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

A Commissioner for Taking Affidavits

Health Santé Canada Canada

Address Locator, 3503B Ottawa ON KAA-1B9

MMAD-02115-10

# <u>AUTHORIZATION TO POSSESS</u> DRIED MARIHUANA FOR MEDICAL PURPOSES

You, have, met the requirements to be assued an authorization pursuant to section 11 of the Marshuana Medical Access Regulations (MMAR). You are necessy authorized to possess dried marshuana for your medical purpose in accordance with your authorization. This document and/or 1D card, will serve as proof of your authority to possess marihuana for a medical purpose. You should have at least one of these documents with you at all times when you are in possession of the substance in case you are required to show proof to the police

# HOLDER OF AUTHORIZATION INFORMATION

Shinon-Robert Davey 12017 Sevenih Ave Mission BC V2V 2A7 ADDRESS

GENDER:

08/06/1976 DATE OF BIRTH: Male

MAILING ADDRESS: Same as above

# TERMS AND CONDITIONS

The maximum quantity of dried-manhuma that you may possess at any time under this Authorization to Possess is 300 grains.

# <u>MEDICAL PRACTITIONER INFORMATION</u>

NAME

Dir Owyllyn Goddurd

### EXPIRY DATE

Please note this Authorization to Possess expires on July 16, 2011. Should you wish to renew your Authorization to Passess, please submit your renewal application at least 8 weeks prior to your expiry due.

ISSUED BY:

Ronald Denault, Manager

Marihuana Medical Access Division

Controlled Substances and Tobacco Directorate

DATE OF ISSUE:

2010-07-16

# PLEASE READ ALL ENCLOSED DOCUMENTS CAREFULLY

# ENCLOSED DOCUMENTS:

Information you should know about your Authorization to Possess dried marihuana

Dr. Gwyllyn Goddard 46198 Yale Rd Chilliwack BC V2F 2P1

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

Health Same Canada Canada

Address Locator: 3503B Onawa ON KIA 189

MMAD-02415-10

# DESIGNATED PERSON PRODUCTION LICENCE DRIED MARIHUANA FOR MEDICAL PURPOSES

You have met the requirements to be issued a licence pursuant to section 40 of the Marihagna Medical Access Regulations (MMAR). You are hereby licensed to produce dried manifulants. This document and/or ID card will serve as proof of your authority to produce marihuana. 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 L	ICENCE INFORMATION	AUTHORIZ	ED PERSON INFORMA	TION
ì	<b>学的原始深刻</b>		<b>安在外面特色</b>	ang kanyang bangan da	學學
3	NAME	Donald Edward Walsh	NAME	Shaven Robert Da	vey" 🧠
Ġ	DATE OF BIRTH:	<b>3/07/1949</b>	DATE OF BIRTH	08/06/1976	i venve
/	GENDER	Male	GENDER:	Mule	
Š	ADDRESS.	31231 Dewdney Trunk Rd	ADDRESS:	32017 Seventh Av	8
		Mission BC: V4S IC4		Mission BC-V2V	2A7
8					
٧.	MAILING ADDRESS		MAILING ADDRI	and the second second	
ij	MINITURE ADDICESS	s Same as above	hind my omin	SS: Same as above	) - Y

TERMS AND CONDITIONS

28640.123 Ave RODUCTION SITE:

Maple Ridge BC V2W IM1

Mode of Production: Indoors Only

PRODUCTION QUANTITIES: The maximum number of manhuma plants that you may have under

production at the production site at any time under this Designated Person

Production Licence 18 49 PLANTS (indoor).

28640 123 Ave STORAGE SITE:

Maple Ridge BC VZW IM1

STORAGE QUÂNTITIES. The maximum quantity of dried marihuma that you may keep ut the

storage site at any time under this Designated Person Production Licence

is 2205 grams and it must be stored indoors.

# EXPIRY DATE

Please note this Designated Person Fraduction Licence expires on July 16, 2011. Should you wish to renew your Designated Person Production Licence, please submit your renewal application at least 3 weeks prior to your expire date.

ISSUED BY:

Ronald Dendult, Manager

Marihuana Medical Access Division

Controlled Substances and Tobacco Directorate

DATE OF ISSUE

2010 - 07- 1-6

### PLEASE READ ALL ENCLOSED DOCUMENTS CAREFULLY

ENCLOSED DOCUMENTS

Information you should know about your Designated Person Production Licence

Shawa Robert Davey 32037 Seventii Ave Mission BC: V2V 2A



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



# Shawn Davey

# Reference # MMAD-02115-10

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

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

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

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

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

Tracking AP: LT560438720CA

Tracking DP: LT560438716CA"

# Application for Authorization to Possess Marihuana for Medical Purposes

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

an original authorization

# OR

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

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

# **Important**

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

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

Please forward all completed applications to:

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

DEC 2 3 2009

OCS / BSC MMAD

Canad'ä

Ghawn Davey

Applicant's full name:	and Dal	- A + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +
Date of Birth: 06/0	nava 18 M/DIY	u Javey
Address: 32017	7 01/2	Apartment Number: ///
City: Michigan	Province: 12 C	Postal Code: V2U LA
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• •		residence:
	i sanag . Tga	****
failing Address (if different from ab	pove):	
ddress or P.O. Box:	CONTRACTOR	Apartment Number:
ity:	Province:	Postal Code:
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I have enclosed two copies of a	current photograph that clearly identifies i	terbyritery tiller eringder militaria. I midrorianisander eringrifia i grandflaterialis i fra i brown best melet
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I have enclosed two copies of a complex of the back of one of the photograph certifies that it is a true likeness	current photograph that clearly identifies in the has been signed by the medical pract of me.  IMPORTANT: A standard passport provided available, the photograph submitter is the must show you alone in the photograph submitter it must show a full frontal view of your contrasting background.	thotograph is preferred but if one is not dimust meet the following standards: raph. If head and shoulders against a plain If 11/16 inches x 2 1/8 inches) and not more 3/4 inches), and have a view of your head that
I have enclosed two copies of a control of the photograph certifies that it is a true likeness of the guide for both photographs	current photograph that clearly identifies in the has been signed by the medical pract of me.  IMPORTANT: A standard passport provided available, the photograph submitter in the photograph submitter is the must show you alone in the photograph submitter	thotograph is preferred but if one is not dimust meet the following standards: raph. If head and shoulders against a plain If 11/16 inches x 2 1/8 inches) and not more 3/4 inches), and have a view of your head that

Sharn Daver

# Appointed Representative

# This section is optional

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

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

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

Appointed representative (opt	ional):	
☐ I consent to allowing Health C representative.	алаda to exchange personal and medic	cal information about my case with my appointed
□ Mrs. □ Miss □ Ms. □ M	1t,	
Representative's full name:		
		Apartment Number:
		Postal Code:
		and the second of the second o
Fax: ( )	CONTRACTOR OF STATE OF THE STAT	
E-mail:	The RESIDENCE OF STREET CONTRACT OF A STREET STREET CO.	
A4 Proposed Source of	Maribuana	
You are required to indicate y	our proposed source of marihuana	by choosing one of the following:
☐ I plan to produce my own mari	huana.	
	to grow your own plants and you must ence to Produce Marihuana by App	
To purchase seeds from Health Form E2: Application to Obl	i Canada so you can grow your own pla ta <b>in Marihuana Seeds.</b>	ants, you must fill out
OR		
▼ I plan to have a designated pe My designated person will be:		
	e for someone to grow plants for you a ence to Produce Marihuana by a De	
To purchase seeds from Health Form E2: Application to Obt	n Canada so someone can grow plants tain Marihuana Seeds.	for you, you must fill out
OR .		
☐ I plan to purchase dried mariho	uana from Health Canada.	
To purchase a supply of dried r Form E1: Application to Obt	marihuana from Health Canada, you mu a <b>in Dried Marihuana</b>	ist fill out

Shawn Paver

# **45** 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 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.
- I have discussed the potential benefits and risks of using marihuana with the medical practitioner named in Form B1 or B2 (whichever is being filed with this application).
- iii. I consent to using marihuana only for the treatment of the symptom stated in the medical declaration.
- iv. I am aware that the benefits and risks associated with the use of marihuana are not fully understood and that the use of marihuana may involve risks that have not been identified; and I accept those risks.
- v. If the daily amount stated is more than five grams;
  - (a) I have discussed the potential risks associated with an elevated daily consumption of dried marihuana with my medical practitioner named in Form B1 or B2 (whichever is being filed with the application), including risks with respect to the effect on my cardiovascular and pulmonary systems and psychomotor performance, risks associated with the long-term use of marihuana; as well as potential drug dependency.
  - (b) I accept these risks.

vi. I attest that the information on this form is correct and complete.

APPLICANT'S SIGNATURE NOV/15/09

PRINT NAME

NOV/15/09

DATE

### 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.

Gharn Darey

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B1-1 Info	rmation on Mi	edical Practitio	ner:				
Medical practi	itioner's full name	Gwz	WYN.	5, 60	noara	/ 2.2.2. / 2.4. 2.2. 4/2. 4 7 7 2 4 4 2 4 7 2 4 4 4 4 7 4 7 4 4 7	*************************
Provincial med	lical licence num	ber: CPJ					
STAMP (	(IF AVAILABLE)						
46191 OHILLIWA	GODD BYALE RO GK, B.C. 1 B FAX 60	AD					
Medical specia	ılization (if applic	able): G	) P				•
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	SEVERE PAIN	PERSISTENT MUSCLE SPASMS	CACHEXIA	ANOREXIA	WEIGHT LOSS	SEVERE Nausea	SEIZURE
MULTIPLE SCLEROSIS							
SPINAL CORD INJURY							
SPINAL CORD DISEASE							
CANCER							
AIDS, HIV INFECTION							
SEVERE ARTHRITIS						******	
CDH EDGY			•			;	ĺ

OR (continued on next page)

Page 1 of 3 Revised April 2007

	(-2 continued)
	If the applicant is treated within the context of compassionate end-of-life care, please specify the medical condition(s) and the symptom(s):
	Medical Condition(s) and Symptom(s):
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	Это самотивания принятивания принятив
B1	3 The Proposed Daily Amount
am	alth Canada's examination of the current available information suggests most individuals use an average daily ount of 1 gram to 3 grams of dried marihuana for medical purposes, whether it is taken orally, or inhaled or a obination of both
a.	The proposed daily amount of dried marihuans is less than or equal to $\frac{+e^{-\kappa}}{-}$ grams (use letters to write amount and
b.	the following method and form of administration (please check appropriate box):
	□ Inhalation © Oral cooking toa
Noti M	a to Physicians: For more information on daily almounts, you can refer to the following documents: Information for Realth Care Professionals — Marihuana Daily Amount Fact Sheet
ay c	alling tall free at 1-866-337-7705.
31-	4 Duration
	4 Duration  er the <i>Marihuana Medical Access Regulations,</i> an <i>Authorization to Passess</i> may be issued for a period of up to 12 months.
Und	
	er the Marihuana Medical Access Regulations, an Authorization to Possess may be issued for a period of up to 12 months.
Und	er the Marihuana Medical Access Regulations, an Authorization to Possess may be issued for a period of up to 12 months.
Und	er the Marihuana Medical Access Regulations, an Authorization to Possess may be issued for a period of up to 12 months.
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Und	er the Marihuana Medical Access Regulations, an Authorization to Passess may be issued for a period of up to 12 months.  u are signing the authorization for a shorter period, please specify the number of months:
Und.	er the Marihuana Medical Access Regulations, an Authorization to Passess may be issued for a period of up to 12 months.  u are signing the authorization for a shorter period, please specify the number of months:
Und	er the Marihuana Medical Access Regulations, an Authorization to Passess may be issued for a period of up to 12 months.  u are signing the authorization for a shorter period, please specify the number of months:
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Jnd f ya	er the Marihuana Medical Access Regulations, an Authorization to Possess may be issued for a period of up to 12 months.  u are signing the authorization for a shorter period, please specify the number of months:



# Medical Practitioner's Declaration and Signature

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

- The applicant suffers from the Category 1 symptom(s) indicated in Section B1-2 of this form that is associated with the corresponding medical condition or the medical treatment that is associated with that condition;
  - conventional treatment(s) for the Category 1 symptom(s) have been tried or considered, and have been found to be b. ineffective or medically inappropriate for the treatment of the applicant.
- 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 declare that the information contained in this form is correct and complete.

MEDICAL PRACZITIONER'S SIGNATURE

DRLG. GODDARD

PRINT NAME 6198 YALE HOAD CHILLIWACK, B.C. V2P 2P1

804-795-7228 FAX 604-795-2535 NOV 26 /09

### IMPORTANT:

- Please ensure that you have read and understood the declarations. 1.
- Please sign and date the declarations.
- It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
- 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.

SHAWN DAVEY Name:

P* Applicant's Information	
☐ Mrs. ☐ Miss ☐ Ms. 134 Mr.	
Applicant's full name: Davey / Shau  Date of Birth: 8 / June / 1976	n / Robert
Address: 32037 7th Ave City: Mission Province: British Co	Apartment Number:
If no street address is available, please provide lot and concession numb	er:
Lot Number:	
	property of the second property of the second secon
Telephone: (604 ) 920 5264	
Fax: (604) 462 1149 E-mail: Shawnrdavey 0608 @ Shaw.cq	
If you already hold an Authorization to Possess dried marihuana under the	ese Marihuana Medical Access Regulations, please
indicate the number of that Authorization.	The state of the s
IMPORTANT: If you have not been authorized to possess dried ma Regulations, you must also submit Form A: Application for Author Purposes and the appropriate medical practitioner form (Form B)  D2. Designated Person's Information	ization to Possess Marihuana for Medical
Regulations, you must also submit Form A: Application for Author Purposes and the appropriate medical practitioner form (Form B)  D2 Designated Person's Information	ization to Possess Marihuana for Medical L or B2).
Regulations, you must also submit Form A: Application for Author Purposes and the appropriate medical practitioner form (Form B: D2 Designated Person's Information	ization to Possess Marihuana for Medical L or B2).  Donald / Edward
Regulations, you must also submit Form A: Application for Author Purposes and the appropriate medical practitioner form (Form B)  D2 Designated Person's Information  Mrs.   Miss   Ms.   Mr.  Designated person's full name:   Walsh	ization to Possess Marihuana for Medical L or B2).  Donald / Edward
Regulations, you must also submit Form A: Application for Author Purposes and the appropriate medical practitioner form (Form B)  D2 Designated Person's Information  Mrs.   Miss   Ms.   Mr.  Designated person's full name:   Walsh  July / 1949	Danald  Apartment Number:  Polyubia Postal Code: V45 IC4
Regulations, you must also submit Form A: Application for Author Purposes and the appropriate medical practitioner form (Form B)  D2 Designated Person's Information  Mrs. Miss Ms. Mr.  Designated person's full name: Walsh  Date of Birth: 13 / July / 1949  Address: 31231 Dewdney Trunk Road  City: Mission Province: British C	Danald  Apartment Number:  Polyubia Postal Code: V45 IC4
Regulations, you must also submit Form A: Application for Author Purposes and the appropriate medical practitioner form (Form B)  D2 Designated Person's Information  Mrs.   Miss   Ms.   Mr.  Designated person's full name:   Wa Sh	Danald  Apartment Number:  Polyubia Postal Code: V45 IC4
Regulations, you must also submit Form A: Application for Author Purposes and the appropriate medical practitioner form (Form B)  D2 Designated Person's Information  Mrs.   Miss   Ms.   Mr.  Designated person's full name:   Wa  54	Apartment Number:  Postal Code: V45 IC4
Regulations, you must also submit Form A: Application for Author Purposes and the appropriate medical practitioner form (Form B)  D2 Designated Person's Information  Mrs.   Miss   Ms.   Mr.  Designated person's full name:   Wa  54	Danald  Apartment Number:  Postal Code: V45 IC4
Regulations, you must also submit Form A: Application for Author Purposes and the appropriate medical practitioner form (Form B)  D2 Designated Person's Information    Mrs.   Miss   Ms.   Mr.   Designated person's full name:   Wa  54	Danald  Apartment Number:  Postal Code: V45 IC4
Regulations, you must also submit Form A: Application for Author Purposes and the appropriate medical practitioner form (Form B)  D2 Designated Person's Information  Mrs. Miss Ms. Mr.  Designated person's full name: Walsh / L  Date of Birth: 13 / July / 1949  Address: 31231 Dewdney Trunk Road  City: Mission Province: British C  If no street address is available, please provide lot and concession numb  Lot Number:  Concession Number:  Telephone: (604) 785 1896  Fax: (604) 462 1149  E-mail: Don Walsh D shaw-Cq.	Danald  Apartment Number:  Postal Code: V45 IC4

Ghawn Daney

# Pr Photograph of Designated Person

# Please complete and check both boxes:

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

SIZE GUIDE FOR BOTH PHOTOGRAPHS

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

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

MINIMUM SIZE

Note: A photograph is required every year,

MAXIMUM SIZE

# **D4** Production Site

# Please choose one of the following three options:

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

# OR

□ As the designated person, I plan to produce marihuana at the applicant's ordinary place of residence (the address that was provided by the applicant on Page 1 of Form D).
If you make either of these two selections, please proceed directly to D5.
If not, please check the box on page 3 and provide the requested information.

