
	Fax: 1	1 T-0 11 C022 184 4 C7 T+ F
	C-11(2)). Actually and the proportion of the control of the contro	***************************************
	R4-A Medical Practitioner's Declaration and Signature	
	I declare that I am the treating medical practitioner of the individual making this renewal application for an Authorization for an Authorization of the information in the last declaration signed by me.	tion to provided
*	MEDICAL PRACTITIONERS SIGNATURE DATE	
	PRINT NAME	
	R4-B Applicant's Declaration	
	I declare that I hold a valid Authorization to Possess under the Marihuana Medical Access Regulations and that there have been no changes to the information provided in my last approved application for an Authorization to Possess a applicable, Application to Obtain Dried Marihuana or Application for Licence to Produce Marihuana.	nd, if
	APPLICANTS SIGNATURE DATE	
	NEIL V. ALLARD	
	PRINT NAME	
		Page 2 of 2
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Portrait Studio in Walmar!
6901 Island Hwy N
Nanaimo, BC
Photo Taken: 29 2013
certify this to be
a true photograph of
NEIL ALLARA
CMANDER
Signature of Official
2/04/2013

Reference #632152

43.	First Mains Mea	Sumame Allerd	7/2 Hanston Ave.	Molling Address Nations BC, Y97 4G6, Cana	Ge	Data Of Birth Primary 1954-15-25 250-753-0125 (1	
	Correspondences			**************************************	"	Create in Asse	cialed Correspond
	Beference No [615903] 832152 \$22452 638192 638192 646252 866390	Status Ciosed Ciosed	2013-05-07 2013-05-07 2013-06-22 2013-06-27 2013-06-03 2013-06-03 2013-06-19	Cerrespondence Type Mail Call Call Call Call Call Mail Mail Call Mail Call Mail Call Call	Out &	Application inquiry Application inquiry Application inquiry Application inquiry Application	
	Attochments Report Flename Correspondence Rot			Upload File Document Ty	<u>Downtoa</u>	d Selected File Date Crested	

"Comments: The caller is really upset because he received his renewal license but it has the same expiry date as his old license. He wants this rectified. The caller is very upset and says he will take legal actions and he wants his call tomorrow between 8am - 10am Pacific Time. A call back would be appreciated. Leave message - yes

Client ID: 23

First Name: NEIL

Last Name: ALLARD

Street Address:

City:

Province:

Postal Code :	
Day Phone : 2507530125	
Extension :	
Fax:	
Email:	
Evening Phone :	
Call Date: 22-MAY-13	
Call Bank Time : 08:00 - 10:00 (Pacific)	
Leave Message : Yes	
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 :	

I called 2507530125 and spoke to Neil. As indicated in the comments left by the front line service, he was aggravated from the start of the conversation because of the error made in his license. I had to put him on hold to consult with a TL about his inquiry because he wanted to know what would be the expiry date on his corrected license as the information in the system did not give me that information. He was then frustrated that I had to put him on hold for ¿so long¿ and that I should¿ve investigated the case before calling him. He was not satisfied with my initial response and had additional inquiries, therefore, I had to investigate further. He did not want to understand that. I told him that his application had been processed as an amendment instead of a renewal, consequently, the expiry date remained the same. I told him I would do a request to have it corrected and that I assumed that the expiry date would be July

15th 2014. I told him I could not know for sure until it was printed and issued again. He then told me that he was documenting all the errors done by HC and kept on asking me how many times we do errors like these happen. I told him that I was unable to put a number on that because I can only speak for myself, but it is the first time for me. He said that he was going to bring the information to his MP and wanted to know if he could file a complaint through me. I told him he would have to do it in writing to the MMAP by fax, email or mail. He said that he would not do that because it wouldnet be addressed because he would be sending a letter of complaint to the entity that he complaining about, therefore it would be disregarded. He then expressed his wish to have made me a more compassionate person towards the needs of people who need medical marihuana to which I replied that I already was. I told him that I was expecting for the corrections to be made within a two week period (and pressed the word ¿expecting¿). He thanked me and we hung up.

Vanessa B

2013.05.27@10:40"

Reference #638182

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"Preliminary Assessment: (Vanessa B) Approved by Max. 2013.05.27

The license has been processed as an amendment instead of a renewal. Consequently, the expiry date did not change and is valid only until July 15th, 2013. Please change the expiry date according to his renewal request.

