Form A

Application for Authorization to Possess Marihuana for Medical Purposes

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

□ an original authorization

OR

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

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

Important

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

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

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Health Canson
Santé Canson
486924
DEC 07 2012
2013-01-23
OCS / BSC

45146

500676 858013 03-13

Canadä

A1 Applicant's Information		
	VEY / SHA JE / 1976	UN / ROBERT
Address: 32037 SE	VENTH AVE Province: BC	Apartment Number:
If no street address is available, ple	ase provide lot and concession num	ber:
Lot Number:	terrocks gan sandjother to skrige his his artifysterrocks parket by the elder signification of the significance of the sig	Navania de la compania del compania del compania de la compania del la compania de la compania del la compania de la compania de la compania del la compania de la compania del la compania
Concession Number:		N. C.
Telephone: ()	·	······································
Fax: ()		
E-mail:	Chromos and the system of the	
This address is: D A private resid		a private residence (E.G., HOSPICE, HOSPITAL, ETC.)
	Nam	e of residence:
Mailing Address (if different from ab	ove).	•
Address or P.O. Box:		Apartment Number:
City:	Province:	Postal Code:
A2 Photograph of Applicar	t	
☐ I have enclosed two copies of a c	***************************************	**************************************
certifies that it is a true likeness		practitioner signing the medical declaration, who
SIZE GUIDE FOR BOTH PHOTOGRAPHS		ort photograph is preferred but if one is not nitted must meet the following standards:
	• It must show you alone in the pl	notograph.
	 It must show a full frontal view of contrasting background, 	f your head and shoulders against a plain
		mm (1 11/16 inches x 2 1/8 inches) and not more x 2 3/4 inches), and have a view of your head that s) in length.
	 It must reveal your face without permitted, of course. 	sunglasses or any other obstructions. Facial hair is
MINIMUM SIZE	Note: This section does not ne provided within the last 5 years	ed to be completed if a photograph has been a.
MAXIMUM SIZE		
man spraces that it is a total		

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 consen	it, Health Canada Will communicate onl	i min pila angagi you.
ou may withdraw the appointment	•	
Appointed representative (option	nall:	
□ I consent to allowing Health Canada to exchange personal and medical information about my case with my appointe representative.		
·		
		Apartment Number:
	Province:	
elephone: ()	nanthere and the property and the particle of the property of the particle of	
ax: ()		
-mail;		
	•	
A4 Proposed Source of M	arihuana ur proposed source of marihuana b	y choosing one of the following:
	or proposed source of marihuana b	y choosing one of the following:
You are required to indicate you ☐ I plan to produce my own marihu You must apply to get licence to	or proposed source of marihuana b	l out
You are required to indicate you ☐ I plan to produce my own marihu You must apply to get licence to Form C: Application for Licen	ur proposed source of marihuana but uana. grow your own plants and you must fil nce to Produce Marihuana by Appli Canada so you can grow your own plan	l out cant.
You are required to indicate you I plan to produce my own marihu You must apply to get licence to Form C: Application for Licen To purchase seeds from Health O	ur proposed source of marihuana but uana. grow your own plants and you must fil nce to Produce Marihuana by Appli Canada so you can grow your own plan	l out cant.
You are required to indicate you I plan to produce my own marihu You must apply to get licence to Form C: Application for Licen To purchase seeds from Health (Form E2: Application to Obtain OR	ur proposed source of marihuana buana. grow your own plants and you must file to Produce Marihuana by Applicanada so you can grow your own planin Marihuana Seeds.	l out cant. ets, you must fill out
You are required to indicate you are required to indicate you are to produce my own marihu. You must apply to get licence to Form C: Application for Licen. To purchase seeds from Health C Form E2: Application to Obtain I plan to have a designated person My designated person will be: Licence from must apply to get a licence from the product of the pr	ur proposed source of marihuana butana. grow your own plants and you must file to Produce Marihuana by Applicanada so you can grow your own plants Marihuana Seeds. on grow the marihuana for me.	l out cant. sts, you must fill out d you must fill out
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You are required to indicate you of plan to produce my own marihut You must apply to get licence to Form C: Application for Licent To purchase seeds from Health (Form E2: Application to Obtain It of plan to have a designated person My designated person will be: You must apply to get a licence of Form D: Application for Licent To purchase seeds from Health (Marian Indicated Person Marian Indicate your must apply to get a licence of Form D: Application for Licent Indicated Person Marian Indicated Person Marian Indicated Person Marian Indicated Person Indicat	ur proposed source of marihuana buana. grow your own plants and you must fill the to Produce Marihuana by Applicanada so you can grow your own plants in Marihuana Seeds. on grow the marihuana for me. AND MARIHAN TO Someone to grow plants for you and the to Produce Marihuana by a Descential and the control of the produce Marihuana by a Descential and the produce Marihuana and the produce Marihuana and t	I out cant. Its, you must fill out It you must fill out
You are required to indicate you of plan to produce my own marihut You must apply to get licence to Form C: Application for Licent To purchase seeds from Health OF Form E2: Application to Obtain My designated person will be: You must apply to get a licence of Form D: Application for Licent To purchase seeds from Health OF Form E2: Application to Obtain	ur proposed source of marihuana buana. grow your own plants and you must fill the to Produce Marihuana by Applicanada so you can grow your own plants in Marihuana Seeds. The the the marihuana for me. The the the marihuana for me. The the the marihuana for me. The the the marihuana for you and the to Produce Marihuana by a Design Marihuana Seeds.	I out cant. Its, you must fill out It you must fill out

Name: DAVEY, SHALUN RUBERT

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.
- 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).
- ili. 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 comple
--

APPLICANT'S SIGNATURE DATE DECLUBER 15, 2012.