# OR

(continued on next page)

Shawn Pavey

As the designated person, I plan to produce marihuana somewhere other than either at my ordinary place of residence or at the ordinary residence of the applicant. If you make this selection, please complete the rest of this page.
Proposed production site:  Address: 28640 123 Ave.  City: Maple Ridge Province: British Columbia Postal Code: V2W-IMI
If no street address is available, please provide lot and concession number:
Lot Number: Concession Number:
This site is owned by either the applicant or the designated person:   Yes  No
IMPORTANT: If the marihuana is to be produced at a site that is not the ordinary residence of and not owned by the applicant or the designated person, the owner(s) of the production site must complete Form F: Consent of Property Owner.  D5 Mode of Production
The marihuana will be produced (please choose only one):
entirely indoors;
OR
continuity outdoors;
☐ indoors in the winter and outdoors in the summer.
IMPORTANT:

1. The Regulations allow you to grow marihuana indoors in the winter and outdoors in the summer. You cannot

2. Please be sure to read the declaration on D8 Part B with respect to growing marihuana near locations

grow marihuana indoors and outdoors at the same time.

frequented by minors if you plan to grow marihuana outdoors.

(P4 continued)

# C Security Measures for Growing and Storing Marihuana

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

Please describe the security measures that wagainst loss or theft. The property 4 teel security doors and	is tenced with	h or 6 ft sec r windows. Bu	arity gate-Building has
Monitored alarm with securi Access to building will be s	ty lighting. 5	itelias certit	ied guard on premises
Please describe the security measures that w	ill be used to protect y	our dried marihuana	against loss or theft:
lacked room at facility. holders only.	Access mil	1 be restric	ted to license
Address where the marihuana will be sto	red:	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	Apartment Number:
Address: 28640 123 Ave. City: Maple Ridge			Postal Code: 1/2 W - 1 M 1

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

# D7 Authority to Communicate to Canadian Police

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

Thawn Parey

	P^ Part A-Applicant's Declaration and Signature
	I, the applicant, declare and confirm that the information contained in this form is correct and complete.
	APPLICANT'S SIGNATURE 12/04/09
•	Shawn Davay
	D8 Part B-Designated Person's Declaration and Signature
	I, the designated person, declare that:
	i. Within the ten (10) year period preceding the date of this application, I have not been convicted as an adult of a designated drug offence committed in Canada and that I have attached a document from a Canadian police force in support of this declaration. (Note: Please consult the Applicant Guide for explanation of "designated drug offence.")
	ii. I declare that, within ten (10) years preceding the date of this application, I have not been convicted, as an adult, of an offence committed outside of Canada that, if committed in Canada, would have constituted a designated drug offence.

iv. I declare and confirm that the dried marihuana will be stored indoors. v. I declare and confirm that the information contained in this form is correct and complete.

place frequented mainly by persons under 18 years of age.

Donald Walsh

iii. 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

# IMPORTANT:

- 1. Please ensure that D8 Part A has been signed and dated by the applicant, and D8 Part B has been signed and dated by the designated person.
- 2. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
- 3. We cannot process the application until ALL appropriate forms are received.
- #. Please retain a photocopy of this form for your files.
- √5. Remember to include the document from a Canadian police force also known as a criminal record check for the designated person.

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

Gharn Phrey

Property Owner Inform	ation		
□ Mrs. □ Miss □ Ms. 🕱 Mr.			
Property owner's full name: Pari	minder Pure	Wal	A THE STREET AND A
Address: 13549 Ha. City: Pitt Meadows	le Road	grande and a second	Apartment Number:
City: Pitt Meadows	Province: Brit	ish Columbi	a Postal Code V37 121
Production site address (if differ	rent from above)		
Address: 28640 /	23 Ave.		Apartment Number;
City: Maple Ridge		sh Columbia	Postal Code: V2W-IM
If no street address is available, ple			
Lot Number:			
Concession Number:			
F2 Property Owner Conse	nt		
a) Sole Owner			
I confirm that I am the sole owner of applicant's designated person) $Q$	f the proposed production s	ite and I give my conse	int to (full name of applicant or
accordance with the Marihuana Med	dical Access Regulations.	to produce	manudatia on and brobbith in
Property owners should note that m	navibuana may also be store	d at the production site	<b>4</b> -
The state of the s	<i>f</i> /	fa n	0 0
PROPERTY OWNERS STIGNATURE	Assessment to be a second of the second of t	Nov 29	2009
	1	DATE	
X Parminder Puren.	<u>a l</u>		
Crees Control	( ) ( )		to one the same
	Hease provide the name and	I address for each addi	tional property owner in space below.
b) Joint Owner(s)			
Co-property owner's full name:	, (colorablesa) baryaiga blaqaysi kyrehegyeriqi ji bbbi	ye. yan yalasee elyhanningasaleedaalaankaatahk	Assorberant Misseliner
Address:	Down San and	***************************************	Apartment Number:
City:	Province:	10-10-10-10-10-10-10-10-10-10-10-10-10-1	Postal Code:
Co-property owner's full name:	en a star in our ray		. in any control of the entire, including the territory
Address:			Apartment Number:
City:	Province:		Postal Code:
(continued on next page)			

(53 continued)	· ·	<u>,</u>				
l give my consent to (full name of applicant or applicant's designated person)						
Property owners should note that marihuana may a	also be stored at the production site.					
PROPERTY CO-OWNER'S SIGNATURE	DATE					
PRINT NAME	<del></del>					
PROPERTY CO-OWNER'S SIGNATURE	DATE					
PRINT NAME	marriam principal programme, and the desired					

# IMPORTANT:

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

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

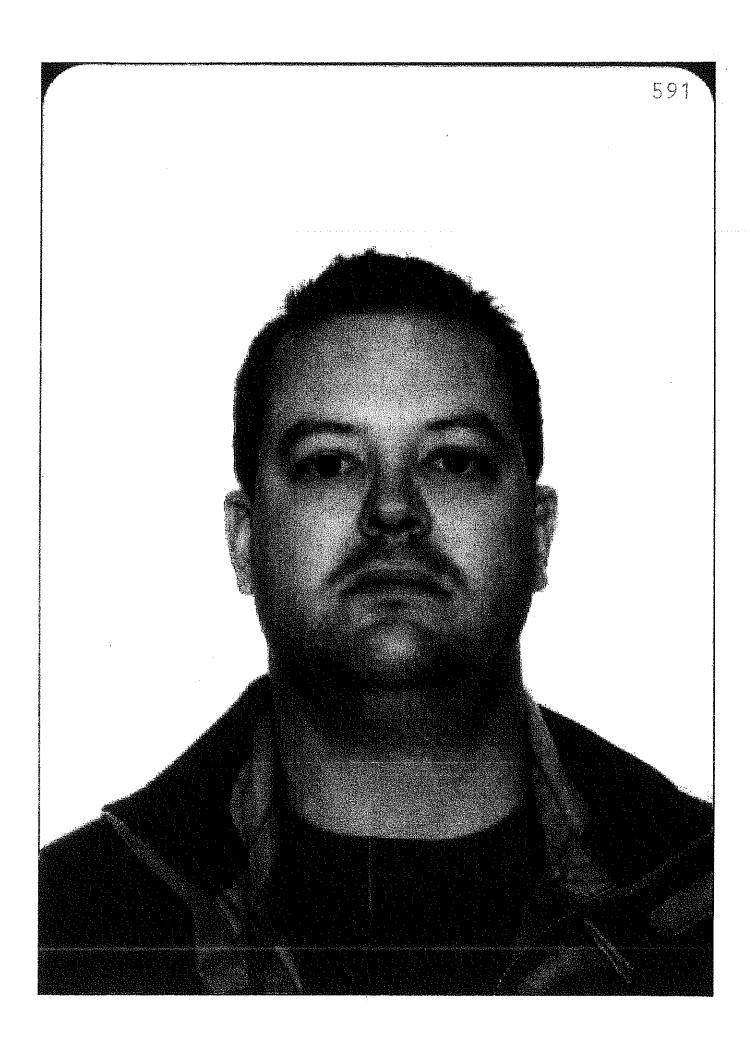
COSTCO 1127 Sumas Way Abbotsford, BC V2S 8H2

Photo Taken

I certify this to be a true likeness of

Guerantor's Signature

DR.G.GODDARD

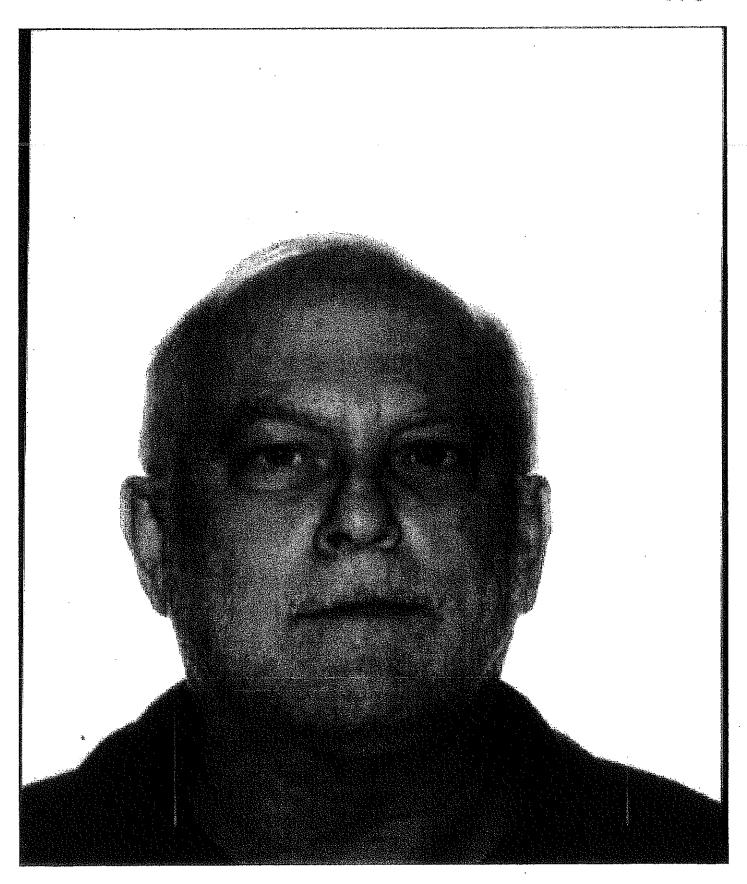


COSTCO
1127 Sumas Way
Abbotsford, BC
V2S 8H2

Photo Taken

l certify this to be a true likeness of

Guarantor's Signature



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

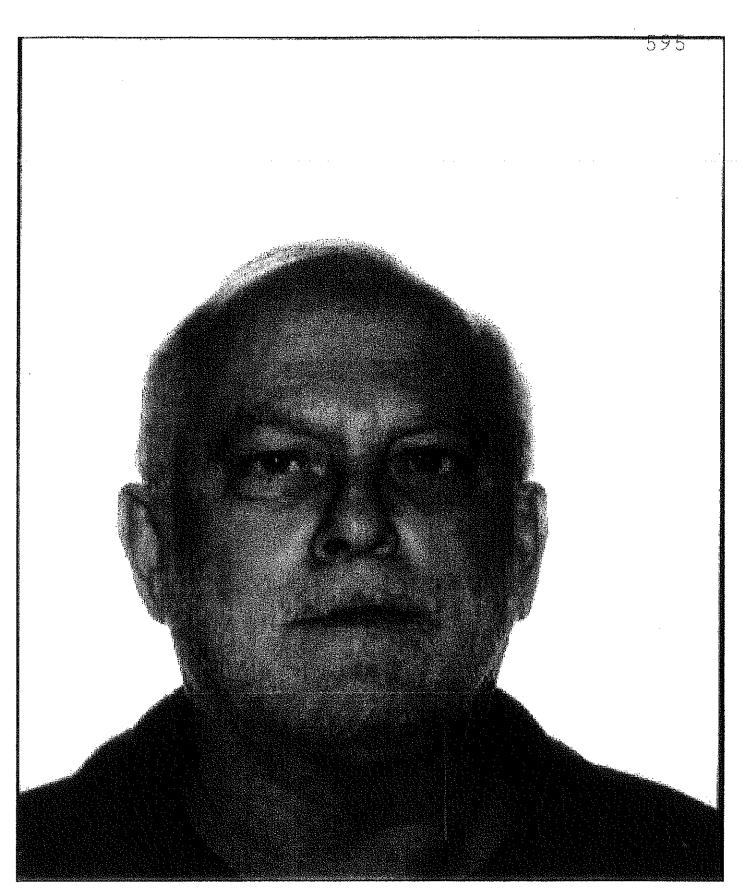
Photo Taken 2 8 2009

Date

artily this to be a true likeness of

Monary Waller

Guarantor's Signatura



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# NOV 2 8 2009

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



Guarantor's Signature



Royal Canadian Mounted Police Gendarmerie royale du Canada

# CONSENT FOR DISCLOSURE OF CRIMINAL RECORD INFORMATION IF COMPLETED MANUALLY, PLEASE PRINT 4 14470 [Given name (2) | Sex | Tel. sto. (Incl. area code)]

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# Shawn Davey

# Reference # 35392C

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

Language: E

SHAWN DAVEY

Telephone: (604) 820 5264 Ext.:

Telephone (evening):

Best time to call: 9am-5pm

Details:

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

March 4, 2010

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

Cheryle.A"