Thank you

CSA request in process - AB, 14 June 2013 Note to Client Services: this AP's renewed authorization/licence is in the process of being reissued. As you may know, the printing team has not printed anything since last week. We are holding off generating new licences pending the SAMM 2 update. When that happens, this AP's renewed authorization/licence will be issued, printed and mailed out - AB, 14 June 2013

Note to file:
Tracking Number: LT757482352CA
AcceptedIn transitDeliveredA bar showing 'In Transit'¿Indicates your item is en route to a postal facility at the destination. A bar showing 'Check Track History'¿Indicates the delivery of your item has been interrupted. Check the Track History section below for specific details. ¿For Return to Sender items, the progress bar will not track the delivery of the returned item but new scan events will display in Track History. A bar showing 'Out for Delivery'¿Indicates that your item is on its way to its final destination.
2013/06/26 2013/06/27Delivery Times Delivery Times
Sending within Canada?
Sending to the U.S.A.?
Sending internationally?
Expected delivery
Exceptions apply in some areas. Exact delivery standards exist for every origin-destination combination. Consult our delivery standards tool or our shipping products & services information.
Delivery Times
i This is the most up-to-date information available. Check back for updates or sign up for email notifications.

Track History Date Time Location Description Retail Location Signatory Name

2013/06/26 19:12 OTTAWA Item processed at postal facility

15:24 OTTAWA Item picked up by Canada Post

Brian June 27 2013 @ 12:42

I called 250 753-0125 and spoke to Neil Allard. He was taking detailed notes of the call as he said that he was taking Health Canada to court.

He asked for my last name and I told him we don't provide our last names. I said I was calling regarding a request he had put with our office regarding his licence.

I provided him with the following information

Tracking Number: LT757482352CA

AcceptedIn transitDeliveredA bar showing 'In Transit'Indicates your item is en route to a postal facility at the destination. A bar showing 'Check Track History'Indicates the delivery of your item has been interrupted. Check the Track History section below for specific details. For Return to Sender items, the progress bar will not track the delivery of the returned item but new scan events will display in Track History. A bar showing 'Out for Delivery'Indicates that your item is on its way to its final destination.

2013/06/26 2013/06/27Delivery Times Delivery Times

Sending within Canada?

Sending to the U.S.A.?

Sending internationally?

Expected delivery

Exceptions apply in some areas. Exact delivery standards exist for every origin-destination combination. Consult our delivery standards tool or our shipping products & services information.

Delivery Times

i This is the most up-to-date information available. Check back for updates or sign up for email notifications.

Track History Date Time Location Description Retail Location Signatory Name

2013/06/26 19:12 OTTAWA Item processed at postal facility

15:24 OTTAWA Item picked up by Canada Post

He asked me to give him the expiry date on the licence and I provided him with 2014-07-15.

He asked me if I work for Health Canada and I confirmed that I am a Health Canada employee.

He asked about the new regulations and I told him that as things now stand as of April 1st there would be no more home or personal grows, all supply would be from licenced producers.

He said "So that's what you think?, we'll be filing a court injunction against that." He also said he had asked for a copy of the new regs.

He then asked if the police came to his door on July 6th wouldn't he be covered for that. I said no because the current regulations would no longer be in force.

He wanted to know what good the expiry date of July 15th 2014 was and I told him that would be a validity date to allow him to obtain his product from a licenced producer.

He said "Validity date? When did you make that up, will that be on the paper I'll receive? Before I could continue he asked about the validity of the licence to grow until July 15th and I told him I had answered that already. He then started to talk to me about the charter of rights and freedoms and I told him that was beyond the scope of this call centre.

I told him that it sounded like he had a complaint against the program and that all complaints must be sumbitted in writing.

He then said "Oh, so just a call centre. So you don't work for Health Canada. If you'd told me that up front we could have avoided most of this."

I told him that if he didn't have any other relevant questions and persisted I would have to terminate the call.

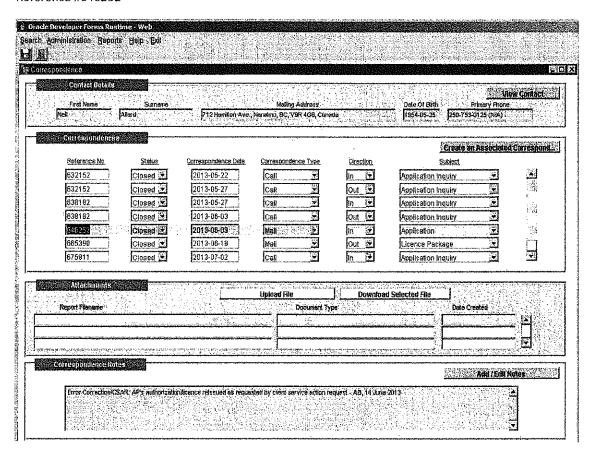
He started telling me I was part of a huge corrupt machine and I told him that all complaints were to be submitted in writing.

He wouldn't stop so I terminated the call.

Note to file: the client's attitude through most of this call was rough and combative.