SHAWN DAVEY

IMPORTANT:

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

Form 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.
- 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

D1 Applicant's Information	
□ Mrs. □ Miss □ Ms. □ Mr.	
Applicant's full name: DAVEY / SHAWN Date of Birth: OO / JUNE / 1970	/ ROBERT
Address: 32037 SEVENTH AVE City: MISSION Province: BC	Apartment Number: Postal Code: √QV QA-
If no street address is available, please provide lot and concession number:	, , , ,
Lot Number:	Market of the state of the stat
Concession Number:	·
Telephone: ()	
Fax:	**************************************
E-mail:	-+ Madiant Assert Pagulations places
If you already hold an Authorization to Possess dried marihuana under these Marihuan indicate the number of that Authorization:	та медісаі Ассезз кедиволіз, рісазс
Regulations, you must also submit Form A: Application for Authorization to F Purposes and the appropriate medical practitioner form (Form B1 or B2).	
D2 Designated Person's Information	
	e / Jones
Mrs. □ Miss □ Ms. □ Mr. Designated person's full name: Karen / Marlen	e / Jones
Mrs. □ Miss □ Ms. □ Mr. Designated person's full name: Karen / Marlen Date of Birth: 07 / 02 / 1956	
Mrs. □ Miss □ Ms. □ Mr. Designated person's full name: Karen / Marlen Date of Birth: 07 / 02 / 1956	
Designated person's full name: Karen / Marlen Date of Birth: 07/02/1956 Address: 26768 Cunningham Que City: Maple Ridge Province: BC.	
Designated person's full name: Karen / Marlen 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 concession number:	
Mrs. Miss Ms. Mr. Designated person's full name: Karen / Marien Date of Birth: 07 / 02 / 1956 Address: 26768 Cunningham Qve City: Maple Ridge Province: BC. If no street address is available, please provide lot and concession number: Lot Number:	
Designated person's full name: Karen / Marlen 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 concession number: Lot Number: Concession Number:	Apartment Number: Postal Code: V2W - 1M8
Designated person's full name: Karen / Marlen Date of Birth: 07 / 02 / 1956 Address: 26768 Cunningham Qve City: Maple Ridge Province: BC. If no street address is available, please provide lot and concession number: Lot Number: Concession Number: Telephone: (604) 462-0163 Fax: ()	Apartment Number: Postal Code: V2W - 1M8
Mrs. Miss Ms. Mr. Designated person's full name: Karen / Marlen Date of Birth: 07 / 02 / 1956 Address: 26768 Cunningham Ove City: Maple Ridge Province: BC. If no street address is available, please provide lot and concession number: Lot Number: Concession Number: Telephone: (604) 462-0163	Apartment Number: Postal Code: V2W - 1M8
Designated person's full name: Karen / Marlen Date of Birth: 07 / 02 / 1956 Address: 26768 Cunningham Qve City: Maple Ridge Province: BC. If no street address is available, please provide lot and concession number: Lot Number: Concession Number: Telephone: (604) 462-0163 Fax: (E-mail: Kmj 1956 D Live - Com	Apartment Number: Postal Code: V2W - 1M8
Designated person's full name: Karen / Marlen Date of Birth: 07 / 02 / 1956 Address: 26768 Cunningham Qve City: Maple Ridge Province: BC. If no street address is available, please provide lot and concession number: Lot Number: Concession Number: Telephone: (604) 462-0163 Fax: ()	Apartment Number: Postal Code: V2W - 1M8

D3 Photograph of Designated Person

Please complete and check both boxes:

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

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

SIZE GUIDE FOR BOTH PHOTOGRAPHS



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

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

Note: A photograph is required every year.

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 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: DAUDY SHAWN ROBERT

Page 2 of 5

(D4 continued)	· •
As the designated person, I plan to produce marihuana somewhere other that at the ordinary residence of the applicant. If you make this selection, please complete the rest of this page.	n either at my ordinary place of residence or
Proposed production site:	
Address: 26768 Canningham Que City: Maple Ridge Province: B.C.	Apartment Number: Postal Code: V2W - 1M
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 ☐	3 No
by the applicant or the designated person, the owner(s) of the production of Property Owner.	on site must complete Form F: Consent
D5 Mode of Production	
The marihuana will be produced (please choose only one):	·
entirely indoors;	
OR	
entirely outdoors;	
OR	
☐ indoors in the winter and outdoors in the summer.	
IMPORTANT: 1. The Regulations allow you to grow marihuana indoors in the winter ar grow marihuana indoors and outdoors at the same time.	
2. Please be sure to read the declaration on D8 Part B with respect to g	-
2. Please be sure to read the declaration on D8 Part B with respect to g frequented by minors if you plan to grow marihuana outdoors.	
2. Please be sure to read the declaration on D8 Part B with respect to g frequented by minors if you plan to grow marihuana outdoors.	
frequented by minors if you plan to grow marihuana outdoors.	
2. Please be sure to read the declaration on D8 Part B with respect to g frequented by minors if you plan to grow marihuana outdoors.	
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frequented by minors if you plan to grow marihuana outdoors.	
frequented by minors if you plan to grow marihuana outdoors.	
frequented by minors if you plan to grow marihuana outdoors.	

Name: DAURY, SHAWN ROBERT Page 3 of 5

D6 Security Measures for Growing and Storing Marihuana

IMPORTANT: The Marihuana Medical Access Regulations state that "the hold maintain measures necessary to ensure the security of marihuana in their po	
Please describe the security measures that will be used at the proposed production sagainst loss or theft: Fully Feneral address of the proposed production sagainst loss or theft:	ite to protect your crop of marihuana
	TO SANTA TO
Please describe the security measures that will be used to protect your dried marihum Locked in Safe, in house.	ana against loss or theft:
Address where the marihuana will be stored:	6 t
Address: 26768 Canningham ave City: Maple Ridge Province: BC	Postal Code: 1/2W 1M8
IMPORTANT: Please note that if the marihuana is not stored at the productio ordinary place of residence of the designated person or the applicant.	n site, it must be stored at the
DZ 8 1 July 1- Communicate to Consider Police	
D7 Authority to Communicate to Canadian Police	

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

Name: DAUBY, SHAWN ROBERT

D8 Part A-Applicant's Declaration and Signature

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

| Shawa Davay | Davay | Date | Davay | Dav

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

Maten Jones

PRINT NAME

DATE

DATE

PRINT NAME

IMPORTANT:

- 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.
- 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 1B9