Canada Post - Find a Postal Code - Business - Reverse Search - Multiple Results

Page 1 of 1



You were looking for

A. Carl

An address within

# **V2V 2A7**

Find Another

# We found 1 result(s)

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Stamp Prices 0 - 30 g

More >>

\$0.57

⊇<sup>6</sup> \$1.70 \$1.00

> > Service and Price changes January 11, 2010

Shipping in the Vancouver area during the 2010 Winter Games

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Track

vancouver 2010 OFFICIAL SUPPLIER

Canada

Canada Post - Find a Postal Code - Business - Reverse Search - Multiple Results

Page 1 of 2



You were looking for

An address within

# V4S 1C4

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Stamp Prices 0 - 30 g More >>

\$0.57





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Mail & Ship Online Find a Post Office



# Shawn Davey

# Reference # 39546C

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SHAWN DAVEY

Telephone: (604) 820 5264 Ext.:

Telephone (evening):

Best time to call: 9am-5pm

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

6/15/2010 4:30:09 PM

SHAWN DAVEY

Telephone: (604) 820 5264 Ext.:

Telephone (evening):

Best time to call: 9am-5pm

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

7/15/2010 4:20:46 PM

**SHAWN DAVEY** 

Telephone: (604) 820 5264 Ext.:

Telephone (evening):

Best time to call: 9-5 edt

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

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

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

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

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

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

Tracking AP: LT560438720CA

Tracking DP: LT560438716CA

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

Approval Sheet Page 1 of 2 Application Id: 42760 MMAD DATE: 2010-06-01 Review Officer Ist PLEASE COMPLETE ONE OF THESE SHEETS FOR EVERY C TO BE MADE AND CHOOSE THE PROPER CARD EPISUITE NUMBER MMAR AP CARD (AP) MMAR PUPL CARD (PL) MMAR DPPL CARD (DP) PERSONAL INFORMATION APPLICANT **DESIGNATED PERSON** Shawn Robert Davey Donald Edward Walsh 32037 Seventh Ave 31231 Dewdney Trunk Rd Mission BC V2V 2A7 Mission BC V4S 1C4 DOB: 1976-06-08 DOB: 1976-06-08 Gender: Male Gender: Male Card No. AP-SRD-06D0577101876-10-A Card No. DP-DEW-96D0577101876 Issue Date: ፲\_\_\_<u>JUL\_0\</u>ይ 2011 Issue Date: Expiry Date: |\_\_\_\_jµ| Expiry Date: [ Duration: 12 months PRODUCTION INFORMATION 28640 123 Ave Maple Ridge BC V2W 1M1 Production Location: 28640 123 Ave Maple Ridge BC V2W 1M1 Storage Location: Outdoor Indoor 0 plants 49 plants Plants: Plants: Dally 10.0 grams/day 300.0 grams Carry: Amount: [ Amendmen Mew I Renewa Notes:

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7 5 3

Mr. Shawn Robert Gasey 32037 Seventh Ave Mission BC VZV 2A7 DOB: 1975-06-06 Fite Number: D0577 Applicant Information Picture Insormation Over all Status New Applicant Attached Picture Yes Verified Picture Yes Date Submitted 2009-12-23 Beceased/Clased N/A Received Date 2009-12-23 Consent Information Reb. Consent No Source Designated Person Production ¿ Licence Medical Practitioner Information Doctor 604-261-9494 776-238-2778 694-795-7238 Dr. Gwyllyn Guddard Dockr's Address Address! 46196 Yale Rd Chiliwack BC V2P 2P1 is the whose Mill on the Restricted List? No Medical Condition -- Category 1 Severe Arthritis 🛫 . Medical Condition -- Category 2 Proposed Daily Amount Proposes uses rain
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Duration 12 morths Assessment Date Personal Production Information Mode of Production NA Indoor Plants C parts Outdoor Plants C plants Storage 8.0 grans Production/Storage Security Measures Production Location Storage Location Designated Person Mr. Baneld Edward Welch 31 231 Desvdnesy Tronk Rd Mission BC V4S 1C4 804-785-1896 006: 1976-08-08 File Number: niew nate OPStatus: New Other Designated Person Designated Person Production information Criminal Record Check Yes Attached Picture Yes Verified Picture Yes Made of Production Indoor Indoor Plants 49 pierts Outdoor Plants Optacks Starage 2205.0 grans The production showmere: tended property, 6 foot security gots, steal security doors, no ground floor windows, elarm, access limited. storage: in locked cebinel in locked room.access restricted to licence holder. Production Location Production Address 1 28640123444 Maple Nidge DC V24/1141 Storage Location Some as Production Address ONE OTHER applied for this production site, distance 7 minutes - june 1.10st Health Canada's Supply Information lietivery Location of Gried Mas Quantity of Dried 0 grams/month Delivery Location of Sectle Max Quantity of Seatle Obage

Property Owner(s) Information

Mr. Perminder Purewal 13545 Hale Rd PR Seedows BC V3Y 121

DOE; File Hunber.

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Note

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For / Pour Signature:  Manager, MMAD / Gestionnaire, DAMM	Director, MC / Director, OCS / Directrice, BSC
ID Cards./ Cartes d'identifé:  Propsied by/Préparé par:  Production Site/Aire de production: Comments/Commentaires:	Date: 1/1/1/32/30/0
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Approved by / Approuve par:  R. Denatilt;  youtimation wave canadapost control to the la livraison wave postistanda ca 1 888 550-6333	Yes // Ouil  Redraft / 2jèrné ébauche  ger delives confirmation symmonulaport de l'entre des modelles for la regretate de l'entre
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604-785-1896 Mr. Donald Edward Walsh 31231 Dewdney Trunk Rd Mission BC V4S 1C4	604-820-5264  Mr. Shawn Robert Davey 32037 Seventh Ave Mission BC V2V 2A7



#100077

Address Locator: 3503B Ottawa ON K.I.A.1B9

MMAD-42760-11

### <u>AUTHORIZATION TO POSSESS</u> 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 neguired to show proof to the police.

### HOLDER OF AUTHORIZATION INFORMATION

NAME:

Shawn Robert Davey

DATE OF BIRTH: 08-Jun-1976

ADDRESS:

32037 Seventh Ave., Mission, BC, V2V 2A7,

GENDER:

Male

MAILING ADDRESS: 32037 Seventh Avo., Mission, BC, V2V 2A7, Canada

### TERMS AND CONDITIONS

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

### MEDICAL PRACTITIONER INFORMATION

NAME: Dr. Gwyllyn S. Goddard

#### EXPIRY DATE

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

ISSUED BY:

DATE OF ISSUE: 19-Jul-2011

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

### PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS:

Information you should know about your Authorization to Possess dried marihuena

c.c.: Dr. Gwyllyn S. Goddard

ID CARD AFFIXED HERE

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

Canad'ä

Canada'



### Health Santé Canada Canada

Address Locator: 3503B Ottawa ON KIA 1B9

MMAD-42760-11

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

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

#### HOLDER OF LICENCE INFORMATION

NAME:

Shawn Robert Davey

DATE OF BIRTH: 08-Jun-1976

ADDRESS:

32037 Seventh Ave., Mission, BC, V2V 2A7,

GENDER:

Male

MAILING ADDRESS: 32037 Seventh Ave., Mission, BC, V2V 2A7, Canada

TERMS AND CONDITIONS

PRODUCTION SITE:

28640 123 Ave., MAPLE RIDGE, BC, V2W 1M1, Canada

MODE OF PRODUCTION:

Indoor

PRODUCTION QUANTITIES:

The maximum number of marihuana plants that you may have under production at the production site at any time under this Personal-Use Production Licence is

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

STORAGE SITE:

28640 123 Ave., MAPLE RIDGE, BC, V2W 1M1, Canada

STORAGE QUANTITIES:

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

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

2655 grams and it must be stored indoors.

### EXPIRY DATE

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

ISSUED BY:

DATE OF ISSUE: 19-Jul-2011

Jesonine R Ritchet, Director / Direct Matical Canadus / Carnabis métical Office of Controlled Rubstances / Buresu 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 toil-free number: 1-866-337-7705.

Canada

### Shawn Davey

### Reference # 446288

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"Pre-review complete

Amendment PUPL, new production site

Rec'd form C, letter, original licence

Rodica Anca, 2012-10-18"

### Health Canada

To whom it may concern,

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

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

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

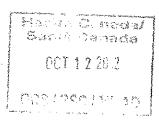
Essentially, Cecil will be taking Shawns place.

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

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

Thank you for your time.

Page 1



## 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 K1A 189



Canada da

<b>CI</b> Applicants information			
□ Mrs. □ Miss □ Ms. Mr.  Applicant's full name: □ Day  Date of Birth: □ B / June  Telephone: (7 7 8 ) 2 4 0 8  E-mail:  If you already hold an Authorization to indicate the number of that Authorization to indicate the number of that Authorizations, you must also submite Purposes and the appropriate me	Possess dried marihuana un tion: [MMAD 42.76 authorized to possess dri t Form A: Application for A	der these Marihuana Medical Access  O []  ed marihuana under the Marihuan  uthorization to Possess Marihuan	Regulations, please
C2 Production Site			
Please choose one of the following	g options:		
★ I plan to produce marihuana at my Form A: Application for Authorizati			e 1 of
If you check the box above, ple	ase proceed directly to Ca	<b>}.</b> ·	
If not, please check the box bel	ow and provide the reques	sted information.	•
OR			
☐ I plan to produce marihuana some Page 1 of Form A: Application for J	where other than at my ordina Authorization to Possess Mar	ary place of residence (the address the ihuana for Medical Purposes).	iat was provided on
If you make this selection, plea	se complete the rest of thi	s page.	
Proposed production site:			
Address:		Apartment	Number:
City:	Province:	Apartment Postal Cod	e:
I own, or am part owner of, this site:		e eg grupe de la casa	
IMPORTANT: If you plan to produc	e marihuana at a site that	t is not your ordinary place of res site to complete Form F: Consent	idence and is not t of Property Owner.

Page 2 of 3

·C3 Mode of Production
I plan to produce marihuana (please choose only one):
✓ entirely indoors;
OR .
□ entirely outdoors;
OR
☐ indoors in the winter and outdoors in the summer.
<ol> <li>IMPORTANT:</li> <li>The Regulations allow you to grow marihuana indoors in the winter and outdoors in the summer. You cannot grow marihuana indoors and outdoors at the same time.</li> <li>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.</li> </ol>
C4 Security Measures for Growing and Storing Marihuana
IMPORTANT: The Marihuana Medical Access Regulations state that "the holder of an authorization shall maintain measures necessary to ensure the security of marihuana in their possession." (Sec 61(1)).
Please describe the security measures that will be used at the proposed production site to protect your crop of marihuana against loss or their. Yard is fenced and gated. Building is locked and secure. Security lighting and alarm on building.
to the second of
Please describe the security measures that will be used to protect your dried marihuana against loss or theft:  Marihuana will be stored in locked box inside locked room in home. Access Restricted.  Address where the marihuana will be stored:
Address: 32037 Seventh Ave Apartment Number:  City: Misgian Province: BL Postal Code: V2V 2A7
IMPORTANT: Please note that if the marihuana is not stored at the production site, it must be stored at your ordinary place of residence.

Name:

### ·C5 Declarations and Signature

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

APPLICANT'S SIGNATURE	Oct.9 2012
APPLICANT'S SIGNATURE	DATE
Shawn Parey	

#### 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.

Address Locator: 3503B Ottawa ON K1A 1B9 MMAD-42760-12

### AUTHORIZATION TO POSSESS DRIED MARIHUANA FOR MEDICAL PURPOSES

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

HOLDER 6			

NAME:

Shawn Robert Davey

DATE OF BIRTH: 08-Jun-1976

ADDRESS:

32037 Seventh Ave., Mission, BC, V2V 2A7, Canada

GENDER:

Male

MAILING ADDRESS: 32037 Seventh Ave., Mission, BC, V2V 2A7, Canada

### TERMS AND CONDITIONS

The maximum quantity of dried marihuana that you may possess at any time under this Authorization to Possess is: 420 grams.

#### MEDICAL PRACTITIONER INFORMATION

NAME: Dr. Gwyllyn S. Goddard

#### EXPIRY DATE

Please note this Authorization to Possess expires on 19-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:

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Directori, Burkau du comadois paedicai

Directori, Burkau d'Médical Connable

openuled Substances de Tobarco Directorate

fabagasme Haalth Canada ' Santé Cutoda DATE OF ISSUE: 01-Nov-2012

PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS:

Information you should know about your Authorization to Possess dried marihuana

c.c.: Dr. Gwyllyn S. Goddard

ID CARD AFFIXED HERE

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

Canada



Address Locator: 3503B Ottawa ON K1A 1B9 MMAD-42760-12

### <u>PERSONAL - USE PRODUCTION LICENCE</u> DRIED MARIHUANA FOR MEDICAL PURPOSES

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

#### HOLDER OF LICENCE INFORMATION

NAME:

Shawn Robert Davey

DATE OF BIRTH: 08-Jun-1976

ADDRESS:

32037 Seventh Ave., Mission, BC, V2V 2A7, Canada GENDER:

Male

MAILING ADDRESS: 32037 Seventh Ave., Mission, BC, V2V 2A7, Canada

### TERMS AND CONDITIONS

PRODUCTION SITE:

32037 Seventh Ave., Mission, BC, V2V 2A7, Canada

MODE OF PRODUCTION:

Indoor

PRODUCTION QUANTITIES:

The maximum number of marihuana plants that you may have under production at the production site at any time under this Personal-Use Production Licence is

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

STORAGE SITE:

32037 Seventh Ave., Mission, BC, V2V 2A7, Canada

STORAGE QUANTITIES:

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

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

3105 grams and it must be stored indoors.

### EXPIRY DATE

Please note this Personal-Use Production Licence expires on 19-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:

Cost Carlo

DATE OF ISSUE: 01-Nov-2012

A Director, Russes of Medical Cambbis Controlled Substances & Tobacca Directorate Director des substances constitées et de la luste of

saba<u>ris</u>cia Rendels Carmain - Sanstê Camada

### PLEASE READ ALL ENCLOSED DOCUMENTS CAREFULLY

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

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

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

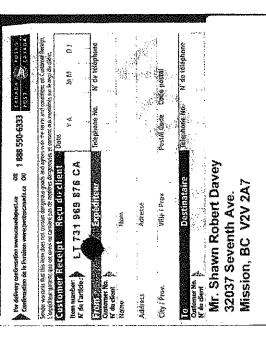
Canada

### Shawn Davey

### Reference # 451766

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1 of 1

Address Locator: 3503B Ottawa ON K1A 1B9

MMAD-42760-12

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

Dear: Shawn Davey

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

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

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

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

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

Louis Proulx

Leuis Froda. A'Director, Bureau du carmabis médical.' A'Director, Bureau of Medical Carmabis Comrolled Substances & Tobacco Directorata : Direction des substances contrôlès et de la lutte au

Health Conada Santé Canada

Enclosures

Address Locator: 3503B Ottawa ON K1A 1B9 MMAD-42760-11

### AUTHORIZATION TO POSSESS DRIED MARIHUANA FOR MEDICAL PURPOSES

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

### HOLDER OF AUTHORIZATION INFORMATION

NAME:

Shawn Robert Davey

DATE OF BIRTH: 08-Jun-1976

ADDRESS:

32037 Seventh Ave., Mission, BC, V2V 2A7, Canada GENDER:

Male

MAILING ADDRESS: 32037 Seventh Ave., Mission, BC, V2V 2A7, Canada

### TERMS AND CONDITIONS

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

#### MEDICAL PRACTITIONER INFORMATION

NAME: Dr. Gwyllyn S. Goddard

#### EXPIRY DATE

Please note this Authorization to Possess expires on 19-Jul-2012

Should you wish to renew your Authorization to Possess, please submit your renewal application at least 8 weeks prior to your expiry date.