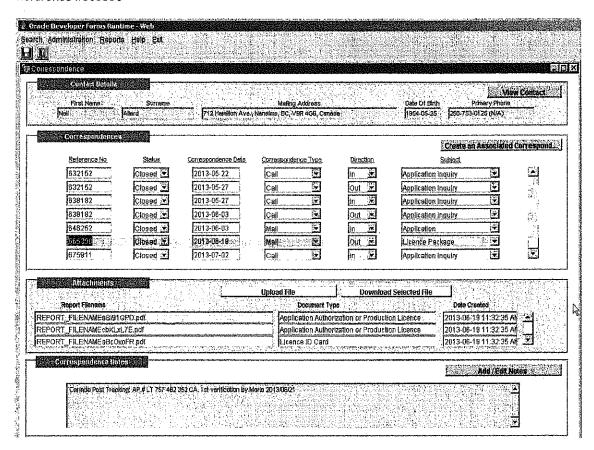
Brian June 27 2013 @ 13:09"

Reference #646252

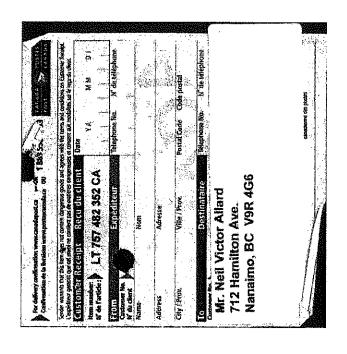


"Error Correction/CSAR: AP's authorization/licence reissued as requested by client service action request - AB, 14 June 2013"

Reference #665390



[&]quot;Canada Post Tracking: AP # LT 757 482 352 CA. 1st verification by Mario 2013/06/21"



Neil Allard

Reference #675911

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"I was able to speak with Mr. Allard and he was wondering why we sent him two separate licenses with different expiration dates.

I let Mr. Allard know that we did make an error with the issue and Expiration date on the last License we sent him and thats why we sent him a new one. Mr. Allard thinks we were conspiring against him so he would not be able to produce after March 31, 2014

I let Mr. Allard know that all licenses do become void as of that date and we were not conspiring against him. Mr. Allard said he would be taking us to court because we are ruining lives.

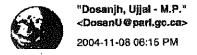
He asked what he was supposed to do come March 31, 2014 and I informed him he would need to register with a CLP.

Mr. Allard was not too happy about that and let me know that we are being taken to court because we are ruining lives and that we wont be getting away with it.

YA July 2, 2013

3:52PM"

NOV 1 0 2004 Am H



To: <mlnister_ministre@hc-sc.gc.ca> cc: Subject: FW: Proposed Changes to MMAR

BCD Health Canada DCHG Sante Canada 際 NOV 1 P . LS4 DH-012335-576

From: Neil [mailto:neilonline@shaw.ca] Sent: November 8, 2004 6:06 PM To: Dosanjh, Ujjal - M.P. Subject: Proposed Changes to MMAR

Hard copy to follow by Canada Post:

November 7/04

Neil Allard

489 Hamilton Ave.

Nanaimo, B.C.

V9R 4G1

Honourable Health Minister Ujjal Dosanjh

Minister's Office-Health Canada

Brooke Claxton Bldg., Tunney's Pasture

P. L. 0906C Ottawa, Ontario, Canada

KIA 0K9

Dear Mr. Minister,

Re: The newly proposed medical marijuana regulations (MMAR)

I am a former social worker and medically retired counsellor from Veterans Affairs Canada, I developed a complex set of medical problems in 1993 and was no longer able to work after August, 1995. I was retired in 1999.

I have moved from Vancouver to Nanaimo on Vancouver Island in order to lessen my stress. I continue to see my general practitioner in Vancouver, as there are no doctors taking on patients here, and I have developed a very good rapport with my G. P. in Vancouver and do not want to lose her.

My purpose for writing has do to with the statements in the proposed changes to the MMAR. I recently acquired an authorization to produce my own medical cannabis, after having seen many specialists for my condition. I have written support from two specialists and from my G. P.

They understand how I have tried dozens of pharmaceuticals with very bad side effects. The current therapy of cannabis and small amounts of two mild pharmaceuticals has stabilized my condition so that I feel like I can go on living.

I live alone in my own home and I have had all the necessary work done, at my own expense, so that I may be able to grow my own medicine SAFELY. I live next door to an RCMP officer and I have received no complaints from any neighbors. My garden is indoor and well secured. It poses absolutely no threat to the community, nor do I.

In fact, I am saving professional workers in the medical field, and bureaucrats, a lot of time, work and money, since I supply my own cannabis medicine at my own cost.

If the proposal to phase out my garden is successful, as is planned in the new regulations, I will have to find the two similar strains of cannabis which I use, and will be forced to pay out an amount of \$150.00 per ounce. At five ounces per month, I calculate an amount of \$750.00 per month and any other shipping or traveling costs. I believe this is an outrageous amount to be expected to pay to cover medications. I simply cannot afford it!

If I can SAFELY grow my own cannabis, and I am hurting no one, why on earth would this Government want to change that and create a huge, unnecessary financial burden on me.

I have gone through all of the red tape and hoops designed to discourage my application to grow, and now this authorization is being threatened.

I find this to be very distastefully, very worrisome, and in very bad faith.

I do not want to be forced into court to fight for this, as many are planning on

doing, and I certainly do not want to be bothered by the Police for taking my prescribed medicine.