F1 Property Owner Information	
od Mrs. □ Miss □ Ms. of Mr.	
Property owner's full name: Gary and Karen	Tones
Address: 26768 Cunningham Que	Apartment Number:
Address: 26768 Cunningham Que City: Maple Ridge Province: BC-	Postal Code: V2W 1M 2
Production site address (if different from above)	
Address:	Apartment Number:
City: Province:	Postal Code:
If no street address is available, please provide lot and concession nur	nber:
Lot Number:	
Concession Number:	
F2 Property Owner Consent	
a) Sole Owner	
I confirm that I am the sole owner of the proposed production site and applicant's designated person)accordance with the Marihuana Medical Access Regulations.	I give my consent to (full name of applicant or to produce marihuana on this property in
Property owners should note that marihuana may also be stored at the	production site.
•	
PROPERTY OWNER'S SIGNATURE DATE	
PRINT NAME	
Note: If the property is co-owned, please provide the name and address	s for each additional property owner in space below,
b) Joint Owner(s)	
Co-property owner's full name: Gary Edward	Jones
Address: 26768 Cunningham Ave	Apartment Number:
Co-property owner's full name: Gary Faward Address: 26768 Cunningham Ave City: Maple Ridge Province: BC.	Postal Code: V2W JM8
Co-property owner's full name: Karen Marlene Jo	ones
Address: 26768 Cunning ham ave City: Maple Ridge Province: BC.	Apartment Number:
city: Maple Ridge Province: BC.	Postal Code; V2W/M8
(continued on next page)	

(F2 continued) I give my consent to (full name of applicant or applicant's designated person) for my long your produce marihuana on this property in accordance with the Marihuana Medical Access Regulations. Property owners should note that marihuana may also be stored at the production site. Dec1,2012

Dec1,2012 PRINT NAME

IMPORTANT:

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

Form C

Application for Licence to Produce Marihuana by Applicant

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

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

Important

- 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

C1 Applicant's Information
Mrs. Miss Ms. to Mr.
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.
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: 2008 Cunning/Cun Ave Apartment Number: City: MDDE 2006 Province: 6C Postal Code: VDW IMS
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 .
☐ entirely outdoors;
OR
□ indoors in the winter and outdoors in the summer.
 IMPORTANT: 1. The Regulations allow you to grow marihuana indoors in the winter and outdoors in the summer. You cannot grow marihuana indoors and outdoors at the same time. 2. Please be sure to read Part C5 of this form with respect to growing marihuana near locations frequented by minors if you plan to grow marihuana outdoors.
C4 Security Measures for Growing and Storing Marihuana
IMPORTANT: The Marihuana Medical Access Regulations state that "the holder of an authorization shall maintain measures necessary to ensure the security of marihuana in their possession." (Sec 61(1)).
Please describe the security measures that will be used at the proposed production site to protect your crop of marihuana against loss or theft: Filly Hence Query Meter, Clarific Tolling Tolling Call Remarks
Please describe the security measures that will be used to protect your dried marihuana against loss or theft: LOCKED WY SAFE, FULLY FENCEOL PER IMPHER, ALAYMOOL 40 OCAL POLICE.
Address where the marihuana will be stored:
Address: 20768 CUMING/MM Ave Apartment Number:
City: MDV LICOR Province: 6C Postal Code: VQW 148
IMPORTANT: Please note that if the marihuana is not stored at the production site, it must be stored at your ordinary place of residence.

Name: DAVEY, CHAWN ROBERT Page 2 of 3

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.

Kank Day	DECEMBED ISTADIA.
APPLICANT'S SIGNATURE	DATE
SHAWN DAVEY	

IMPORTANT:

- 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.



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

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

Name - Nom	DOB - DDN
Karen Mariene JONES (MARTIN) nee	1956-02-07
Address - Adresse	Signature of Applicant - Signature du requérent
26768 Cunningham Avenue	
Maple Ridge, B.C. V2W 1M8	Garen 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 fichier judiciaire national du Canada ont révélé 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)

Ridge-Meadows RCMP Detachment
11990 Haney Place

Maple Ridge, B.C.

V2X 9B8

Name and rank - Nom et grade

E. McRae - Information Officer

Signature

Date

A1E 1743
2012-11-21

Canadä

RCMP GRC 1888 (1995-03) ICS

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

DEC 0 2 2012

Photo Taken

Dato

l certify this to be a true likeness of

Karen Muchanitans

Jana Andrews



Health Canada

Santé Canada

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

Address Locator: 0300A

You have applied for:

Your file Votre référence

Ottawa ON K1A 1B9

Our tile Notre rélèrence

Dear Applicant:

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

□ 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

Please submit a complete application to the Marihuana Medical Access Program at the address

indicated below, with the required completed forms. Your application will be reviewed only once all required information is received.

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

Marihuana Medical Access Program
Controlled Substances and Tobacco Directorate
Health Canada
Address Locator: 0300A
Ottawa ON K1A 189

Encl.

form.