ISSUED BY:

Jeannine R. Ritchot, Director / Directrice Medical Cannabis / Cannabis médical

Office of Controlled Substances / Bureau des substances contrôlées DATE OF ISSUE: 19-Jul-2011

PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS:

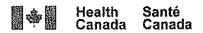
Information you should know about your Authorization to Possess dried marihuana

c.c.: Dr. Gwyllyn S. Goddard

ID CARD AFFIXED HERE

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

Canadä



Address Locator: 3503B Ottawa ON K1A 1B9 MMAD-42760-11

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

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

#### HOLDER OF LICENCE INFORMATION

NAME:

Shawn Robert Davey

DATE OF BIRTH: 08-Jun-1976

ADDRESS:

32037 Seventh Ave., Mission, BC, V2V 2A7,

GENDER:

Male

MAILING ADDRESS; 32037 Seventh Ave., Mission, BC, V2V 2A7, Canada

#### TERMS AND CONDITIONS

PRODUCTION SITE:

28640 123 Ave., MAPLE RIDGE, BC, V2W 1M1, Canada

MODE OF PRODUCTION:

Indoor

PRODUCTION QUANTITIES:

The maximum number of marihuana plants that you may have under production at the production site at any time under this Personal-Use Production Licence is

59 PLANTS (indeor) or 0 PLANTS (outdoor).

STORAGE SITE:

28640 123 Ave., MAPLE RIDGE, BC, V2W 1M1, Canada

STORAGE QUANTITIES:

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

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

2655 grams and it must be stored indoors.

### EXPIRY DATE

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

ISSUED BY:

DATE OF ISSUE: 19-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.

Canadä

### Shawn Davey

### Reference # 453365

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### Shawn Davey

### Reference # 128926

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## Form A

## Application for Authorization to Possess Marihuana for Medical Purposes

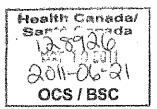
Authorizations are permitted for a period of no more than 12 months. This form is to be used to apply for:

an original authorization

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.
- 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

□ Mrs. □ Miss □ Ms. X Mr.  Applicant's full name: Dave		
Date of Birth: 08 / Of	y / Shawn 1976	, Robert
Address: 32 037	7th Ave.	Apartment Number:
City: Mission	Province: British Columbia	Postal Code: V2V-247
If no street address is available, ple	ase provide lot and concession number:	
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Address or P.O. Box:		Apartment Number:
City:	Province:	Postal Code:
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I have enclosed two copies of a	current photograph that clearly identifies me.	
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✓ I have enclosed two copies of a ✓ The back of one of the photogra certifies that it is a true likeness	current photograph that clearly identifies me.  ohs has been signed by the medical practitioner sign  of me.  IMPORTANT: A standard passport photograph  available, the photograph submitted must me	is preferred but if one is not et the following standards:
I have enclosed two copies of a The back of one of the photogracertifies that it is a true likeness	current photograph that clearly identifies me.  ohs has been signed by the medical practitioner sign of me.  IMPORTANT: A standard passport photograph available, the photograph submitted must me  • It must show you alone in the photograph.  • It must show a full frontal view of your head and	is preferred but if one is not set the following standards: shoulders against a plain ches x 2 1/8 inches) and not more
I have enclosed two copies of a  The back of one of the photogracertifies that it is a true likeness	current photograph that clearly identifies me.  ohs has been signed by the medical practitioner sign of me.  IMPORTANT: A standard passport photograph available, the photograph submitted must me  • It must show you alone in the photograph.  • It must show a full frontal view of your head and contrasting background.  • It must be at least 43 mm x 54 mm (1 11/16 in than 50 mm x 70 mm (2 inches x 2 3/4 inches)	is preferred but if one is not set the following standards: shoulders against a plain ches x 2 1/8 inches) and not more, and have a view of your head that

### **A3** Appointed Representative

### This section is optional

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

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

You may withdraw the appointment or you	r representative at any uni	#.	
Appointed representative (optional):			
☐ I consent to allowing Health Canada to representative.	exchange personal and mo	edical information abou	t my case with my appointed
□ Mrs. □ Miss □ Ms. □ Mr.	*************************************		
Representative's full name:			
Mailing Address:			
City:	Province:		Postal Code:
Telephone: ( )			
Fax: ( )	The state of the s	and legister or appropriately frequency	was kanani ilminian manahan majamisan
E-mail:			A STAND COMMENT OF THE STAND CO.
A4 Proposed Source of Maribu.	ana		
You are required to indicate your proj	posed source of maribua	ina by choosing one	of the following:
XI plan to produce my own marihuana.			
You must apply to get licence to grow y Form C: Application for Licence to	your own plants and you m Produce Marihuana by I	ust fill out <b>Applicant.</b>	
To purchase seeds from Health Canada Form E2: Application to Obtain Man	a so you can grow your ow rihuana Seeds.	ı plants, you must fill c	put
OR			
☐ I plan to have a designated person gro My designated person will be:	w the marihuana for me.		·
You must apply to get a licence for son Form D: Application for Licence to	neone to grow plants for yo <b>Produce Marihuana by</b> a	ou and you must fill ou a Designated Person	t
To purchase seeds from Health Canada Form E2: Application to Obtain Mai	a so someone can grow pla rihuana Seeds.	ints for you, you must	fill out
OR			
☐ I plan to purchase dried marihuana from	m Health Canada.		
To purchase a supply of dried marihual Form E1: Application to Obtain Drie	na from Health Canada, you	ı must fill out	

Name: Shawn Davey

### A5 Authority to Communicate to Canadian Police

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

### A6 Declarations and Signature

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

ví. I	attest	that the	information (	on this	form is	correct	and	complete.
-------	--------	----------	---------------	---------	---------	---------	-----	-----------

* Thank Surry APPLICANT'S SIGNATURE	777ay 4	2011	
APPLICANT'S SIGNATURE	DAIL		
Shawn Davey			
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 1-866-337-7705.



Health Canada Santé Canada

Form B1

## Medical Practitioner's Form for Category 1 Applicants

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

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

### **Important**

- 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.

Revised April 2007

Canada

Medical practitio	ner's full name:	40	JJLLJ	$\sim$ $\sim$	4000	AR!	
Provincial medic	al ficence numb	er: CP	ssc 2	5374	MSP	28773	•*************************************
STAMP (IF	AVAILABLE)						
Dr. Gwyllyn 25-6014 Ve Onillwack Tel: 1-804 Fax: 1-804	S. Goddard edder Road IC V2R 5M4 -858-5300 -858-5364		,				
Viedical speciali	zation (if applica	bls):	G.P.	gar y 1227   1243   1244   1234   1246   1246   1246   1246   1246   1246   1246   1246   1246   1246   1246	1852169878/578475P186<	Kigdzanpolosokutościadźdzdętet	5-4288-4843-57483 53+42-5
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31-2 Media	cal Condition	and Symptoms					
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		international contractions		20	1	Robert	<u> </u>
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Applicant's full n Date of Birth: Telephone: (	ame: <i>D</i> 1976 604   82 (	lavey 1 06 25264	1	_	1	Robert	<u> </u>
Applicant's full n Date of Birth: (elephone: l Details on med	ame: <i>[]</i> 1976 604   82 ( lical condition	lavey 1 06 55264 (s) and symptom	1 · · · · · · · · · · · · · · · · · · ·	08	93548364413845414554143754541	an and a superior of the super	
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Applicant's full n Date of Birth: Details on med Please check ( application (if  MULTIPLE SCLEROSIS SPINAL CORD RUJURY CANCER AIDS,	ame: [] [476 [604] 82 ( fical condition (v) in the tab applicable).	avey 1 06 5 5 2 6 4 (s) and symptom le below the me	/ / / / / / / / / / / / / / / / / / /	OS	nptom(s) that a	re the basis for	the

Page 1 of 3 Revised April 2007

(B)	1-2 continued)
О	If the applicant is treated within the context of compassionate end-of-life care, please specify the medical condition(s) and the symptom(s):
	Medical Condition(s) and Symptom(s):
<b>B</b> 1	-3 The Proposed Daily Amount
am	alth Canada's examination of the current available information suggests most individuals use an average daily bount of 1 gram to 3 grams of dried marihuana for medical purposes, whether it is taken orally, or inhaled or a mbination of both.
a.,	The proposed daily amount of dried marihuana is less than or equal to twelve grams (use letters to write amount); and
þ.	the following method and form of administration (please check appropriate box):
	DINhalation Word Cooking AND BAKING
No M	te to Physicians: For more information on daily amounts, you can refer to the following documents: Information for Health Care Professionals — Maribuana Daily Amount Fact Sheet
hth	th documents can be found on the Health Canada Web site at p://hc-sc.gc.ca/dhp-mps/marihusna/index_e.html or calling toll free at 1-866-337-7705.
B1	-4 Duration
Uni	der the Marihuana Medical Access Regulations, an Authorization to Possess may be issued for a period of up to 12 months.
lfγ	ou ere signing the authorization for a shorter period, please specify the number of months:
Na	me: Ghawn Daver

Page 2 of 3 Revised April 2007

### B1-5 Medical Practitioner's Declaration and Signature

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

- a. The applicant suffers from the Category 1 symptom(s) indicated in Section B1-2 of this form that is associated with the corresponding medical condition or the medical treatment that is associated with that condition;
  - b, conventional treatment(s) for the Category 1 symptom(s) have been tried or considered, and have been found to be inaffective or medically inappropriate for the treatment of the applicant.
- 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.

ìii.	I declare that the	information contai	ned in this form is :	correct and complete	l <b>.</b>	
		1				
-/	\ //	1				
(	1//	//				
`		_//				

MEDICAL PRACTITIONER'S SIGNATURE		
GUMLLIN S. GODDARD	Dr. Gwyllyn S. Goddard	
PRINT NAME	20-0014 Vedder Road Chiliwack BC V2R 6M4	
MAY 4 2011	Tel: 1-604-858-5300 Fax: 1-604-658-5364	
DATE	,	

### IMPORTANT:

- 1. Please ensure that you have read and understood the declarations.
- 2. Please sign and date the declarations.
- 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 quastions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

Name: Ghawn Parcy



Health Canada Santé 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.
- 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

Canadä

C1 Applicant's Information
CI Man CI Ada ST Ada ST Ada
Omrs. Omiss om Ms. Mr.  Applicant's full name: Davey / Shawn / Robert  Date of Birth: 08 / 06 / 1976
Applicants full name: University / Julium / Covers
Telephone: (604 ) 920 5264
Email: Shawn Davey 0608 Q Shaw. C4
If you already hold an Authorization to Possess dried marihuana under these Marihuana Medical Access Regulations, please indicate the number of that Authorization: AP-SRD-O6 D0587101876-10-A
IMPORTANT: If you have not been authorized to possess dried marihuana under the Marihuana Medical Access Regulations, you must also submit Form A: Application for Authorization to Possess Marihuana for Medical Purposes and the appropriate medical practitioner form (Form B1or B2).
C2 Production Site
Please choose one of the following options:
☐ I plan to produce marihuana at my ordinary place of residence (the address that was provided in Page 1 of Form A: Application for Authorization to Possess Marihuana for Medical Purposes).
If you check the box above, please proceed directly to C3.
If not, please check the box below and provide the requested information.
OR .
▼ I plan to produce marihuana somewhere other than at my ordinary place of residence (the address that was provided on Page 1 of Form A: Application for Authorization to Possess Marihuana for Medical Purposes).
If you make this selection, please complete the rest of this page.
Proposed production site:
Address: 28640 123 Ave. Apartment Number:
Address: 28640 123 Ave.  City: Maple Ridge Province: British Columbia Postal Code: V2W/M/
l own, or am part owner of, this site: ☐ Yes 💢 No
IMPORTANT: If you plan to produce marihuana at a site that is not your ordinary place of residence and is not owned by you, you must get the owner(s) of the production site to complete Form F: Consent of Property Owner.

Page 2 of 3

C3 Mode of Production
I plan to produce marihuana (please choose only one):
✓ entirely indoors;
OR .
☐ entirely outdoors;
OR .
C3 Indoors in the winter and outdoors in the summer.
<ol> <li>IMPORTANT:</li> <li>The Regulations allow you to grow marihuana indoors in the winter and outdoors in the summer. You cannot grow marihuana indoors and outdoors at the same time.</li> <li>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.</li> </ol>
C4 Security Measures for Growing and Storing Marihuana
IMPORTANT: The Marihuana Medical Access Regulations state that "the holder of an authorization shall maintain measures necessary to ensure the security of marihuana in their possession." (Sec 61(1)).
Please describe the security measures that will be used at the proposed production site to protect your crop of marihuana against loss or theft: Property is fenced with a 6 security gate. Building has steel security doors and no ground floor windows. Building will have a monitored alarm and security lighting. Lestified quard day on premises. Access to Duilding limited strictly.
Please describe the security measures that will be used to protect your dried marihuana against loss or theft:  Dried Marihuana will be stored in a locked calainet in a locked room in the facility. Access will be limited to license holdersonly
Committee of the Commit
Address where the marituana will be stored:
Address: 28640 123 Ave City: Maple Ridge Province: British Columbia Postal Code: V2W-IMI
IMPORTANT: Please note that if the marihuana is not stored at the production site, it must be stored at your ordinary place of residence.

### **C5** Declarations and Signature

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

x Shame Dawn	May 4	2011	
APPLICANT'S SIGNATURE	DATE		
Shown Davey			

### IMPORTANT:

- 1. Please ensure that you have signed and dated the declaration indicating that the information on this form is correct and complete.
- 2. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
- 3. We cannot process the application until ALL appropriate forms are received.
- 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.