I urge this government to do the right thing and continue to allow persons such as myself to responsibly provide our own home grown medicine. I, and others who have seen me ill, can attest to the fact that cannabis significantly improves my quality of life and gives me some hope to keep on living.

If the home growing aspect of the program works well for people, why not simply leave it alone?

I urge you to reassess this part of the new proposed regulations so that, I, and many others like me, may continue taking on our own responsibility of assisting ourselves medically, without interference form the government.

Sincerely,

cc: Ms. Jean Crowder, MP

November 7/04

Neil Allard 489 Hamilton Ave. Nanaimo, B.C. V9R 4G1

Honourable Health Minister Ujjal Dosanjh Minister's Office- Health Canada Brooke Claxton Bldg., Tunney's Pasture P. L. 0906C Ottawa, Ontario, Canada K1A 0K9

Dear Mr. Minister,

Re: The newly proposed medical marijuana regulations (MMAR)

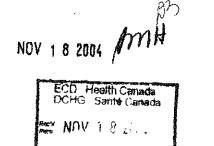
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Sincerely,

W Word

cc: Ms. Jean Crowder, MP

Gouvernement du Canada Government of Canada

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Vol. 138, No. 43 - October 23, 2004

Regulations Amending the Marihuana **Medical Access Regulations** 30 days

Statutory authority

Controlled Drugs and Substances Act

Sponsoring department

Department of Health

REGULATORY IMPACT ANALYSIS STATEMENT

(This statement is not part of the Regulations.)

Description

The main objective of this initiative, undertaken by Health Canada, is to respond to concerns expressed by the stakeholders in the medical marihuana program by

- streamlining the regulatory requirements and processes associated with applying for an authorization to possess marihuana for medical purposes under the Marihuana Medical Access Regulations (MMAR);
- enabling Canadian police to access the information they need in order to prevent unnecessary law enforcement action being taken; and
- moving the provision of marihuana for medical purposes in Canada toward a more traditional health care model.

In presentations to Health Canada, patients have characterized MMAR requirements and processes for obtaining an



Health Canada

Assistant Deputy Minister

Healthy Environments

and Consumer Safety Branch Santé Canada

Sous-ministre adjoint

Direction générale. Santé environnementale et sécurité des consomnateurs

JUL 27 2005

Your file Valle Afterence

Out the Hetré délévance

Mr. Neil Allard 489 Hamilton Avenue Nanaimo, British Columbia V9R 4G1

Dear Mr. Allard:

Thank you for your correspondence of November 7, 2004, addressed to the Minister of Health, the Honourable Ujial Dosanjh, concerning the proposed amendments to the Manhuana Medical Access Regulations (MMAR), which were published in the Canada Gazette, Part I, on October 23, 2004. I regret the delay in responding.

Although the Regulatory Impact Analysis Statement that accompanied the proposed amendments published in the Canada Gazette referred to future plans to phase out personal production, no changes to the MMAR are being proposed at this time with regard to the licensing scheme which permits authorized persons to produce marihuana for themselves or to designate a person to produce on their behalf. The phaseout of personal production and elimination of licenses to produce would require further regulatory amendments and the establishment of a pharmacy-based distribution program. Stakeholders will be consulted and all Canadians will be afforded the opportunity to comment on the proposal at such time as Health Canada may propose MMAR amendments to proceed with the implementation of this plan.

Authorized persons are being notified directly that the present regulatory amendments have been approved by the Treasury Board and were published in the Canada Gazette, Part II, on June 29, 2005.

I trust that the foregoing has clarified this metter.

Yours truly,

Susan Fletcher

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Jean Crowder, MP

Nanaimo - Cowichan



July 20, 2007

Neil Allard 489 Hamilton Avenue Nanaimo, BC V9R 4G1

) Fleann Canada 46 Santé Canada DEC 0 3 2007

Copy lo Words.

Dear Neil,

Re: Medical Marijuana Licence

This is to follow up on your most recent contact with my office with respect to Health Canada and difficulties in obtaining your annual licenses for possession and personal-use production of medical manijuana. We have met to discuss the matter before and I regret that you continue to experience the stress of last minute approvals.

I understand that you are interested in contacting the Auditor General to follow up on this persistent issue. My understanding is that the Auditor General will respond to citizen requests. Please include me as a courtesy copy in your letter, addressed as follows:

Office of the Auditor General of Canada

240 Sparks Street Ottawa, Ontario K1A 0G6

I appreciate that you continue to advocate for medical marijuana users across Canada. My colleagues and I will continue to support you in that endeavour.