Canada

Form A: Application for Authorization to Possess Marihuana for Medical Purposes	
NOT OK See Below	Client: Shawn Davey
Form A required and/or page(s) required	Client ID: 45146
Applicant's information missing (section A1)	Form D: Application for Licence to Produce Marinuana by a Designated Person (cont'd)
 The address provided cannot be confirmed as a physical address; please provide a valid civic/physical address. 	□ NOTIOK: See below
☐ 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	Form not signed and dated by applicant (section D8-A)
supporting medical practitioner (section A2)	☐ Form not signed and/or dated by designated person (section D6-B) ☐ Original, within one year, oriminal record check is required (section
Source of marihuana not Indicated (section A4)	D8-8)
 Marihuana source indicated is not a legal source. Choose one of the three legal source options (section A4) 	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 preceding the application (section D8-B)
Complete the Form(s) A, C, D, E1, E2 and F, as appropriate, depending on your source of marihuane	accompany of the second
	Form E1: Application to Obtain Dried Manhuana
Form B: Medical Practitioner's Form	□ NOT OK See below
☑ NOT OK; See below ☐ OK	Form E1 required and/or page(s) required
Form 8 required, either Form 81 or 82 must be completed by your	☐ Applicant's information missing (section E1-1) ☐ 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	and the second of the second o
☐ Your medical condition does not fall under category 1, Form B2 should be completed instead	Form E2: Application to Obtain Marihuana Seeds DINOT(OK)See below): See Seeds
Your medical condition does not fall under category 2, Form 81 should 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 QR B2-1) [] Your medical condition(s) and symptom(s) were not indicated, please	☐ Delivery Instructions not Indicated (section E2-3)
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 82-5)	Form F: Consent of Property Owner
Form not signed and/or dated by medical practitioner (section 81-5 OR 82-6)	□ NOT OK, See below
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	Property owner's consent not provided (section F2)
☑ NOT OK, See below: ☐ OK	☐ Applicant's name not provided
	Designated person's name not provided
Form C required and/or page(s) required	Form not signed and/or dated by property owner(s) (section F2)
☐ Applicant's information missing (section C1) ☐ Production site not indicated (section C2)	Form R. Renewal
Mode of production not indicated (section C3)	ENOTOK SECONOM
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	Form R cannot be used, you will need to complete Form(s) A, C. D, E1, E2 and F, as appropriate
of residence (section C4)	☐ Form R was completed, however page(s) required
Form not signed and/or dated by applicant (section C5)	Applicant's information missing (section R1)
Form D: Application for Licence to Produce Marihuana by a Designated	☐ Source of marihuana not indicated (section R2) ☐ Medical practitioner's information missing (section R3)
Person	☐ Medical practitioner's information missing (section R3) ☐ Form not signed and dated by medical practitioner (section R4-A)
☑ NOTOK, See below	☐ Form not signed and dated by applicant (section R4-B)
☐ Form D required and/or page(s) required	
Applicant's information missing (section D1)	Commanis: ☐ 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 D2); name order should be entered as; Last / First/ Middle and must	required ☐ As you do not own or co-own your production site, a Form F will be
by), name study elements as Last press made end not a sactify match the Criminal Record Check provided. 2 copies of the photograph not included and/or not signed by applicant	required with each renewal Note to Medical Practitioners: We have received the enclosed form Note to Medical Practitioners: We have received the enclosed form
(section D3) Production site not indicated (section D4)	B1/2 for your patient. Please provide the enclosed application package toin order to submit a complete application 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
☐ Production and/or storage site security measures missing (section D6) ☐ Indoor ☐ Outdoor ☐ Storage	complete Form(s)in order to ensure a complete renewal application
Storage site address missing (section D5)	Continued onto next page
	Call Toll-Free 1-866-337-7705

☐ Medical Practitionars	🖺 Invalid Declarations
☐ The person who signed the medical declaration on Form 8 (B1 or B2) does NOT comply with the definition of a medical practitioner in support of applications under the Marihuana Medical Access Regulations (section 81-1 or B2-1)	☐ Please note that the declarations on Fcm 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.	concur that the specialist is aware that marihuana is being considered for an alternative treatment
☐ 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 81-5/ 82-5.	☑ Ohe ☑ All original forms and photographs have been returned to you. Please resubmit all forms with the appropriate
Please note that the Form B1/B2 is dated from more than 1 year ago. Please have your supporting medical practitioner re-sign and re-date the Form B1/B2. ■ Revocation is Required In order to change your production source, a signed & dated letter of revocation is required. It must clearly indicate that you wish to revoke your current Personal-Use Production Licence In order to change your production source, a signed & dated letter of revocation is required from your designated grower. It must clearly indicate that they wish to revoke their Designated Person Production Licence, If you are unable to acquire a tetter from your designated grower, you can provide a signed & dated letter requesting to revoke your entire authorization to possess. If you wish to do so, a complete application package will be required. □ Please note that you cannot change your supporting medical practitioner before the renewal of your licence. If you wish to do so, you must provide a signed and dated letter stating you wish to revoke your entire authorization to possess. You can also return your pink iscence(s) to our offices. Otherwise, please keep these forms and resubmit your application 10 weeks before the expiry of your current licence ■ Address Discrepancies ■ Note that Section 5(c) of the Marihuana Medical Access Regulations states that the mailing address must correspond to the physical/civic address. A separate mailing address should only be provided if the mail is undeliverable to the applicant/ designated persons's civic address. Quer offices may not mail correspondence to your appointed representative) ■ You have applied to be a designated grower for	changes for a complete application. Copies of your forms have been returned to you. All original forms and/or photographs have been kept on file. Please resubmit all copied forms with the appropriate changes for a complete application. A portion of your application has been kept on file. Please resubmit all forms and/or photographs with the appropriate changes for a complete application. All elements of your application have been kept on file. Should you have any questions regarding this checklist, please contact the Program via the toll free number at 1-866-337-7705 or by email at mmap-pamm@hc-sc.gc.ca.
□ Section 66 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 affidavil have been submitted to the Office of Controlled Substances (OCS) for further consideration.	
☐ 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 bit clearly substantiating that is a tegal address in the city of ☐ The documents enclosed herein are being returned as they do not substantiate that the physical address; please provide a government	
issued document or municipal taxiutility bill clearly substantiating thatis a legal address in the city of IDesignated 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.	



Royal Canadian Mounted Police

Gendarmerie royale du Canada

GANADIAN 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		NOG - BOO					
Karen Mariene JONES (MARTIN) nee		1956-02-07					
Address - Adresse 26768 Cunningham Avenue Maple Ridge, B.C. V2W 1M8							
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 ficitier judiciaire national du Cenada ont révété qu'aucune personne de ce nom née à cette date n's 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 988	MIET MIET	143 2012-11-21					

Canadä

RCMP GRC 1888 (1995-03) ICS

Shawn Davey

Reference # 522835

First Name	Surname:		Mailing Address			View Contact
Shawn Shawn	Davey .	[31819 Keystone 2	ve., Mission, SC, V4S 1G4, Ce	neda	1976-08-08 604-820	-5264 (NKA)
Exterence No. 487248 500676 622635 522646 561705 736613 739603	Status Glossed I Clossed I Clossed I Clossed I Clossed I Clossed I Clossed I	Correspondence Date 2012-12-14 2013-01-02 2013-02-04 2013-02-27 2013-08-19	Correspondence Type Mail T	Orection Out T In T Out T In T Out T In T In T In T Out T	Subject RMI Letter Application Licence Package Licence Package Application Application Licence Package	A SECULIAR CONSESSION
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Gerrenjundengen)		**************************************				Add/Evil Notes

"Revocation by Request:

AP revoking PUPL to change to DPPL

Old PUPL remains valid until 2013-02-17

New DP effective 2013-02-18 LT 732 772 610 CA -LChellew Feb 4/13"



Address Locator: 0300A Ottawa ON K1A 1B9

Reference # 522835

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

Dear Mr. Shawn Davey:

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

This is further to your request to revoke your *Personal-Use Production Licence* (PUPL), which was issued to you under the terms of the *Marihuana Medical Access Regulations* (MMAR).