### 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 1-866-337-7705.

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

1 Property Owner Information		
☐ Mrs. ☐ Miss ☐ Ms. 56 Mr.  Property owner's full name: Parm.  Address: [3 549 Hale Rand  City: Pitt Meadows	ader Puewal Province: British Columbia	Apartment Number: Postal Code: V3y 121
Production site address (if different in Address: 28640 123Ave City: Mufle Ridge If no street address is available, please production of the Number:	Province: 13nd.3h Columbia	Apartment Number: Postal Code: V <sub>o</sub> 2 w I MI
Concession Number:		•
a management of the control of the c		`
F2 Property Owner Consent		
applicant's designated person) 5/2000 accordance with the Marihuana Medical A Property owners should note that marihua	roposed production site and I give my consented to produce in a may also be stored at the production site.	narihuana on this property in
PROPERTY OWNER'S SIGNATURE	DATE	<u> </u>
* PARMINDER PU PRINT NAME	REWAL	
Note: If the property is co-owned, please	provide the name and address for each additi	ional property owner in space below.
b) Joint Owner(s)		
Co-property owner's full name:		
Address:		Apartment Number:
City:	Province:	Postal Code:
Co-property owner's full name:		
Address:		Apartment Number:
City:	Province:	Postal Code:
(continued on next page)		•

2 continued)	Acceptant.	
I give my consent to (full name of applicant or applimarihuana on this property in accordance with the	licant's designated person) Marihuana Medical Access Regulations.	to produce
Property owners should note that marihuana may a	also be stored at the production site.	
PROPERTY CO-OWNER'S SIGNATURE	DATE	
PRINT NAME		
PROPERTY CO-OWNER'S SIGNATURE	DATE	and the second s
PRINT NAME		

### IMPORTANT:

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

May 4 / 2011

To: Marihuana Medical Access Division

Re: Renewal and Amendment of existing license

For Shawn Robert Davey

AP#: AP-SRD-06D0577101876-10-A

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

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

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

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

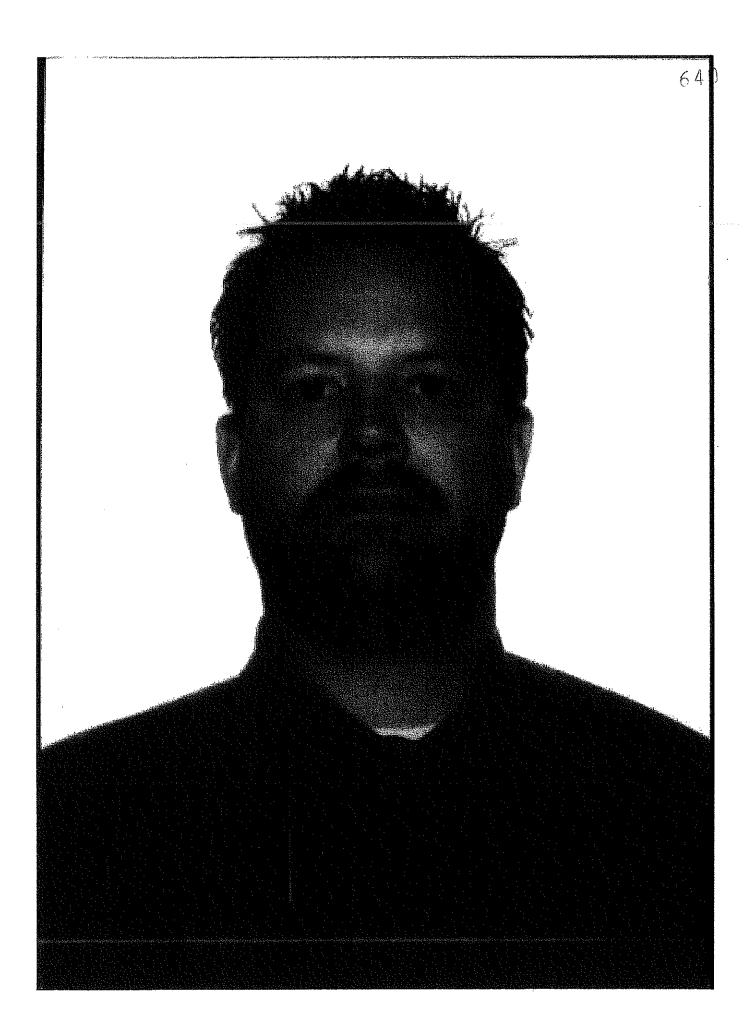
I am only asking that the production license be transfered to me during the renewal process.

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

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

Thank you,

Shawn R. Davey



# JNDON DRUGS #41 21-45585 Luckakuck War Zhiliwack, BC CANADA

Photo Taken 4 2011

cortify this to but a frue he

SHAWN DAVEY

Guarantor's Signature

Dr. Gayllyn-5. Goddard

25-5614 Vedder Road Chillianck BC V2R 5M4



### Shawn Davey

### Reference 137704

	Developer Forms Runti Administration Reports	an interference on the				Application of the second	
e Cone	Spondence  Confect fronts  First Name  Shawn  [	Surnaine Devey	31619 Keystone A	Midling Authress	nester	Dete Of Beth Primary (1975-96-96 : 1994-929-3264 (1	
	Carresportances			n-1	A white the state of the state	Create an Asso	ciated Correspond
	Raferenca No MMAD-92115- 95392C 39548C 128926 137704 150377	Stetus Closed S	2009-12-23 2018-02-22 2018-02-22 2018-05-13 2011-05-10 2011-05-28 2011-07-15	Correspondence I vos   Mail	Direction In   In   In   In   In   In   In   In	General Inguliy General Inguliy Application Application Inguliy Application Inguliy	
	Report Fileneme			Upload File Digument Tys	4	Date Created	Selected File
	Connerts : The call call back would be a Client ID : 45145 First Name SHAVM	er would like to spea oppreciated: Leave m	k to a representable who w reside, view	cultiving thin self the unerth	lent of the designate	<b>Aca</b> n grovery peruk for meskipl niveriust	(Edit Motes

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

Client ID: 45146

First Name: SHAWN ROBERT

Last Name: DAVEY

Street Address:

City:

Province:

Postal Code:

Day Phone : 6048205264
Extension:
Fax:
Email:
Evening Phone :
Call Date: 14-JUN-11
Call Bank Time : 09:00 - 17:00 (Pacific)
Subject : Application Inquiry
Language: E
Secondary Client ID:
Secondary First Name :
Secondary Last Name:
Secondary Day Phone :
Tertiary Client ID :
Tertiary First Name :
Tertiary Last Name:
Tertiary Day Phone: ************************************

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

MM 06/28/2011"

### Shawn Davey

### Reference #150377

First Name :	Surname Davey	31819 Keystorie A	Malling Address ve. Mission, BC, V4S 1G4; Ca	nadki	Date C1 Birth 1975-06-08	Via Printery Fhore: 504-820-5264 (NAX)	w Contact
(Carrespondia	IIg. 32 9 4				ere	eate an Associated	Correspond
Reference No.	Status	Correspondence Dale	Correspondence Type	Direction	EAS Suit		- Direction
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39546C	Closed 🐓	2010-05-13	Call	in 👻	General Inquiry	*	
128826	Closed 🔄	2011-05-18	Mall	ln 💌	Application	Y	.*
137704	Closed 🔄	2011-06-14	Call 🔀	In 🔄	Application Inqu	iry 🖫	: }
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D0577.

Address Locator: 3503B Ottawa ON K1A 1B9

MMAD-42760-12

### AUTHORIZATION TO POSSESS DRIED MARIHUANA FOR MEDICAL PURPOSES

You have met the requirements to be issued an authorization pursuant to section 11 of the Marthuana 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:

Shavn Robert Davey

Canada

DATE OF BIRTH: 08-Jun-1976

ADDRESS:

32037 Seventh Ave., Mission, BC, V2V 2A7,

GENDER:

MAILING ADDRESS: 32037 Seventh Ave., Mission, BC, V2V 2A7, Canada

### TERMS AND CONDITIONS

The maximum quantity of dried marihuana that you may possess at any time under this Authorization to Possess is: 420 grams.

### MEDICAL PRACTITIONER INFORMATION

NAME: Dr.Gwyllyn S. Goddard

### EXPIRY DATE

Please note this Authorization to Possess expires on 19-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:

DATE OF ISSUE: 19-Jul-2012

Director | Directent

Medical Cannakus Bureau | Bureau du Cannabis Médical Controlled Substances and Tobacco Directorate! Direction des Substances Contrôlens et de la Lune au

PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS:

Information you should know about your Authorization to Possess dried marihuana ID CARD AFFIXED HERE

e.e.; Dr. Gwyllyn S. Goddard

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

Canad'ä



Address Locator: 3503B Ottowa ON KIA 1B9

MMAD-42760-12

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

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

### HOLDER OF LICENCE INFORMATION

NAME:

Shawn Robert Davey

DATE OF BIRTH: 08-Jun-1976

ADDRESS:

32037 Seventh Ave., Mission, BC, V2V 2A7,

GENDER:

MAILING ADDRESS: 32037 Seventh Ave., Mission, BC, V2V 2A7, Canada

#### TERMS AND CONDITIONS

PRODUCTION SITE:

28640 123 Ave., Maple Ridge, BC, V2W 1M1, Canada

MODE OF PRODUCTION:

Indoor

PRODUCTION QUANTITIES:

The maximum number of marihusna plants that you may have under production at the production site at any time under this Personal-Use Production Licence is

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

STORAGE SITE:

28640 123 Ave., Maple Ridge, BC, V2W 1M1, Canada

STORAGE QUANTITIES:

The maximum quantity of dried marihuana that you may keep at the storage site at any time under this Personal-Use Production Licence is:

3105 grams and it must be stored indoors.

### EXPIRY DATE

Please note this Personal-Use Production Licence expires on 19-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:

dellas less

DATE OF ISSUE: 19-Jul-2012

Stephana Lessard

Director | Director

Medical Cannabis Bureau | Bureau du Comadus Médical Controlled Substances and Tobacco Directorales

Direction des Substances Coursiées et de la Lutte au

Tabagame

### 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.

Canadä

### Shawn Davey

### Reference #374283

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

<sup>\*</sup>correction\* 2x AP pics (signed) also rec'd. MBisson, 2012-06-29"

# 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.
- 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 toil-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

Health Canada/ Santé Canada 374283 SUN 2 5 2012 2012-08-08 OCS / BSC / MMAD

Date of Birth:	name: <b>b</b>	Ob.	Davey 154 / Sh	awai	1 Robert
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City: Missi				**	Postal Code: VAV 2A7
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### 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.

Appointed representative	(optional):						
I consent to allowing Hea representative.	th Canada to exchange	personal and medic	al information	about m	y case with m	ny appointe	₽ď
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Representative's full name:		7		1			
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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 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 manhuana 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 manhuana, as well as potential drug dependency.
  - (b) Laccept these risks.

vi. Lattest that the information on this form is correct and complete.

FREIGHT'S SIGNATURE June 19/2012

Shown Darry

### 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.

## Medical Practitioner's Form for Category 1 Applicants

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

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

### **Important**

- 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 tell-free at 1-866-337-7705.

Please forward all completed applications to:

Maribuana 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.

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**B1-1** Information on Medical Practitioner

(continued on next page)

Page 1 of 3 Revised April 2007

<i>(B1</i>	-2 continued)
	If the applicant is treated within the context of compassionate end-of-life cere, please specify the medical condition(s) and the symptom(s):
	Medical Condition(s) and Symptom(s):
	#-Остинования поличения п
E1-	3 The Proposed Daily Amount
ame	alth Canada's examination of the current available information suggests most individuals use an average daily pount of 1 gram to 3 grams of dried marihuana for medical purposes, whether it is taken orally, or inhaled or a arbination of both.
a.	The proposed daily amount of dried manhuana is less than or equal to for the grows (use letters to write amount);
b.	the following method and form of administration (please check appropriate box):  Dr. Gwylfyn S. Goddard  25-8014 Vedder Road
	Inhalation Oral COOK ING AND BAKING AND 14 Vender Road Chillimack BC V2R 5M4  AND 1-604-688-A300  Fac 1-604-688-A300
Both	e to Physicians: For more information on daily amounts, you can refer to the following documents: Information for Health Care Professionals — Marihuana Daily Amount Fact Sheet I documents can be found on the Health Canada Web site at I/hc-sc.gc.ca/dhp-mps/marihuana/index_e.html or
Bij-	alling toll free at 1-866-337-7705.  Puration
Und	ar the Marihuana Medical Access Regulations, an Authorization to Possess may be issued for a period of up to 12 months.
if yo	u are signing the authorization for a shorter period, please specify the number of months:
	·
Nam	Shown Davey
	Page.2 of 3 Revised April 2007

### **B1-5** Medical Practitioner's Declaration and Signature

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

- a. The applicant suffers from the Category 1 symptom(s) indicated in Section B1-2 of this form that is associated with the corresponding medical condition or the medical treatment that is associated with that condition;
  - conventional treatment(s) for the Category 1 symptom(s) have been tried or considered, and have been found to be ineffective or medically inappropriate for the treatment of the applicant.
- 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.

***		f					
111.	I declare th	at the inform	ration contr	ained in this	s form is	correct and	complete.

MM		
MEDICAL PRACTITIONER'S SIGNATURE	Dr. Gwyllyn S. Goddard	Arthur mark manners and reference for the section for the section was an amount of the section to the following
awthyn 5. GOD	25-6014 Veddar Road 2 A Chilliwack BC V2R 5M4	
PRINT NAME	Tet: 1-604-858-5300 Fax: 1-604-858-5364	
June 19 2012		
DATE		

### IMPORTANT:

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

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

Name: Shown Dovey

# 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 K1A 1B9

### Applicant's Information

Ms. VMMr. Mrs. Miss Davey / Shawn / 06 / 1976 Applicant's full name: Date of Birth: Of /

Telephone: (604) 814-2414

E-mail:

If you already hold an Authorization to Possess dried marihuana under these Marihuana Medical Access Regulations, please indicate the number of that Authorization: APPL - SRD - 06 - DOS 770825 - 76 - 11 - A

IMPORTANT: If you have not been authorized to possess dried marihuana under the Marihuana Medical Access Regulations, you must also submit Form A: Application for Authorization to Possess Marihuana for Medical Purposes and the appropriate medical practitioner form (Form B1or B2).

### Production Site

Please choose one of the following options:

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

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

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

OR

🗹 I plan to produce manhuana 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 Manhuana for Medical Purposes).

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

Proposed production site: Address: 26640 123 Ave
City: Maple Ridge Province. British Columbia Postal Code: V2W IMI
Lown, or am part owner of this site: Yes X No

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

Page 2 of 3

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ordinary place of residence.

Name:

i pian to produce marinuana (piease choose only one):
V entirely indoors:
OR .
Chentirely outdoors:
OR
🔾 indoors in the winter and outdoors in the summer.
<ol> <li>IMPORTANT:</li> <li>The Regulations allow you to grow marihuana indoors in the winter and outdoors in the summer. You cannot grow marihuana indoors and outdoors at the same time.</li> <li>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.</li> </ol>
C4 Security Measures for Growing and Storing Marihuana
IMPORTANT: The Marihuana Medical Access Regulations state that "the holder of an authorization shall maintain measures necessary to ensure the security of marihuana in their possession." (Sec 61(1)).
Please describe the security measures that will be used at the proposed production site to protect your crop of marihuana against loss or thett: Site has bett security fencing and gate-Guard day in yord-Building has no main floor windows and has steel dwars. Alarmed and security lighting. Access limited to license hoters only.
Please describe the security measures that will be used to protect your dried marihuana against loss or theft:  Marihuana is grown for locked cabinet in locked room in grown building.  Access limited to license holders.
Address where the marihuana will be stored:  Address: 26,40 123 Ave Apartment Number:  City: Maple Ridge Province: Br. 4 & Colombia Postal Code: V2W IMI  IMPORTANT: Please note that if the marihuana is not stored at the production site, it must be stored at your
mir On Prest, ricase note that it the marmidata is not stored at the production site, it thust be stored at your

### **C5** Declarations and Signature

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

APPLICANT'S SIGNATURE	06/20/20	! 2_

Showa Davey

### IMPORTANT:

- 1. 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.