Sincerely,

lean Crowder, ਐਂਜ Nanaimo-Cowichan

JC/mhb

ECO Heal'h Canada Hrs San - Canada DEC 0 3 2007

Parliamentary Office

Room 405, West Block, House of Commons Ottawa, ON KIA 0A6 Tel: (613) 943-2180 Fax: (613) 993-5577

Community Office

101-126 Ingram Street, Duncan, BC V9L (P) Tel: (250) 746-4896 1-866-609-9998 Fax: (250) 746-2354



Email: jean@jeancrowder.ca Website: www.jeancrowder.ca

November 21, 2007

Neil Allard 489 Hamilton Ave. Nanaimo, B.C. V9R 4G1

Office of the Auditor General for Canada 240 Sparks Street Ottawa, Ontario, K1A 0G6

Dear Sir/Madam,

Re: Health Canada's medical marijuana program

I am a permanently medically retired counsellor who last served in the federal government at Veterans Affairs Canada. I have suffered with myalgic encephalomyelitis since at least 1995, when I was first diagnosed.

My concern for your Office has to do with the tremendous strain and stress I experience in dealing with Health Canada, for the use of medial marijuana, which has proven to improve my quality of life. I have gone through FOUR applications now.

In spite of the severity of my condition, with many symptoms, I am forced by Health Canada to find a specialist to consult with every year for my application forms instead of having the forms signed by my GP, as is acceptable for other medical conditions. This alone creates the need for travel in cars and ferries to Vancouver. This is very difficult and stressful for me and is counterproductive as I have pointed out to Health Canada.

I have written support for marijuana, from three medical doctors, going back to 2001. I have a letter from Dr. Bruce Carruthers, the leading expert in this condition, recommending marijuana as part of my overall therapy. This was sent to Health Canada along with the two other letters.

My doctors are aware of the many trials with mainstream, conventional drugs, which have left me riddled with very disturbing side effects.

I use marijuana in vapor form, as a tea, or in baking. My specialist and my GP both advocate the continuation of my medical marijuana usage.

Even though I have a permanent medical retirement from Health Canada, this Department refuses to respond to my request for a permanent authorization to produce and use medical marijuana, and insists that I complete and bother my doctors with thick forms every year, months in advance.

In spite of my compliance with theses requirements, they are constantly late with permits.

I have had to involve my Member of Parliament, Jean Crowder, to deal with Health Canada on

this matter since the first application, simply because I am too unwell to deal with all of their red tape, and their attitude of apparent wrongdoing, which stresses me out badly. This stress can have a dramatic effect on the severity of my symptoms of my condition, leaving me bedridden and unable to cope with daily life.

The staff in this department have a tendency to treat applicants, not as an intelligent taxpayers, but as a criminals. I believe we are dealing with an <u>Abuse of Governmental Power</u> in this Department and I am requesting an investigation.

They have been repeatedly late with permits, in spite of my M.P.'s involvement. As a result, I am left at risk <u>medically</u>, <u>legally</u>, and <u>financially</u>, and am forced to become <u>political</u> instead of trying to live a peaceful life without these types of stressors, as my doctors recommend. <u>The end result is that my health deteriorates</u>.

<u>I need your help to intervene</u>. Health Canada has not responded to my written letters requesting information, suggesting change, or to simply to give me a permanent authorization, or allow my GP to sign the forms, so I can avoid all this unnecessary stress.

I have enclosed a copy of correspondence from my Member of Parliament supporting me on this issue, and I authorize your department to contact her and discuss the specifics of my case, if necessary and/or appropriate to your mandate.

The taxpayers' costs of this program is another matter which I seriously hope you will review. I believe that there are millions of wasted tax dollars on this poorly designed and badly run program.

I am able to produce organic, medical grade marijuana for myself, at a fraction of the cost of what Health Canada charges and I incur all of my own costs. The taxpayer is being duped here.

Cultivation by users enables them to control the product they require and avoid supporting illegal cultivation and all of it's negative implications.

The obvious advantage is that I absorb all the costs of my own cultivation, and therefore part of my own medicine. I also take responsibility for my own health, which translates to much less of a burden on doctors, government, pharmacies, or third party health insurance. It's simple, reasonable, and financially sound. Why all the obstacles?

Sincerel

Neil V. Allard, B.S.W.

cc: Ms. Jean Crowder, M.P.

cc: Dr. Bruce Carruthers, M.D. (Internal Medicine)

cc: Dr. J. Mander, M..D.

cc: Mr. Tony Clement, Health Minister for Canada

November 22, 2007

Neil Allard 489 Hamilton Ave. Nanaimo, B.C. V9r 4G1 ECD Health Canada DCHG Santé Canada

DEC 0 7 2007

#07-011199-678

Minister's Office - Health Canada Brooke Claxton Building, Tunney's Pasture Postal Locator: 0906C Ottawa, Ontario, Canada K1A 0K9

Attention Mr. Tony Clement:

I am attempting to get help with this Health Canada Medical Marijuana Program.

I am sending this to your office out of courtesy as I believe it is the responsibility of your Office to address the concerns I have raised with the Auditor General.

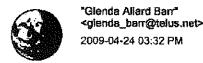
I have enclosed my letter to the Auditor General of Canada indicating <u>some</u> of the problems of this very badly run program.

Sincerely,

Neil Allard, B.S.W.

cc: Ms Jean Crowder, M.P.