Please note that your PUPL, which allowed you to produce dried marihuana will hereby be revoked fourteen (14) days from the date of this letter. The revocation will be made pursuant to subsection 63(1) of the MMAR, which states the following,

"On request by the holder of a licence to produce, the Minister shall revoke the licence."

As additional documentation was provided to complete your amendment request a new Authorization will be sent separately. As per subsection 60(2) of the MMAR you are required to return your previously issued *Authorization to Possess* ATP and PUPL document (and previously issued ID card, if applicable), which was issued November 1, 2012, to the address below within 30 days of receipt of your new Authorization.

Moreover, as per section 65(2) the holder of the licence to produce shall discontinue production of marihuana. Within 10 days after destroying the marihuana, the holder of the authorization or the licence shall notify the Minister, in writing of the amount of marihuana destroyed. Please note that the holder of a valid authorization to possess is not required to destroy dried marihuana that is not in excess of the maximum quantity permitted under the authorization.

If you have any questions regarding this letter or the MMAR, please visit the Health Canada website at www.healthcanada.gc.ca/mma, or contact the Marihuana Medical Access Program via email at mmap-pamm@hc-sc.gc.ca, toll-free at 1-866-337-7705 or by mail at:

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

Sincerely,

Louis Proulx

A/Director

Bureau of Medical Cannabis

Controlled Substances and Tobacco Directorate Healthy Environments and Consumer Safety Branch

Health Canada

क्रकेड्बुसकार वेशक्ष्यम् एंतर दश	evenj ne contient bas de unit	lères dangereur	hos ami inserio 19 254 Soos ami inserio 19 254	Risés son le reçu do c	ident.
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Karen Ma 26768 Cui Maple Ric	nes m Ave vzw 1		

Shawn Davey

Reference # 522846

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First Name Surreame		Malina Address			w Contact
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"Do not send out letter - revocation letter under reference # 522835 -LChellew Feb 4/13 Canada Post Tracking: AP # LT 757 263 975 CA, DP # LT 757 263 989 CA. 1st verification by CG 2013/02/11"



1 of 1

Address Locator: 3503B Ottawa ON K1A 1B9

MMAD-42760-13

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:

Enclosures



Santé Health Canada Canada

Address Locator: 0300A Ottawa ON K1A 1B9

MMAD-42760-13 Client ID: 45146

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

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

HOLDER	OF	ΑU	THOR	IZA	TION	INF	ORMA	TION

NAME:

Shawn Robert Davey

DATE OF BIRTH: 08-Jun-1976

ADDRESS:

31819 Keystone Ave., Mission, BC, V4S 1G4,

GENDER:

Male

MAILING ADDRESS: 31819 Keystone Ave., Mission, BC, V4S 1G4, Canada

AUTHORIZATION #: APPL-SRD-06-D30720800-76-13-A

Canada

#### TERMS AND CONDITIONS

The maximum quantity of dried marihuana that you may possess at any time under this Authorization to Possess is: 750 grams.

#### MEDICAL PRACTITIONER INFORMATION

NAME: Dr. Gwyllyn S. Goddard

#### VALIDITY DATE: 26-Sep-2014

The date shown as the validity date represents the last day that you may use this licence to obtain medical marihuana from a licenced producer.

#### EXPIRY DATE

The expiry date for your licence is March 31, 2014. At that time this no longer provides you with authorization to possess marihuana; however, until the validity date noted above, you may use this licence to register with a Licensed Producer to purchase marihuana for medical purposes. The documents you receive from your licensed producer may be used as proof that you are authorized to possess dried marihuana for medical purposes.

ISSUED BY:

DATE OF ISSUE: 26-Sep-2013

#### PLEASE READ ALL ENCLOSED DOCUMENTS

#### ENCLOSED DOCUMENTS:

Information you should know about your Authorization to Possess dried marihuana and for Licence to Produce

c.c.: Dr. Gwyllyn S. Goddard

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





Address Locator: 0300A Ottawa ON K1A 1B9

MMAD-42760-13 Client ID: 45146

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

You have met the requirements to be issued a licence pursuant to section 29 of the Marihuana Medical Access Regulations (MMAR). You are hereby licenced to produce dried marihuana for your medical purpose in accordance with your licence. This document serves as proof of your authority to produce marihuana for a medical purpose. You should have this document with you at all times in case you are required to show proof to the police.

HOLDER	OF LICENCE	INFORMATION

NAME:

Shawn Robert Davey

Canada

DATE OF BIRTH: 08-Jun-1976

ADDRESS:

31819 Keystone Ave., Mission, BC, V4S 1G4,

GENDER: Male

MAILING ADDRESS: 31819 Keystone Ave., Mission, BC, V4S 1G4, Canada

LICENCE #:

APPL-SRD-06-D30720800-76-13-A

TERMS AND CONDITIONS

PRODUCTION SITE:

31819 Keystone Ave., Mission, BC, V4S 1G4, 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

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

STORAGE SITE:

31819 Keystone Ave., Mission, BC, V4S 1G4, 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:

5490 grams and it must be stored indoors.

EXPIRY DATE

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

ISSUED BY:

DATE OF ISSUE: 26-Sep-2013

#### PLEASE READ ALL ENCLOSED DOCUMENTS

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

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

Canada

## Shawn Davey

### Reference # 551705

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## "REC'D AUTHORI\ZATION DOCS + LETTER

Closed no action. Return Pink docs + a letter regarding no plants to destroy.

2013-03-05 msok"

February 18th, 2013

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

RE: Shawn Davey, Reference #: 5228358

To Whom It May Concern:

As per subsection 60(2) of the MMAR referenced in your letter dated February  $4^{th}$ , 2013, please find enclosed my Authorization to Possess and Personal-Use Production Licence, which was revoked by my request.