## 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 1-866-337-7705.

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

Property owner's full name: Paper Address: 13549 Hale City: Pi H Meadows  Production site address (if different Address: 28640 123 A. City: Maple R Jge  If no street address is available, pleas	Road Province: BC.  Int from above)  Province British Cola.	Apartment Number: Postal Code: V3Y1Z1  Apartment Number: Postal Code: V2W 1M1
Lot Number:		
Concession Number:		
F2 Property Owner Consent		
a) Sole Owner		
I confirm that I am the sole owner of the applicant's designated person) Sha accordance with the Marihuana Medic Property owners should note that mar PROPERTY OWNER'S SIGNATURE	al Access Regulations. ihuana may also be stored at the prod	e my consent to (full name of applicant or o produce marihuana on this property in luction site.  Sunce 20, 20/2
PROPERTY OWNER'S SIGNATURE	DATE	
PARM INDER PUR	FWAL	
Note: If the property is co-owned, ple	ase provide the name and address for	each additional property owner in space below.
b) Joint Owner(s)		
Co-property owner's full name:		
Address:		Apartment Number:
City:	Province:	Postal Code:
Co-property owner's full name:		
Address:		Apartment Number:
City:	Province:	Postal Code:
(continued on next page)	· variety transfer	
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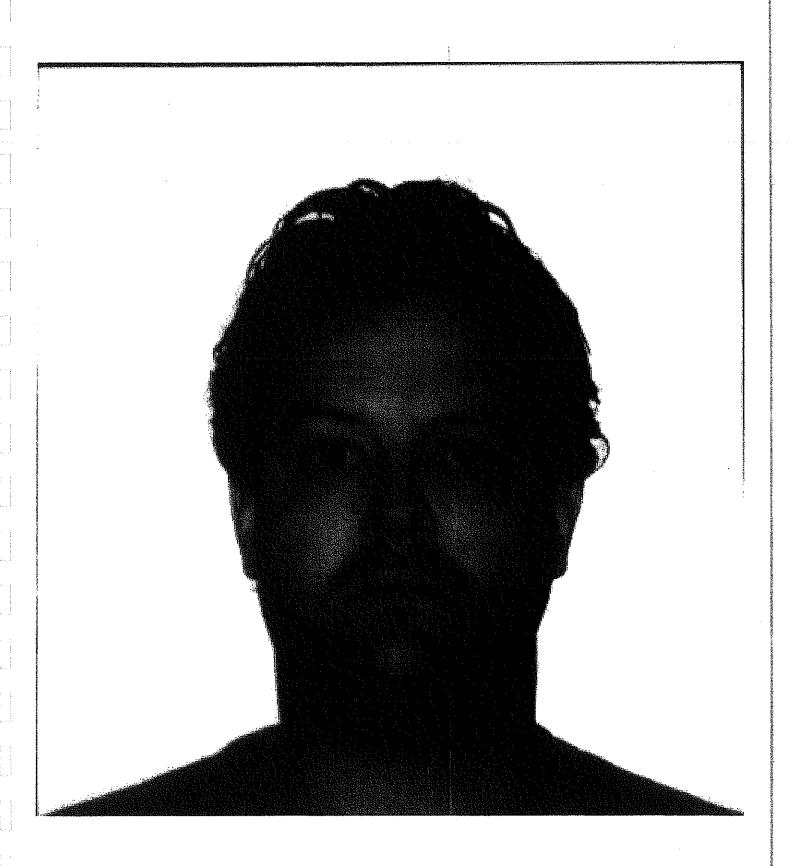
Property Owner Information

(F2 continued)	,	
I give my consent to (full name of applicant or appropriate marihuana on this property in accordance with the	to produce	
Property owners should note that marihuana may	also be stored at the production site.	
•	,	
PROPERTY CO-OWNER'S SIGNATURE	DATE	
PRINT NAME		
PROPERTY CO-OWNER'S SIGNATURE	DATE	
DOINT MARE	THE REAL PROPERTY AND THE PROPERTY AND T	

### IMPORTANT:

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

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



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

Photo Takon

Date

I cortify this to be a true likeness or

Guarantor's Signature

LONDON DRUGS 455 #200-32555 London Way Mission, BC CANADA

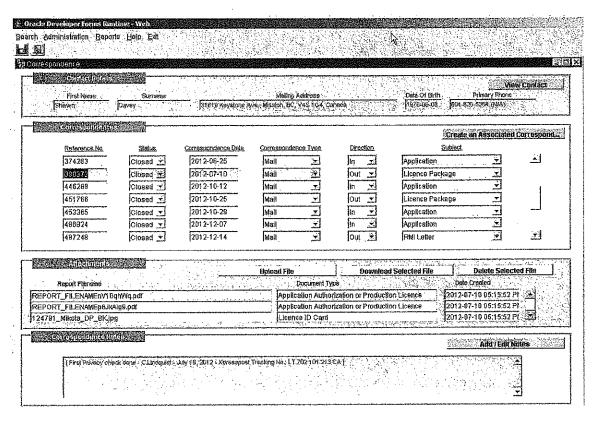
Date

I cortify this to be a true likewisess of

Gustariors Signatura

### Shawn Davey

### Reference #380372



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



Address Locator: 3503B Ottawa ON K1A 1B9

MMAD-42760-13

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

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

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

MAILING ADDRESS: 32037 Seventh Ave., Mission, BC, V2V 2A7, Canada

Canada

### TERMS AND CONDITIONS The maximum quantity of dried marihuana that you may possess at any time under this Authorization to

Possess is: 420 grams.

### MEDICAL PRACTITIONER INFORMATION

NAME: Dr. Gwyllyn S. Goddard

#### EXPIRY DATE

Please note this Authorization to Possess expires on 19-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.

DATE OF ISSUE: ISSUED BY: 18-Feb-2013

#### PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS:

Information you should know about your Authorization to Possess dried marihuana

c.c.: Dr. Gwyllyn S. Goddard

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.

Canadä



Address Locator: 3503B Ottawa ON K1A 1B9

MMAD-42760-13

### DESIGNATED PERSON PRODUCTION LICENCE DRIED MARIHUANA FOR MEDICAL PURPOSES

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

HOLDER OF LICENCE INFORMA	TION
W. San Taranta and	

AUTHORIZED PERSON INFORMATION

NAME: Karen Mariene Jones NAME:

Shawn Robert Davey

D.O.R:

07-Feb-1956

n.a.r:

08-Jun-1976

GENDER: Female

GENDER: Male

ADDRESS: 26768 Cunningham Ave., Maple Ridge, BC,

ADDRESS: 32037 Seventh Ave., Mission, BC, V2V 2A7,

MAILING 26768 Cunningham Ave., Maple Ridge, BC,

MAILING 32037 Seventh Ave., Mission, BC, V2V 2A7,

ADDRESS: V2W 1M8, Canada

V2W 1M8, Canada

ADDRESS: Canada

#### TERMS AND CONDITIONS

PRODUCTION SITE:

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

MODE OF PRODUCTION:

Indoor

PRODUCTION QUANTITIES: The maximum number of marihuana plants that you may have under production at the production site at any time under this Designated Person Production

Licence is 69 PLANTS (indoor) or 0 PLANTS (outdoor).

STORAGE SITE:

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

STORAGE QUANTITIES:

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

at any time under this Designated Person Production Licence is:

3105 grams and it must be stored indoors.

#### EXPIRY DATE

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

ISSUED BY:

DATE OF ISSUE: 18-Feb-2013

PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS:

Information you should know about your Designated Person Production Licence

c.c.: Shawn Robert Davey

ID CARD AFFIXED HERE

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

Canada

### Shawn Davey

### Reference # 486924

tespondence controller						Sew Contact
First Name Shaywn	Surname Dayey	3184 \$ Keystone Av	Majing Address vs. Mission, BC, V4S 164, Car	nada	Onte Of Birth Primary P 1976-09-08 / Jep4-820-5284 (N	толе
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Reference No	Status	Correspondence Date	Correspondence Tyge	Direction	Subject	
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451766 453365	Closed 💌	2012-10-25 2012-10-29	Mail 🔀 Mail 🛣 Mail 🛣	Out ±	Licence Package Application	<b>-</b>
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"Rec'd forms A, C, D, E2, F, OrigCRC & 2x DP pics (signed by AP)

Amendment incomplete

Changing from PUPL to DPPL

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

### 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

ty 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

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- 3. Please retain a photocopy of this form for your files.

If you have any questions regarding this form, please contact Health Conada 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

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

Canada

O Mrs. O Miss O Ms. DVMr.  Applicant's full name: DAVEY / SH.  Date of Birth: 08 / JUNE / 1976	AWN / ROBERT
0. (1.00.04)	Apartment Number: Postal Code: V 3V 3AT
if no street address is available, please provide lot and concession n	umber;
Lot Number:	
Concession Number:	worth the the property of the transfer the t
Telephone: ( )	
Fax: ( )	
This address is: TO A private residence E.G., HOUSE OR APT) OF CIP	•
<u>N</u>	ame of residence:
Mailing Address (if different from above):	•
Address or D.O. Down	Apartment Number:
and the state of t	the speciment of the contraction of the speciment of the
City: Province:	Postal Code:
	Postal Code:
A2 Photograph of Applicant  I have enclosed two copies of a current photograph that clearly id  The back of one of the photographs has been signed by the medi	entifies me.
A2 Photograph of Applicant  I have enclosed two copies of a current photograph that clearly id  The back of one of the photographs has been signed by the medicertifies that it is a true likeness of me.  SIZE GUIDE FOR BOTH PHOTOGRAPHS IMPORTANT: A standard particular in the photograph in the photogr	entifies me.
A2 Photograph of Applicant  I have enclosed two copies of a current photograph that clearly id  The back of one of the photographs has been signed by the medicertifies that it is a true likeness of me.  SIZE GUIDE FOR BOTH PHOTOGRAPHS IMPORTANT: A standard particular in the photograph in the photogr	entifies me. cal practitioner signing the medical declaration, who ssport photograph is preferred but if one is not ubmitted must meet the following standards:
A2 Photograph of Applicant  I have enclosed two copies of a current photograph that clearly id  The back of one of the photographs has been signed by the medicertifies that it is a true likeness of me.  SIZE GUIDE FOR BOTH PHOTOGRAPHS  IMPORTANT: A standard paravailable, the photograph s  • It must show you alone in the	entifies me. cal practitioner signing the medical declaration, who ssport photograph is preferred but if one is not ubmitted must meet the following standards:
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A2 Photograph of Applicant  ☐ I have enclosed two copies of a current photograph that clearly id ☐ The back of one of the photographs has been signed by the medicertifies that it is a true likeness of me.  SIZE GUIDE FOR BOTH PHOTOGRAPHS  IMPORTANT: A standard paravailable, the photograph s  • It must show you alone in the • It must show a full frontal via contrasting background.  • It must be at least 43 mm x than 50 mm x 70 mm (2 inc is at least 30 mm (1.375 lace)	entifies me. cal practitioner signing the medical declaration, who esport photograph is preferred but if one is not ubmitted must meet the following standards: a photograph. w of your head and shoulders against a plain 54 mm (1 11/16 inches x 2 1/8 inches) and not more hes x 2 3/4 inches), and have a view of your head that thes) in length.
A2 Photograph of Applicant  ☐ I have enclosed two copies of a current photograph that clearly id ☐ The back of one of the photographs has been signed by the medicertifies that it is a true likeness of me.  SIZE GUIDE FOR BOTH PHOTOGRAPHS  IMPORTANT: A standard paravailable, the photograph s  • It must show you alone in the • It must show a full frontal vie contrasting background.  • It must be at least 43 mm x than 50 mm x 70 mm (2 inc is at least 30 mm (1.375 inc) • It must reveal your face with permitted, of course.	entifies me. cal practitioner signing the medical declaration, who asport photograph is preferred but if one is not ubmitted must meet the following standards: a photograph. w of your head and shoulders against a plain 54 mm (1 11/16 inches x 2 1/8 inches) and not more hes x 2 3/4 inches), and have a view of your head that thes) in length. out sunglasses or any other obstructions. Facial hair is need to be completed if a photograph has been
A2 Photograph of Applicant  ☐ I have enclosed two copies of a current photograph that clearly id ☐ The back of one of the photographs has been signed by the medicertifies that it is a true likeness of me.  SIZE GUIDE FOR BOTH PHOTOGRAPHS  IMPORTANT: A standard pa available, the photograph s  • It must show you alone in the • It must show a full frontal via contrasting background.  • It must be at least 43 mm x than 50 mm x 70 mm (2 inc is at least 30 mm (1.375 inc • It must reveal your face with permitted, of course.  MINIMALIAN SIZE  Note: This section does not	entifies me. cal practitioner signing the medical declaration, who asport photograph is preferred but if one is not ubmitted must meet the following standards: a photograph. w of your head and shoulders against a plain 54 mm (1 11/16 inches x 2 1/8 inches) and not more hes x 2 3/4 inches), and have a view of your head that thes) in length. out sunglasses or any other obstructions. Facial hair is need to be completed if a photograph has been
A2 Photograph of Applicant  ☐ I have enclosed two copies of a current photograph that clearly id ☐ The back of one of the photographs has been signed by the medicertifies that it is a true likeness of me.  SIZE GUIDE FOR BOTH PHOTOGRAPHS  IMPORTANT: A standard paavailable, the photograph s  • It must show you alone in the • It must show a full frontal via contrasting background.  • It must be at least 43 mm x than 50 mm x 70 mm (2 inc is at least 30 mm (1.375 inc • It must reveal your face with permitted, of course.  MINIMALIAN SIZE  Note: This section does not	entifies me. cal practitioner signing the medical declaration, who asport photograph is preferred but if one is not ubmitted must meet the following standards: a photograph. w of your head and shoulders against a plain 54 mm (1 11/16 inches x 2 1/8 inches) and not more hes x 2 3/4 inches), and have a view of your head that thes) in length. out sunglasses or any other obstructions. Facial hair is need to be completed if a photograph has been

### A3 Appointed Representative

### This section is optional

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

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

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

representative.	ounded to exchange personal and medic	al institution about my case with my appointed
□ Mrs. □ Miss □ Ms. □	Mc.	2 M 100-100, 10
Representative's full name:		
Mailing Address:		Apartment Number:
City:	Province:	Postal Code:
Tolophore: 1		1000 - 200, 100 parage that an age 3,00 gardens and 1,000 and 1,000 and 2
Fax: ( )	or of the entire of necessaries are not an annual necessaries.	· ME AND AND ADDRESS AND AND ADDRESS AND A
E-mail:	nij leus eus ensperischen erstellichten zu der de stelle in	

### A4 Proposed Source of Marihuana

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

I plan to produce my own marihuana.

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

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

#### OR

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

My designated person will be: KAPEN MARLENE JONES

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

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

#### OR

☐ I plan to purchase dried marihuana from Health Canada.

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

Name: DAVEY SHALUN RUBERT

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

vi. I attest that the information on this form is correct and complete.

APPLICANT'S SIGNATURE	DECLARBOR	M. 2012.
APPLICANT'S SIGNATURE	DATE	
SHAWN DAVEY		

### IMPORTANT:

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

# Application for Licence to Produce Marihuana by Applicant

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

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

### Important

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

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

Please forward all completed applications to:

Please forward all completed applications to:

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

Canada

Canada Marihuana Medical Access Division

C1 Applicant's Information
Applicant's full name: DAVEY / SHAWN / ROBERT  Date of Birth: OB / JUNE / 19710  Telephone: (1004) & JU - 34114  E-mail:  If you already hold an Authorization to Possess dried marihuana under these Marihuana Medical Access Regulations, please indicate the number of that Authorization: MAAD - 40-104
IMPORTANT: If you have not been authorized to possess dried marihuana under the Marihuana Medical Access Regulations, you must also submit Form A: Application for Authorization to Possess Marihuana for Medical
Purposes and the appropriate medical practitioner form (Form Blor B2).
C2 Production Site
Please choose one of the following options:
I I plan to produce marihuana at my ordinary place of residence (the address that was provided in Page 1 of Form A: Application for Authorization to Possess Marihuana for Medical Purposes).
If you check the box above, please proceed directly to C3.
If not, please check the box below and provide the requested information.
OR
Iv I plan to produce marinuana somewhere other than at my ordinary place of residence (the address that was provided on Page 1 of Form A: Application for Authorization to Possess Marihuana for Medical Purposes).
If you make this selection, please complete the rest of this page.
Proposed production site:  Anatherit Number:
Proposed production site:  Address: 2018 CUNNINGROW AVE Apartment Number:  City: MDOLE CLOSE Province: PC Postal Code: VOW IMS
lown, or am part owner of, this site: 17 Yes 16 No
1 OWN, or are part covered or, this sect. Or to a distribution of the continuous place of recidence and is not
IMPORTANT: If you plan to produce marihuana at a site that is not your ordinary place of residence and is not owned by you, you must get the owner(s) of the production site to complete Form F: Consent of Property Owner.