C.C.



To <ronald_denault@hc-sc.gc.ca>

cc <LunneJ@parl.gc.ca>, "Leona Aglukkaq" <Minister_Ministre@hc-sc.gc.ca>, "Neil" <twinmind@telus.net>

bcc

Subject difficulties with MMAR re: Neil Allard

April 24, 2009 6860 Wayne Place Lantzville, BC 250 390 2822

Mr. Ronald Denault, Manager Marihuana Medical Access Division

Dear Mr. Denault,

ECD Health Canada DC-1G Sante Canada Res. APR 2 7 2005 Res. 4 09-002908-978

I am writing with the faint hope of appealing to your sense of compassion and fairness.

My husband, Neil Allard, has submitted his sixth application under the MMAR regulations. His specialist had retired and he is using a doctor, Dr. Jatinder Singh Mander, who is familiar with the use of medical marijuana from his practice in Britain, but signed the Health Canada forms for the first time in support of Neil's application.

All of the paperwork was in order, and then, yesterday, Neil received a letter signed by yourself, and a copy of a letter to his doctor requesting that he again complete form B2. Although reference is made to the need to confirm the dosage, no indication is given of the reason for completing the form again. If there is a need for further confirmation, the form should be designed to reflect this. It does not seem reasonable to ask for resubmission of a form without explaining why the original is not acceptable, or to submit the patient or, indeed, the doctor to the additional stress of dealing with additional paperwork.

Is any consideration made of the fact that MMAD is set up to deal with sick and dying Canadians? Most of the conditions that qualify patients for access to this program are greatly exacerbated by stress, and the application process, including finding a doctor who is willing to deal with the extra work, and, indeed, at times, harassment, involved in the application, is quite onerous. This seems to be a deliberate attempt to discourage doctors from supporting applications under MMAR and limit their ability to best serve the patient.

In my husband's case, as in others I am acquainted with, the relief provided by the use of cannabis as a medicine is a requirement to make life livable. Ordinary tasks that seem quite mundane to those of us who are fortunate enough to have good health can be quite overwhelming to those who are struggling with a terrible illness.

It is a beautiful, sunny day here, and Neil was feeling sufficiently well enough to enjoy the day, to venture outdoors as he is rarely able to do. He has suffered a terrible setback due to what amounts to harassment from MMAD, and is in bed, so far unable even to eat. The stress involved in dealing with this "health" program sabotages his ability to take small pleasures from life.

Neil tried to call you to obtain some answers and assurances, but, as usual, his call was answered by a powerless Call Centre employee who advised that the call would be returned within 3 business days for a call back. Since this is Friday, it is unlikely that call would come before Tuesday or Wednesday. This is a great problem for many patients, since that call back may come when they are sleeping or not fit, because of their health condition, to take the call.

Waiting for that call back and clarification of the issue will take a terrible toll on Neil's health. He is asking if there is any point in continuing with this life if he must continue to endure this kind of suffering. I am not over-dramatizing the effect of this issue. Is this the kind of burden Health Canada wants to inflict on ailing citizens of our great nation?

Neil is fastidious about conforming to the MMAR requirements, yet this is not enough and more hurdles are imposed.

Please, Mr. Denault, could you give some consideration to the suffering endured by our fellow citizens who are in need of support, rather than hindrance, for their well-being. I beseech you to respond to the issues I have raised and contact me to clarify the reason for the challenges presented to participants in this program.

I await your reply and hope for a better future for Canadians who benefit from marijuana as a medicine.

Sincerely,

Glenda Allard Barr

cc Ms. Leona Aglukkaq, Minister of Health; Dr. James Lunney, MP: Neil Allard

"If the people let government decide what foods they eat and what medicines they take, their bodies will soon be in as sorry a state as are the souls of those who live under tyranny."

- Thomas Jefferson

Neil Allard 712 Hamilton Avenue, Nanaimo, B.C V9R4G6

February 19, 2013,

The Honourable Leona Aglukkaq, P.C., M.P. Health Canada Brooke Claxton Building, Tunney's Pasture Postal Locator: 0906C Ottawa, Ontario K1A 0K9

Dear Minister,

Re: the proposed changes to the medical cannabis program

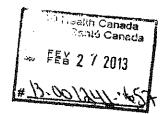
By way of introduction, I am 58 years of age, 5' 11 ¾" tall and weigh 126 pounds. I have been unable to work due to serious ill health since 1995. I was educated as social worker and I am a retired counsellor from Veterans Affairs Canada. I suffer from a condition known as myalgic encephalomyelitis, a serious neuro-immune disorder affecting every system in the body. I also suffer from clinical depression, a lifelong inherited ailment, which was exacerbated by the newer condition. I use cannabis to treat a number of severe symptoms related to these conditions.

Unfortunately my symptoms have become much worse under the weight and strain of these proposed Health Canada medical cannabis program. I have actually begun experiencing nightmares of police raids on my house and horrors of being put in prison.