In regards to section 65(2), due to the start up costs involved, I never started production at my home address once my licence changed to state it as my production site; therefore I do not have any marihuana to destroy.

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, x Hannel Daving

Shawn Robert Davey

751705 551705 772013 2013-04-12-0CS/ Address Locator: 3503B Ottawa ON KIA 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 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: 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:

Levac (eral

DATE OF ISSUE: 19-Jul-2012

Director | Directeau

Medicai Cantalus Burens | Buréas do Cantales Médical Controlled Substances and Tobacco Denotoratel Direction des Substances Contrôlées et de la Lune su

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 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 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

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:

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 maribuana 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:

DATE OF ISSUE: 01-Nov-2012

#### PLEASE READ ALL ENCLOSED DOCUMENTS CAREFULLY

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

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

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

Canada

#### Shawn Davey

#### Reference # 736513

First Name Shawn	Surrame .	31819 Keyslane A	Mailing Address	1963	Date Of Birth Primary   1876-98-98   504-920-5264 (N	
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"PUPL renewal with changes

Received forms A, B1 C, E2 F AP's photos signed by MD

MD verified and not in restricted list

Pre-review - complete

2013-09-16 - Sajjour"



# 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 1B9

Health Canada/ Santé Canada/ SEP 1 2 2013 CS / 3 OCS / BSC / MMAD

Canadä^{*}

At Applicant's Information				
□ Mrs. □ Miss □ Ms. 🗗 Mr.				
Applicant's full name:	AVEY / S	HAWN	/ K	OBERT
Date of Birth: 08 / 0				***************************************
Address: 2/8/9 Ka.	stone Aug.		Anartment N	ımher
Address: 31819 Key:	Province: 14	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Postal Code:	145 16-4
If no street address is available, ple				ellen krolindridetankrasi.
Lot Number:	rase provide for and concession n	umper;		
Concession Number:	**************************************	***************************************	***************************************	
Telephone: (778) 240	8261	***************************************	**************************************	A++***********************************
				***************************************
E-mail: Shown rd	aven 0608 @Ho	tmall com		***************************************
This address is: A private resid	dence (E.G., HOUSE OR APT.) Or 🗆 🌣	lot a private resid	ence (E.G., HOSPICE, H	OSPITAL, ETC.)
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Mailing Address (if different from at	pove):			
Address or P.O. Box:		\\+***********************************	Apartment No	ımber:
City:	Province:	-9-11-6-48-68-11-6-6-7-3-6-5-9-5-63-6-7-7-6	Postal Code:	-
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AE ( Notograph of Applica				
🕱 I have enclosed two copies of a	current photograph that clearly id	entifies me.	*******************************	2014
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	3	photograph.		
	<ul> <li>It must show you alone in the</li> <li>It must show a full frontal vie</li> </ul>	e photograph. w of your head an 54 mm (1 11/16 nes x 2 3/4 inche	d shoulders agains	et a plain
	<ul> <li>It must show you alone in the</li> <li>It must show a full frontal vie contrasting background.</li> <li>It must be at least 43 mm x than 50 mm x 70 mm (2 incl</li> </ul>	e photograph. w of your head an 54 mm (1 11/16 nes x 2 3/4 inche hes) in length.	d shoulders agains inches x 2 1/8 incl s), and have a view	et a plain nes) and not more of your head that
MINIMUM SIZE	<ul> <li>It must show you alone in the</li> <li>It must show a full frontal vie contrasting background.</li> <li>It must be at least 43 mm x than 50 mm x 70 mm (2 incl is at least 30 mm (1.375 inc</li> <li>It must reveal your face with</li> </ul>	e photograph.  w of your head and  54 mm (1 11/16 nes x 2 3/4 inche hes) in length,  out sunglasses or  need to be comp	d shoulders agains inches x 2 1/8 incl s), and have a view any other obstruct	nt a plain nes) and not more of your head that ions. Facial hair is
MINIMUM SIZE	<ul> <li>It must show you alone in the contrasting background.</li> <li>It must be at least 43 mm x than 50 mm x 70 mm (2 inclis at least 30 mm (1.375 inclis at least 40 course.</li> <li>It must reveal your face with permitted, of course.</li> <li>Note: This section does not</li> </ul>	e photograph.  w of your head and  54 mm (1 11/16 nes x 2 3/4 inche hes) in length,  out sunglasses or  need to be comp	d shoulders agains inches x 2 1/8 incl s), and have a view any other obstruct	nt a plain nes) and not more of your head that ions. Facial hair is

#### 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 (options	ıl):	
☐ I consent to allowing Health Canad representative.	a to exchange personal and me	dical information about my case with my appointed
□ Mrs. □ Miss □ Ms. □ Mr.	***************************************	
		Apartment Number:
		Postal Code:
Fax: ( )		
E-mail:	eter taki taki tikon di soja (soste, e, sostanji kaydin joj nja jaki je bija je s	
A4 Proposed Source of Mar	ihuana	
		na by choosing one of the following:
X I plan to produce my own marihuar	18.	
You must apply to get licence to gr Form C: Application for Licence		
To purchase seeds from Health Car Form E2: Application to Obtain	nada so you can grow your own <b>Marihuana Seeds.</b>	plants, you must fill out
OR		
☐ I plan to have a designated person My designated person will be:		
You must apply to get a licence for Form D: Application for Licence		
To purchase seeds from Health Car Form E2: Application to Obtain	ada so someone can grow plan <b>Marihuana Seeds</b> .	ts for you, you must fill out
OR		•
☐ I plan to purchase dried marihuana	from Health Canada.	
To purchase a supply of dried maril Form E1: Application to Obtain I		must fill out

Name: SHAWN KOBERT DAVEY
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. 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.