I plan to produce marihuana (please choose only one):  Dentirely indoors;
OR.
C) entirely outdoors;
OR  indoors in the winter and outdoors in the summer.
<ul> <li>IMPORTANT:</li> <li>1. The Regulations allow you to grow marihuana indoors in the winter and outdoors in the summer. You cannot grow marihuana indoors and outdoors at the same time.</li> <li>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.</li> </ul>
C4 Security Measures for Growing and Storing Marihuana
IMPORTANT: The Marihuana Medical Access Regulations state that "the holder of an authorization shall maintain measures necessary to ensure the security of marihuana in their possession." (Sec 61(1)).
Please describe the security measures that will be used at the proposed production site to protect your crop of marihuana against loss or theft: AMA FENCEA ARYMOREV, AMARINE TO THE TOTAL TO THE TOTAL AREA TO THE TOTAL TO THE TOTAL AREA TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL AREA TO THE TOTAL TO TH
merce i mentingan and management and
Please describe the security measures that will be used to protect your dried marihuana against loss or theft:  LOCAC IN SAFE, FULLY FEXCES PERMETER, ALAYMED  TO OCAL POLICE.
Address where the marihuana will be stored:  Address where the marihuana will be stored:  Apartment Number:
Address: 20768 CUNCINGHOM AVE Apartment Number: City: MDV LIGGL Province: 6C Postal Code: V DW IM
IMPORTANT: Please note that if the marihuana is not stored at the production site, it must be stored at your ordinary place of residence.

**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.

APPLICANT'S SIGNATURE DATE

SHAWA DAVEY

PRINT NAME

### IMPORTANT:

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

# Form D

# Application for Licence to Produce Marihuana by a Designated Person

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

## Important

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

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

Please forward all completed applications to:

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

Canada

D1 Applicant's Information	
Date of Birth: 00 / JUNE / 1970	SHAWY / ROBERT
Address: 32037 SEVENTH AVE	Apartment Number:
Address: 1000   Province: PC	Postal Code: VQV QA
The same of the sa	
If no street address is available, please provide lot and concession	TIMPING.
Lot Number:	
Concession Number:	411-7-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-
Telephone: (	
Fax: ( )	
E-mail:  If you already hold an Authorization to Possess dried marihuata ur	der these Marihuana Medical Access Regulations, please
If you already hold an Authorization to Possess Great Manager indicate the number of that Authorization: MAMAL)	ICC-19
IMPORTANT: If you have not been authorized to possess dr Regulations, you must also submit Form A: Application for Purposes and the appropriate medical practitioner form (Form)	
IMPORTANT: If you have not been authorized to possess driven and the appropriate medical practitioner form (Form A: Application for Purposes and the appropriate medical practitioner form (Form A: Application form A: Application form (Form A: Application form A: Application for A: Ap	om B1 or B2).  / Mariene / Jones
IMPORTANT: If you have not been authorized to possess driven and the appropriate medical practitioner form (Form A: Application for Purposes and the appropriate medical practitioner form (Form A: Application form A: Application form (Form A: Application form A: Application for A: Ap	om B1 or B2).  / Mariene / Jones
IMPORTANT: If you have not been authorized to possess dr Regulations, you must also submit Form A: Application for Purposes and the appropriate medical practitioner form (Formation Designated Person's Information Designated person's full name: Karen	om B1 or B2).  / Marlene / Jones
IMPORTANT: If you have not been authorized to possess dr Regulations, you must also submit Form A: Application for Purposes and the appropriate medical practitioner form (Form Purposes and Information	/ Mariene / Jones  Apartment Number:  Postal Code: V2W - 11
IMPORTANT: If you have not been authorized to possess drive Regulations, you must also submit Form A: Application for Purposes and the appropriate medical practitioner form (Formation Designated Person's Information Designated person's full name: Karen Date of Birth: 07/02/1956  Address: 26768 Cunningham Ave City: Maple Ridge Province: BC.	/ Mariene / Jones  Apartment Number:  Postal Code: V2W - 11
IMPORTANT: If you have not been authorized to possess dr Regulations, you must also submit Form A: Application for Purposes and the appropriate medical practitioner form (F- D2 Designated Person's Information    Mrs.   Miss   Ms.   Mr.   Designated person's full name:   Karen   Date of Birth:   07 / 02   1.1956  Address: 26768 Cunningham ave City: Maple Ridge Province: BC.  If no street address is available, please provide lot and concession	/ Mariene / Jones  Apartment Number:  Postal Code: V2W - 11
IMPORTANT: If you have not been authorized to possess dr Regulations, you must also submit Form A: Application for Purposes and the appropriate medical practitioner form (F.  D2 Designated Person's Information  WMrs.   Miss   Ms.   Mr. Designated person's full name: Karen Date of Birth:   07 / 02   1956  Address: 26768 Cunningham Que City: Maple Ridge Province: BC. If no street address is available, please provide lot and concessin Lot Number:	Apartment Number:  Postal Code: VQW - 11
IMPORTANT: If you have not been authorized to possess dr Regulations, you must also submit Form A: Application for Purposes and the appropriate medical practitioner form (Formation Purposes and the appropriate medical practitioner formation Purposes and the appropriate medical practitioner formation (Formation Purposes and Formation Purposes and Format	Apartment Number: Postal Code: V2W - 10
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### D3 Photograph of Designated Person

### Please complete and check both boxes:

Two copies of a current photograph that clearly identifies the designated person have been enclosed.

N/he back of one photograph of the designated person has been signed by the applicant (not the designated person) certifying that it is a true likeness of the designated person.

SIZE GUIDE FOR BOTH PHOTOGRAPHS

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

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

Note: A photograph is required every year.

MAXIMUM SIZE

### **D4** Production Site

### Please choose one of the fallowing three options:

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

### OR

□ As the designated person, I plan to produce marihuana at the applicant's ordinary place of residence (the address that was provided by the applicant on Page 1 of Form D). If you make either of these two selections, please proceed directly to D5. If not, please check the box on page 3 and provide the requested information.

### OR

(continued on next page)

Name: DAVOY, S.HAWN ROBERT

age Z of 5

If you make this selection, please complete the rest of this page.	
Proposed production site:	Apartment Number:
Address: 26768 Cunningham Que City: Maple Ridge Province: BC.	Postal Code: V2W - 1Mc
If no street address is available, please provide lot and concession number:	
Lot Number:	and the state of t
Concession Number:	The state of the s
This site is owned by either the applicant or the designated person:   Yes	□ No
IMPORTANT: If the marihuana is to be produced at a site that is not to by the applicant or the designated person, the owner(s) of the product of Property Owner.  D5 Mode of Production	ction site must complete Form F: Consent
by the applicant or the designated person, the owner(s) of the product of Property Owner.  D5 Mode of Production	ction site must complete Form F: Consent
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by the applicant or the designated person, the owner(s) of the product of Property Owner.  D5 Mode of Production  The marihuana will be produced (please choose only one):  onlinely indoors;  on	ction site must complete Form F: Consent .

Name: DAVIEY, SHAWN ROBERT Properties

IMPORTANT: The Marihuana Medical Access Regulations state that "the holder of an authorization shall maintain measures necessary to ensure the security of marihuana in their possession." (See 6.11).  Please describe the security measures that will be used at the proposed production site to protect your crop of marihuana against loss or theft:		ving and Storing Marihuana	<b>D6</b> Security Measures
Please describe the security measures that will be used at the proposed production site to protect your crop of marihuana against loss or theft:  Please describe the security measures that will be used to protect your dried marihuana against loss or theft:  Lacked in Safe, in house.  Address where the marihuana will be stored:  Address: 26168, Cunningham are Apartment Number:  City: Maple Ridge Province: BC Postal Code: Vaw Imordinary place of residence of the designated person or the applicant.  D7 Authority to Communicate to Canadian Police  To reduce the possibility of poice intervention when you engage in activities allowed under your licence, Health Canada will communicate limited licence information to Canadian police in response to a request received from Canadian police in response to a request received from Canadian police in response to a request received from Canadian police in response to a request received from Canadian police in the Controlled Drugs and Substances Act or the Marihuana Medical Access Regulations.	tion shall 1(1)).	Access Regulations state that "the holder of an authoriza ure the security of marihuana in their possession." (Sec 6	IMPORTANT: The Marihuan maintain measures necess:
Address where the marihuana will be stored:  Address: 26.768 Cunningham Que Apartment Number:  City: Maple Ridge Province: 13 C. Postal Code: Vaw IM  IMPORTANT: Please note that if the marihuana is not stored at the production site, it must be stored at the ordinary place of residence of the designated person or the applicant.  D7 Authority to Communicate to Canadian Police  To reduce the possibility of police intervention when you engage in activities allowed under your licence, Health Canada will communicate limited licence information to Canadian police in response to a request received from Canadian police in the context of an investigation under the Controlled Drugs and Substances Act or the Marihuana Medical Access Regulations.	rop of marihuana	at will be used at the proposed production site to protect your of Enecety and Alarmed, guard	Please describe the security n against loss or theft:
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e applicant, declare and confirm that the informat	ion contained in this form is correct and complete.
Thanh Dever	Decomposi/12
LICANT'S SIGNATURE	DATE
Shown Davay	

### D8 Part B-Designated Person's Declaration and Signature

I, the designated person, declare that:

- i. Within the ten (10) year period preceding the date of this application, I have not been convicted as an adult of a designated drug offence committed in Canada and that I have attached a document from a Canadian police force in support of this declaration. (Note: Please consult the Applicant Guide for explanation of "designated drug offence.")
- ii. I declare that, within ten (10) years preceding the date of this application, I have not been convicted, as an adult, of an offence committed outside of Canada that, if committed in Canada, would have constituted a designated drug offence.
- iii. If I've indicated on this application that I plan to produce 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.
- iv. I declare and confirm that the dried marihuana will be stored indoors.
- v. I declare and confirm that the information contained in this form is correct and complete.

Karen Jones	Dec 1, 2012
DESIGNATED PERSON'S SIGNATURE	DAIL
Karen Jones PRINT NAME	

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

# Form F

# Consent of Property Owner

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

# Important

- 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:

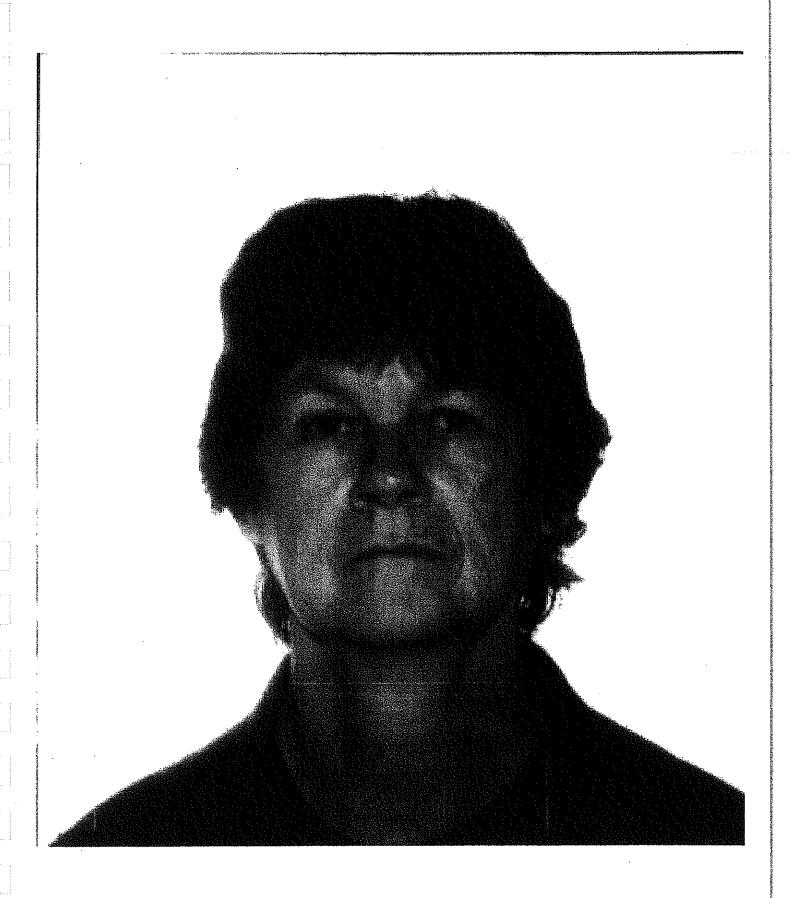
Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa, ON K1A 189

Canadā

Property owner's full name:	Gary and Karen Jo	nes
Address: 26768 Cu		Apartment Number:
city: Maple Kidg	7e Province: 10.C	Postal Code: V2W JM
Production site address (if	different from above)	
Address:		Apartment Number:
City:	Province:	Postal Code:
If no street address is availab	le, please provide lot and concession number	
Lot Number:		AND THE REAL PROPERTY OF THE PARTY OF THE PA
Concession Number:		
F2 Property Owner Co	onsent	nga mga katalan sa kat Katalan sa katalan sa
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I confirm that I am the sole ov applicant's designated person accordance with the Maribuar Property owners should note PROPERTY DWNER'S SIGNATU PRINT NAME Note: If the property is co-ow	na Medical Access Regulations.  that marihuana may also be stored at the pro  RE DATE  med, please provide the name and address for	to produce marihuana on this property in duction site.  or each additional property owner in space below.
I confirm that I am the sole ov applicant's designated person accordance with the Marihuar Property owners should note PROPERTY OWNER'S SIGNATU PRINT NAME Note: If the property is co-ow b) Joint Owner(s)	That marihuana may also be stored at the property of the property of the provide the name and address for the provide the name and	to produce marihuana on this property in duction site.  or each additional property owner in space below.
I confirm that I am the sole ov applicant's designated person accordance with the Marihuar Property owners should note PROPERTY OWNER'S SIGNATU PRINT NAME Note: If the property is co-ow b) Joint Owner(s)	That marihuana may also be stored at the property of the prope	to produce marihuana on this property in induction site.  or each additional property owner in space below.  Tones
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I confirm that I am the sole ov applicant's designated person accordance with the Marihuar Property owners should note PROPERTY OWNER'S SIGNATU PRINT NAME  Note: If the property is co-ow b) Joint Owner(s)  Co-property owner's full name Address: 26768  City: Maple Ridg  Co-property owner's full name	That marihuana may also be stored at the property of the prope	to produce marihuana on this property in eduction site.  or each additional property owner in space below.  Tones  Apartment Number:  Postal Code: U2W JM

(i z continucu)	
I give my consent to (full name of applicant or applicant's desi marihuana on this property in accordance with the Marihuana	gnated person) Nanan Marklano Jonas produce Medical Access Regulations.
Property owners should note that marihuana may also be stor	Dec1,2012
PROPERTY COOWNER'S SIGNATURE  GARY JONES	DATE
PRINT NAME	Dec 1, 2012
Mun Jones PROPERTY CO-OMNER'S SIGNATURE  Karen Jones	DATE
PRINT NAME	