Can the Minister imagine having to experience nightmares of this type when there was never a crime? I cannot afford to purchase cannabis and I need clean organic specific strains. I absolutely need to continue growing my own cannabis to survive with my poor health.

The really frightening part is that this government wants to imprison me for a minimum of two years if I continue to do what has been well documented by a number of physicians to be very effective treatment for me. This is my own body and my own health! I object profusely! In terms of Charter Rights, I believe this situation is similar to the abortion issue and we know what happened with that.

Once I received my authorization in 2002, I made enquiries to Health Canada about safety issues, inspections, and help with seeds and basic growing information. Unfortunately, I received no help, and was advised to search the internet for seeds. So I wonder how it is that the Minister of Health can site safety issues as a reason for attempting to eliminate our right to grow at home, when the issue was never properly addressed by Health Canada in the first place. In fact it was ignored. Perhaps it was the Minister's intent for this program



to fail so that "big business" could make profits from sick and dying Canadians who do not want pharmaceutical prescription drugs in their bodies.

Without assistance or even proper cooperation from Health Canada, I began putting a lot of time and energy into research and planning and developing knowledge of organic cannabis growing and having a production site built. I have invested substantial amounts of money to set up the production sites; I have just moved residences and had my third production site built by professional tradespeople. My current site is a corner of my basement and is designed for indoor gardening with professional lighting, wiring, insulation, and venting. The heat from the lights is filtered and used to heat my home. I grow for personal use only.

The problem of medical patients or designated growers selling could have been addressed at the start of this program by setting proper limits on the number of lights been used or the actual size of the canopy that light the tops of the plants. I use only two 400 watt bulbs for the vegetative phase and a maximum of two 600 watt lamps for the flowering phase, in a small room adjacent to the first room.

The abuse of the program arises when growers are operating too many high intensity lights, sometimes hundreds of lights, filling an entire house at times. Surely, this could have been properly regulated by limiting the size of the growing canopy or the number of lights. This can still be done!

I have learned how to successfully grow cannabis without the use of harmful chemicals and toxic insect sprays, and I find the oxygen released by the plants, along with the gentle exercise of growing, highly therapeutic.

In terms of conventional medications, I have tried countless prescription drugs but cannot tolerate them because of extreme sensitivities to pharmaceutical medications and I am also concerned about the long term side effects of these toxic drugs. My daily dosage of cannabis is 20 grams which currently costs me approximately \$100 per month and some additional periodic costs at the garden store, as needed. I vaporize the buds and leaves, and I chew the fresh leaves. Many cannabis strains do not work for me and actually worsen some of my symptoms. I have identified twelve strains, high in CBD's specific to my needs and I grow those.

I cannot afford inflated black market prices for an herbal plant which costs pennies to grow but an expected \$8 or so per gram to buy. The math is scary..... 160.00 dollars or more per day! I believe it unreasonable to expect me to afford it. I also believe that a court of law would agree that my constitutional rights are being violated.

I realize that your government is not in favour of legalization, which would essentially solve the problems associated with this program. Health Canada has been forced by the courts to ensure safe access of cannabis for medical need and it has an obligation to do so. My access to cannabis is eliminated if I cannot grow it myself, because I simply cannot afford to purchase it.

On December 16, 2012 the Minister stated in the media that there were 500 authorized patients in the program in 2002, and on December 16, 2012, there were 26,000 patients. It seems to me that the numbers of applicants alone would suggest that cannabis is a highly effective, popular and useful plant and that many Canadians want to grow their own medicine just as they do their own vegetables or other herbs. These numbers increased in spite of the problem getting doctors to sign, and in spite of the endless paperwork, waiting times for return phone calls, delays, lost applications, and hostility towards applicants.

Many doctors have been consistently unwilling to sign the Health Canada application forms and yet with the proposed changes, the Minister is appointing them "gatekeepers", once again, for this program, in spite of a pending appeal on exactly this issue regarding Mathew Mernaugh.

Medical doctors have been educated in the area of prescription drugs and most seem to have little, if any, knowledge about cannabis as a treatment. They also do not want to be the gatekeepers of this program and have said so publicly, so why appoint them "gatekeepers"?

If these proposed regulations are put into effect and home growing is eliminated as an option, I shall have to consult and seek support from my own provincial politicians to ensure that these preposterous criminal mandatory minimum laws are not enforced in the province of British Columbia for medical patients.

Although I am not fond of having to appear in a court of law, I also feel I have no choice but to challenge these disturbing attempts to take away a court given right to grow my own cannabis on the basis of some alleged safety issues.

Guns, alcohol and cigarettes which all take peoples' lives regularly are all acceptable and allowable by this government, but an innocuous highly beneficial plant that has never been known to cause death to anyone in history, is prohibited in spite of the findings of the Ledain Commission in the 1970's, the 2002 Senate report to legalize the herb, and a growing world popularity and interest in the medical use of cannabis.