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Frank Davey		sant	07/2013		
APPLICANT'S SIGNATURE		DATE		and a series (see any fair in the color) to a fair in the color and an analysis	
SHAWN ROBERT	DAVEY				

#### 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.

Medical practi	tioner's full name	ين	WILLY	N 2.	GODDA	IKU .	*********
Provincial med	lical licence num				<u>4 ms</u>		773
Dr. Gwylly 25-6014 Chilliwack Tel: 1-61	iif available) n S. Goddard Vedder Road t BC V2R 5M4 04-858-5300 04-858-5364						
Vedical specia	lization (if applic	able):	GP				
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applicant's full late of Birth:	name: Day	jey 1 ob	15	_08	T & A T A T C + B A T A A T A T A T A T A A A A A A A A	Robert	
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Applicant's full Date of Birth; Telephone; Details on me	name: DON 1976 (604) 83 dical condition (6) in the tab i applicable).	/ 06 0-5264 ols) and symptomile below the me	OF (6 n(s) edical conditio	OS) 8/4- n(s) and the sy	2914 mptom(s) that ar	e the basis for Severe NAUSEA	the SEIZURES

(continued on next page)

Page 1 of 3 Revised April 2007

	·
/E	VI-2 continued)
D	
	Medical Condition(s) and Symptom(s):
81	-3 The Proposed Daily Amount
He	aith Canada's examination of the current available information suggests most individuals use an average daily
811	ount of 1 gram to 3 grams of dried maribuans for medical purposes, whether it is taken orally, or inhaled or a mination of hoth.
8.	The proposed delily amount of dried marihuana is less than or equal to twenty - h Verans (use letters to white world and sold and
b.	the following method and form of administration (please check appropriate box):  Tai: 1-604-658-5300 Fax: 1-604-858-5364
	Winhalation & Oral COCKING AND BAKING AND TEA
Net	e to Physicians: For more information on daily amounts, you can refer to the following documents:
	Information for Health Care Professionals — Marihuana Dally Amount Fact Sheet
	h documents can be found on the Health Canada Web site at ://hc-sc.gc.ca/dhp-mps/maribuana/index_c.hbml or
	alling tall free at 1-956-337-7705.
Бİ	4 Duration
Und	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:
11 y C	a die signing die Bachonzenon für a sindter period, preses specify the number of months:
Nam	s: Shawn Davey
	Pegs 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 maribulana as a drug.
- iii. I declare that the information contained in this form is correct and complete.

MEDICAL PRACTITIONER'S SIGNATURE	Dr. Gwyllyn S. Goddard 25-6014 Vedder Road
	25-6014 Vedder Hoad
CWYLLYN S. GODOARI	Amillionank BC Van Divis
PRINT NAME	Tel: 1-604-858-5590
Λ \ , , , , , , , , , , , , , , , , , ,	Fax: 1-604-858-5364
Huaust 29 2013	
DATE	The second secon

#### IMPORTANT:

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

Name: Shawn Davey



Health Canada Santé



# 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

C1 Applicant's Info	Milauon			
☐ Mrs. ☐ Miss ☐ Ms	. ⊕v∕Mr.		•	· · · · · · · · · · · · · · · · · · ·
Applicant's full name:	DAVEY	7	SHAWIN	/ ROBERT
Date of Birth: 🕠 🖇	/ 06 / 19	76	······································	modernous account in the time of the control of the
Telephone: (7-78)	240 - 8261	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*	
E-mail: Showned	avey0608@holom	ial-com		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	norization to Possess dried n			
Regulations, you must	e not been authorized to palso submit Form A: Appliopriate medical practition	cation for Authe	rization to Possess i	Marihuana Medical Acce Marihuana for Medical
C2 Production Site				
Please choose one of the	ne following options:			
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Page 2 of 3

I plan to produce marihuana (please choose only one):	
index index index index in the	
OR	
□ entirely outdoors;	
OR	
☐ indoors in the winter and outdoors in the summer.	
IMPORTANT:  1. The Regulations allow you to grow marihuana indoors in the grow marihuana indoors and outdoors at the same time.  2. Please be sure to read Part C5 of this form with respect to minors if you plan to grow marihuana outdoors.	
C4 Security Measures for Growing and Storing Mari	huana
IMPORTANT: The <i>Marihuana Medical Access Regulations</i> star maintain measures necessary to ensure the security of maril	te that "the holder of an authorization shall nuana in their possession." (Sec 61(1)).
Please describe the security measures that will be used at the prop	osed production site to protect your crop of marihuana
against loss or theft: Fully Fenced Yard, Guard Day Visteo Surveillance	t Alain system with
Please describe the security measures that will be used to protect y Fully Fence & Yard, Gyard De Vistea Surveillance	our dried marihuana against loss or theft:
Address where the marihuana will be stored:	Apartment Number: Postal Code: 1/45 /6-4
ity: MISSION Province: BC,	Postal Code: 175 /6-4

#### 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	Spot	07/	201
APPLICANT'S SIGNATURE	DATE		
clinical Reserved Till			

SHAWN ROBERT DAVEY

____

#### IMPORTANT:

- 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.



# Form E2

# Application to Obtain Marihuana Seeds

This form is to be completed by applicants who wish to obtain marihuana seeds only from Health Canada who either:

M hold or have applied for an Authorization to Possess marihuana and a license to Produce marihuana under the Marihuana Medical Access Regulations;

#### OR

hold an Exemption for the possession and production of marihuana for medical purposes under Section 56 of the Controlled Drugs and Substances Act.

# **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

**Note:** If purchasing both dried marihuana and marihuana seeds, the dried marihuana will be shipped for a period of up to four months only.

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☐ Mrs. ☐ Miss ☐ Ms.	od Mr.					
Applicant's full name:	DAVEY	/	SHAWN	/	PLOSERT	******
Date of Birth: O\$ /	06 / 197	76				*******
Address: 3/8/9 /	teustone Apre			Apar	tment Number:	*******
City: Mission	Province	: BC		Post	al Code: V45 164	1+(+3++)
Telephone: (778) 🛠	FO' 54861 50 20	0-826	1 150		eritario e e e e e e e e e e e e e e e e e e e	******
Fax: ( )	there I do not be the representation of the second	125	7	************	***************************************	
E-mail: Shown rdow	40608@hoth	Icil - com		**************		*******

#### E2-2 Cost

Marihuana seeds will be provided at a cost of \$20.00 per package of 30 seeds. The quantity provided will be calculated based on the maximum number of plants you or your designated person are permitted, by licence or exemption, to produce or cultivate (an amount that is based on your daily approved amount). Representatives of Health Canada will contact you to both determine the quantity of seeds that are required and complete the order.