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



LONDON DRUGS #47

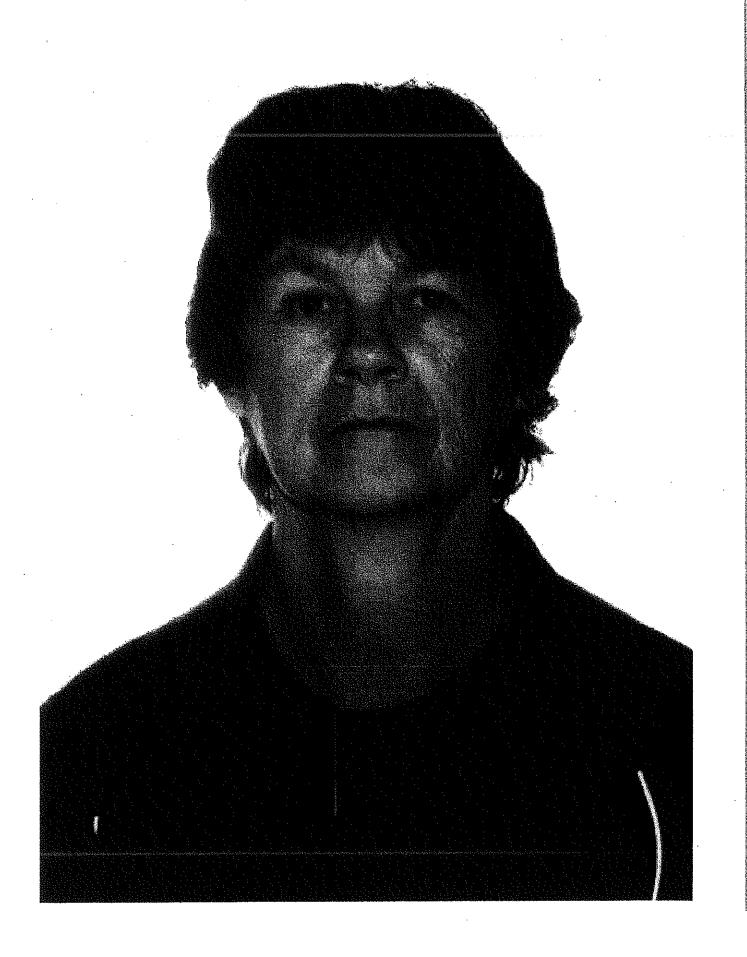
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Maple Ridge, BC CANADA

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Royal Canadian Mounted Police Gendarmerie royale du Canada CANADIAN POLICE CERTIFICATE FOR VISA APPLICANTS/FOREIGN TRAVEL/FOREIGN WORK PERMITS

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

Name - Nom	DOB - DON
Karen Marlene JONES (MARTIN) nee	1956-02-07
Address - Adresse	Signature of Applicant - Signature du requérant
26768 Cunningham Avenue	4/ 0 0
Maple Ridge, B.C. V2W 1M8	Haren Jones

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

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

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

Canadä

RCMP GRC 1868 (1995-03) ICS

### Shawn Davey

### Reference # 487248

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	446288	Closed •	2012-10-12	Mail 🔻	in 🔻	Application	<u> </u>
ĺ	451766	Closed 🔻	2012-10-25	Mati <u>▼</u>	Out 🔻	Licence Package	<u> </u>
	453385	Closed 💌	2012-10-29	Mall	ln 🔻	Application	<b>E</b>
	488924	Closed 🕶	2012-12-07	Mail <u>T</u>	in ▼	Application	
	487248	Closed 🛣	2012-12-14	Mall 👺	Out ▼	RMI Letter	<u>¥</u>
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Parameter and the later and th	Changing from PLP 1) Missing letter of Sending back all of						

Changing from PUPL to DPPL

1) Missing letter of revocation

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

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

<sup>&</sup>quot;--RMI verified by second officer, RAnca-- RTS for 486924



Health Canada Santé Canada

Address Locator: 3503B Ottawa ON K1A 1B9



Dear Applicant:

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

,	You have applied for:
	an Authorization to Possess dried marihuana for the first time
	and a Personal-Use Production Licence
	and a Designated Person Production Licence
	and Health Canada's supply of dried marihuana
	a renewal of an Authorization to Possess dried marihuana and a source of marihuana
	☐ but with changes to the previous Authorization information
	an amendment to the current Authorization information
	However, your application is incomplete. Missing elements are indicated on the attached form.
with the	<u>Please submit a complete application</u> to the Marihuana Medical Access Program at the address indicated below, required completed forms. Your application will be reviewed <u>only</u> once all required information is received.
	Should you have any questions, please visit the Health Canada website at <u>www.healthcanada.gc.ca/mma</u> or call e toll-free at <b>1-866-337-7705</b> , or fax at <b>(613) 952-2196</b> .
	Marihuana Medical Access Program
	Controlled Substances and Tobacco Directorate
	Health Canada
	Address Locator: 0300A
	Ottawa ON K1A 1B9

Encl.

Form A: Application for Authorization to Possess Marihuana for Medical Purposes	Client: Shawn Davey							
□ NOT OK, Sec Below ☑ OK	Client ID: 45146							
Form A required and/or page(s) required	Form D: Application for Licerice to Produce Marihuana by a Designated							
Applicant's information missing (section A1)	Person (cont'd)							
The address provided cannot be confirmed as a physical address; please provide a valid civic/physical address.	□ NOT OK-See below □ OK							
Please confirm the order of the applicant's name (section A1); name order should be entered as: Last / First/ Middle on this and any other	☐ Storage location must be at the production site or your designated person's ordinary place of residence (section D6)							
form completed by the applicant.  2 copies of the photograph not included and/or not signed by the supporting medical practitioner (section A2)	☐ Form not signed and dated by applicant (section D8-A) ☐ Form not signed and/or dated by designated person (section D8-B)							
Source of marihuana not Indicated (section A4).	Original, within one year, criminal record check is required (section							
Marihuana source indicated is not a legal source. Choose one of the three legal source options (section A4)	D8-B)  Provide additional and original document from a Canadian police force clearly establishing that the proposed designated person has not been							
☐ Form not signed and/or dated by applicant (section A6)	convicted as an adult of a designated drug offence within 10 years							
Complete the Form(s) A, C, D, E1, E2 and F, as appropriate,	preceding the application (section D8-B)							
depending on your source of marihuana	Form T1. Application to Obtain Dated Machines							
	Form E1: Application to Obtain Dried Marihuana  INOTEOK Sea below  INOTEOK Sea below							
Form B: Medical Practitioner's Form	☐ NOT-OK See below. ☐ Form E1 required and/or page(s) required							
☐ NOT OK See below	Applicants information missing (section E1-1)							
☐ Form B required, either Form B1 or B2 must be completed by your	Delivery instructions not indicated (section E1-3)							
medical practitioner	Form not signed and/or dated by applicant (section E1-4)							
☐ Form B was completed, however page(s) required	4							
Your medical condition does not fall under category 1, Form B2 should	Form E2: Application to Obtain Marihuana Seeds							
be completed instead  Your medical condition does not fall under category 2, Form B1 should	ENOTOK, see below ⊠:OK							
be completed instead	Form E2 required and/or page(s)required							
Applicant's name not indicated, please have your medical practitioner	Applicant's Information missing (section E2-1)							
complete part 1 and re-sign and date Form B (section B1-1 OR B2-1)	☐ Delivery Instructions not indicated (section E2-3)							
Your medical condition(s) and symptom(s) were not indicated, please have your medical practitioner complete part 2 and re-sign and date Form B (section B1-2 OR B2-2)	Delivery instructions must be to the designated person (E2- 3)							
Daily amount not indicated, please have your medical practitioner complete part 3 and re-sign and date Form B (section B1-3 OR B2-3)	☐ Form not signed and/or dated by applicant (section E2-4)							
Your case must be assessed by a medical specialist and the details related to the specialist's assessment must be provided (section B2-5)	Form F: Consent of Property Owner							
☐ Form not signed and/or dated by medical practitioner (section B1-5 OR B2-5)	I NOT OK: See below   ☑ OK							
☐ For all cases above, please have the supporting medical practitioner	Form F required and/or page(s) required							
named in section B1-1 or B2-1 re-sign and date Form B1/2-5.	☐ Property owner's information missing (section F1)							
	☐ Production site address missing (section F1)							
Form C: Application for Licence to Produce Marihuana by Applicant  NOTOK-See below  OK	Property owner's consent not provided (section F2)							
Elijorov despela	☐ Applicant's name not provided							
Form C required and/or page(s) required	☐ Designated person's name not provided ☐ Form not signed and/or dated by property owner(s) (section F2)							
Applicant's information missing (section C1)	23 - Sim not signed and/of dated by property dwildigs (section F2)							
Production site not indicated (section C2)	Form R: Renewal							
☐ Mode of production not indicated (section C3)	☑ NOT OK See below □ OK							
☐ Production and/or storage site security measures missing (section C4) ☐ Indoor ☐ Outdoor ☐ Storage								
☐ Storage site address missing (section C4)	All Forms are required for renewal							
Storage location must be at the production site or your ordinary place of residence (section C4)	Form R cannot be used, you will need to complete Form(s) A, C, D, E1, E2 and F, as appropriate							
or residence (section C4)  Form not signed and/or dated by applicant (section C5)	☐ Form R was completed, however page(s) required							
1. The not agreed arrays dated by approant (section Co)	☐ Applicant's information missing (section R1)							
Form D: Application for Licence to Produce Manhuana by a Designated	Source of marihuana not indicated (section R2)							
Person	☐ Medical practitioner's information missing (section R3)							
□ NOT OK See below 🗵 OK	From not signed and dated by medical practitioner (section R4-A)							
	☐ Form not signed and dated by applicant (section R4-B)							
Form D required and/or page(s) required	Comments							
Applicant's information missing (section D1)	Please note that if you are changing your source, a Form A is always							
☐ Designated person's information missing (section D2) ☐ Please confirm the order of the designated person's name (section	required							
DZ); name order should be entered as: Last / First Middle and must exactly match the Criminal Record Check provided.	☐ As you do not own or co-own your production site, a Form F will be required with each renewal							
2 copies of the photograph not included and/or not signed by applicant (section D3)	☐ Note to Medical Practitioners: We have received the enclosed Form B1/2 for your patient. Please provide the enclosed application package toin order to submit a complete application							
Production site not indicated (section D4)	As your licence expires in less than 10 weeks, we are unable to							
Mode of production not indicated (section D5)	complete your amendment request at this time. Please submit a complete Form(s)in order to ensure a complete renewal							
☐ Production and/or storage site security measures missing (section D6) ☐ Indoor ☐ Outdoor ☐ Storage	application							
Storage site address missing (section D6)	Continued onto next page							
For Further Instructions Please Call Toll-Free 1-866-337-7705								

☐ Medical Practitioners	¹ ☐ Invalid Declarations
The person who signed the medical declaration on Form B (B1 or B2) does NOT comply with the definition of a medical practitioner in support of applications under the Marihuene Medical Access Regulations (section B1-1 or B2-1)	Please note that the declarations on Form have been altered, and as such it has made the form invalid. Please complete a new Form
Your case must be assessed by a medical specialist, note that Dr. does not appear to be registered as a specialist with the Royal College of Physicians and Surgeons of Canada or the Royal College of Physicians and Surgeons of(section B2-5)	<ul> <li>Under the Marihuana Medical Access Regulations, the specialist must concur that the specialist is aware that marihuana is being considered for an alternative treatment</li> </ul>
Your photographs must be signed by your new supporting medical practitioner/ the signature on the photographs does not match that of the supporting medical practitioner in section B15/8 B2-5.	☐ Other  ☑ All original forms and photographs have been returned to
Please note that the Form B1/B2 is dated from more than 1 year ago. Please have your supporting medical practitioner re-sign and re-date the Form B1/B2.	you. Please resubmit all forms with the appropriate changes for a complete application.
	☐ Copies df your forms have been returned to you. All original forms and/or photographs have been kept on file.
☐ Revocation is Required	Please resubmit all copied forms with the appropriate
In order to change your production source, a signed & dated letter of revocation is required. It must clearly indicate that you wish to revoke your current Personal-Use Production Licence	changes for a complete application.
In order to change your production source, a signed & dated letter of revocation is required from your designated grower. It must clearly indicate that they wish to revoke their Designated Person Production	A portion of your application has been kept on file. Please resubmit all forms and/or photographs with the appropriate changes for a complete application.
Licence. If you are unable to acquire a letter from your designated grower, you can provide a signed & dated letter requesting to revoke your entire authorization to possess. If you wish to do so, a complete application package will be required.	☐ All elements of your application have been kept on file.  Should you have any questions regarding this checklist,
☐ Please note that you cannot change your supporting medical practitioner before the renewal of your licence. If you wish to do so, you must provide a signed and dated letter stating you wish to revoke your <u>entire authorization to possess</u> . You can also return your prink licence(s) to our offices. Otherwise, please keep these forms and resubmit your application 10 weeks before the expiry of your current licence	please contact the Program via the toll free number at 1-866-337-7705 or by email at mmap-pamm@hc-sc.gc.ca.
Address Discrepancies	
Note that Section 5(c) of the Marihuana Medical Access Regulations states that the mailing address must correspond to the physical/civic address. A separate mailing address should only be provided if the mail is underiverable to the applicant/ designated persons's civic address. (Our offices may not mail correspondence to your appointed representative)	
You have applied to be a designated grower for However, you	
also have a current licence to produce for According to that	
account, your ordinary residence and mailing address is  Before we can fulfilf's request, you must send in an amendment for's account. As such, a Form D with's information will be required	
Section 56 Request	
To process your renewal or application we require the application to be supported by a medical doctor. Please submit a new Form B1or B2, supported by a medical doctor, and be sure to have them sign the back of the applicant photos in order for your application to be processed.	÷
Please note that your request for a Section 56 exemption and the affidavit have been submitted to the Office of Controlled Substances (OCS) for further consideration.	•
Further Supporting Documentation Required	
Please submit a proof of ownership document (i.e. Articles of Constitution of a Company), which will show that has authority to sign for	
☐ The physical address indicated as the proposed production site is unverifiable, please provide a government issued document or municipal tax/utility bill clearly substantiating thatis a legal address in the city of	•
The documents enclosed herein are being returned as they do not substantiate that the physical address indicated as the proposed production site is a valid legal address; please provide a government issued document or municipal tax/utility bill clearly substantiating thatis a legal address in the city of	
☐ Designated Grower Production Licence Applications	
Please note that we are unable to complete your application at this time. Due to privacy restrictions, we are unable to divulge any further information. Please contact your designated grower for further information	
☐ Please provide the completed CRC (or Form D) to your applicant to resubmit for a complete application	
Please note that we are unable to complete your application at this time. Due to privacy restrictions, we are unable to divulge any further information. Please contact the applicant for further information.	
For Further Instructions Please	Call Toll-Free 1-866-337-7705

### Shawn Davey

### Reference #500676

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

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

<sup>&</sup>quot;Amendment: Changing sources to DPPL

December 22<sup>nd</sup>, 2012

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

RE: Shawn Davey Client ID: 45146

To Whom It May Concern:

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

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

Sincerely,

Shawn Robert Davey

Ahmal Day Dac 22/2012