With respect, does the Minister wish to cause enormous hardship on sick and dying Canadians? Does the Minister not understand the cruelty of threatening sick Canadians with prison sentences for taking care of their own health needs the way they see fit? Does the Minister not think that it would be much wiser to continue to permit home growing rather than to battle in court with taxpayers, using our money to do so?

In short, the Canadian courts has consistently found in favour of patients in these long drawn out court battles. May I suggest that the Minister consider a "grandfather" clause for current patients and growers? Otherwise, I see a lot of very passionate opposition to these changes, including my own, tying up the courts and wasting everyone's time, energy and resources, including taxpayer dollars.

I have documented all of my contacts with Health Canada including all phone calls, letters, applications, renewals and doctor visits, so that the courts can see what sort of bureaucratic hoops I have had to jump through, year after year.

Please acknowledge receipt of this letter. As this is a time sensitive issue and there are deadlines for filing an injunction, I look forward to the Minister's reply.

Sincerely,

Neil Allard

Cc: Dr. J. Mander

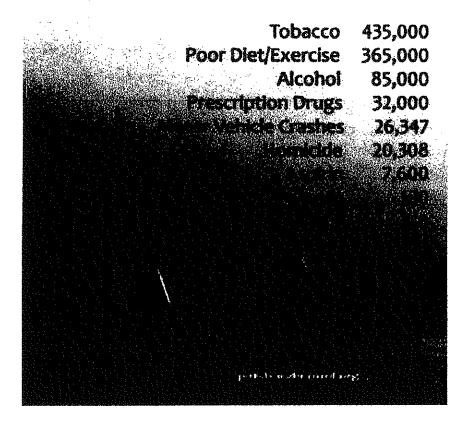
Jean Crowder, M.P.

Leonard Krog, MLA

f.S. I have enclosed some basic information about the incredible medical value of the cannalus plant, along with statistics on causes of deaths related to cannalus use.

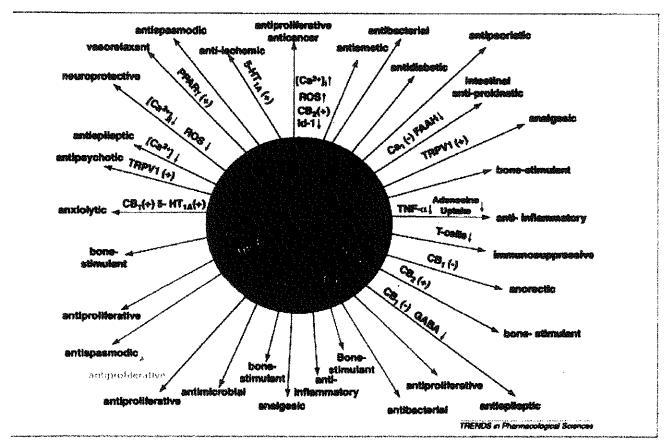
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ANNUAL DEATHS



Properties of Cannabinoids

From <u>Cannabis Therapeutics in HIV/Aids</u>, edited by Ethan Russo, M.D., Neurologist, and John McPartland. Hawthorne Press 2001, pages: 102 -132



s 1. Pharmscological actions of non-psychotropic cannabinoids (with the indication of the proposed mechanisms of action).

aviations: Δ⁹-THC, Δ⁹-tetrahydrocannabinoi; Δ⁸-THC, Δ⁶-tetrahydrocannabinoi; CBN, cannabinoi; CBN, cannabidioi; Δ⁹-THCV, Δ⁹-tetrahydrocannabiverin; CBC, strictnomens; CBG, cannabigenoi; Δ⁹-THCA, Δ⁹-tetrahydrocannabinoiic acid; CBDA, cannabidioiic acid; TRPV1, transient receptor potential variifoid type 1; PPANy, seems proliferator-activated receptor γ; ROS, reactive oxygen species; 5-HT_{1A}, 5-hydroxytryptamine receptor subtype 1A; FAAH, fatty acid amide hydrolase, iract or indirect activation; 1, increase;), decrease.



Minister of Health

Ministre de la Santé

Ottawa, Canada K1A 0K9

MAR 0 5 2013



Thank you for your correspondence of February 19, 2013, concerning the proposed *Marihuana for Medical Purposes Regulations* as published in *Canada Gazette*, Part I.

I am sorry to learn of your health conditions.

The Department has noted your comments regarding this proposal, and they will be given due consideration as the federal regulatory process progresses. Please be advised that Health Canada will not provide direct responses to comments received.

The reforms will continue to provide patient access to marihuana for medical purposes, while reducing risks to public health and safety, including diversion. The reforms will treat dried marihuana like other narcotics used for medical purposes by creating conditions for a new private market that would be responsible for its own production and distribution, governed by stringent security and reporting requirements by Health Canada.

For more information on the proposed regulations, please visit http://www.hc-sc.gc.ca/dhp-mps/marihuana/about-apropos/index-eng.php.

Thank you for writing.

Sincerely,

Leona Aglukkaq

Canadä