#### Typical costs are:

One package: \$20*

Two packages: \$40*

Three packages: \$60*

*(plus applicable taxes)

Note: Before moving on to Section E2-3, please ensure that you are aware of the cost.

#### E2-3 Delivery Instructions

জ্জ I would like the seeds delivered to the address provided in Section E2-1 of this application form.

IMPORTANT: To obtain seeds to grow marihuana, you must also have a valid Personal-Use Production Licence, or fill out Form C: Application for Licence to Produce Marihuana by Applicant.

OR

(continued on next page)

(F2-3 continued)  D I would like the seeds delivered to my designated person:	ř
□ Mrs, □ Miss □ Ms, □ Mr.	
Designated person's full name:	
Address: Ac	
	antal Anda.
Telephone: ( )	
Fax: ( )	

IMPORTANT: To obtain seeds for someone to grow marihuana for you, you must also fill out Form D: Application for Licence to Produce Marihuana by a Designated Person.

Note: Before moving on to Section E2-4, please ensure that:

- 1. You have indicated where you would like the marihuana seeds delivered.
- You have a Personal-Use Production Licence, or have completed Form C: Application for Licence to Produce Marihuana by Applicant if you want to grow the marihuana plants yourself OR Form D: Application for Licence to Produce Marihuana by a Designated Person.

#### E2-4 Notice to Applicants, Declaration and Signature

#### Please read carefully before using this product.

It is important for you to be aware of the following risks and recommendations about the product:

- Health Canada has not approved this marihuana product, or marihuana generally, as a drug under the Food and Drugs Act.
- The provision of marihuana for medical purposes does not constitute an opinion from Health Canada on the safety,
  effectiveness or quality of marihuana within the meaning given to those words under the Food and Drugs Act and the
  Food and Drug Regulations.
- The provision of marihuana does not constitute an opinion from Health Canada as to the justification for using marihuana for medical purposes, in general.
- The use of marihuana carries with it a number of potential health risks, including impaired immune system, interaction
  with other drugs, dysphoria, depleted energy, impaired short term memory, drug dependence and lung damage
  (particularly if consumed in the smoked form). If marihuana is to be used for medical purposes, it is recommended that
  it not be smoked. If you do use the product in smoked form, you accept the additional smoking-related risks.
- You should discuss with your medical practitioner the risks that may be associated with the use of this product, and marihuana generally.
- You should obtain directions for use of this product from your medical practitioner.
- Health Canada strongly recommends regular follow-up visits with your medical practitioner to verify that the benefits associated with the use of marihuana continue to outweigh the risks.
- It is possible that not all potential health risks associated with marihuana use, nor the extent of those risks, have been identified. This product therefore is being provided with the understanding that you acknowledge these facts, and that you voluntarily accept and assume the risks and dangers associated with the use of this product.

(continued on next page)

Name: SHAWN ROBERT DAVEY	Page 2 of 3



- The use of marihuana may have an effect on motor skills. Consequently, if you are consuming marihuana for medical purposes, you are advised not to operate a motor vehicle, handle machinery, or perform other risky activities while under the effects of marihuana. Health Canada recommends seeking the advice of your medical practitioner on this matter. Be advised that the use of marihuana while involved in such activities may constitute a number of offences under the Criminal Code, including dangerous operation of a motor vehicle, operating a motor vehicle while impaired, criminal negligence, and others.
- Health Canada strongly recommends that if you are pregnant, planning to get pregnant, or nursing, you should not
  consume marihuana.
- Given the nature of marihuana and the fact that the provision of marihuana is for your personal treatment needs, Health
  Canada recommends not consuming this controlled substance in a public place. Please take note that persons in charge
  of public or private establishments (e.g., bars and restaurants) can request that you not smoke marihuana on their
  premises, even if you have authority to possess marihuana for medical purposes. There may also be municipal bylaws
  that prevent smoking. In addition, others should not be exposed to second-hand marihuana smoke.
- i. I have read Section E2-4 of this document titled "Notice to Applicants, Declaration and Signature" and acknowledge that the benefits and risks associated with the use of the product are not fully understood. I understand that the use of the product may involve risks to health that are not known. Further, I understand that Health Canada is not giving any assurances, warranties or approvals with regard to the dried marihuana being provided.
- ii. I also understand that it is incumbent upon me to ensure that I do not, at any time, have more dried marihuana in my possession than I have been authorized to possess by Health Canada.

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

Shann Chare	Sout/07/2013
APPLICANT'S SIGNATURE	DATE
n	

SHAWN ROBERS DAVEY

#### IMPORTANT:

- 1. Please ensure that you have read the Notice to Applicants and have signed the declaration.
- 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.



Health Santé Canada Canada

Canada

# 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 KIA 189

F1 Property Owner Information		
□ Mrs. □ Miss □ Ms. × Mr.  Property owner's full name: Cra  Address: 3/8/9 K  City: M(s.s.o.m	eystone Aue Brovince: B.C.	Apartment Number: Postal Code: V-1.5 164
Production site address (if different fi	rom above)	
Address: City	Province:	Apartment Number: Postal Code:
If no street address is available, please pr	rovide lot and concession number:	
Lot Number: Concession Number:		
F2 Property Owner Consent		
applicant's designated person) Show accordance with the Marihuana Medical A	·-	to (full name of applicant or earthuana on this property in
Property owners should note that marihus  FROPERTY JUNNER'S SIGNATURE	ana may also be stored at the production site.  Aug. 20	9 /2013
PRINT NAME Blunt	in the second of	
Note: If the property is co-owned, please	provide the name and address for each additional	anal property owner in space below.
b) Joint Owner(s)		
Co-property owner's full name:		. * *
Address.		Apartment Number:
Crty:	Province:	Postal Code:
Co-property owner's full name:		ann an
Address:		Apartment Number:
City:	Province:	Postal Code:
(continued on next page)		

(F2 continued)		
I give my consent to (full name of applicant or applicant's desi marihuana on this property in accordance with the Marihuana		to produce
Property owners should note that marihuana may also be store	ed at the production site.	
PROPERTY CO-OWNER'S SIGNATURE	DATE	man a manadan an
PRINT NAME		
PROPERTY CO-OWNER'S SIGNATURE	DATE	
PRINT NAME		

#### IMPORTANT:

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

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

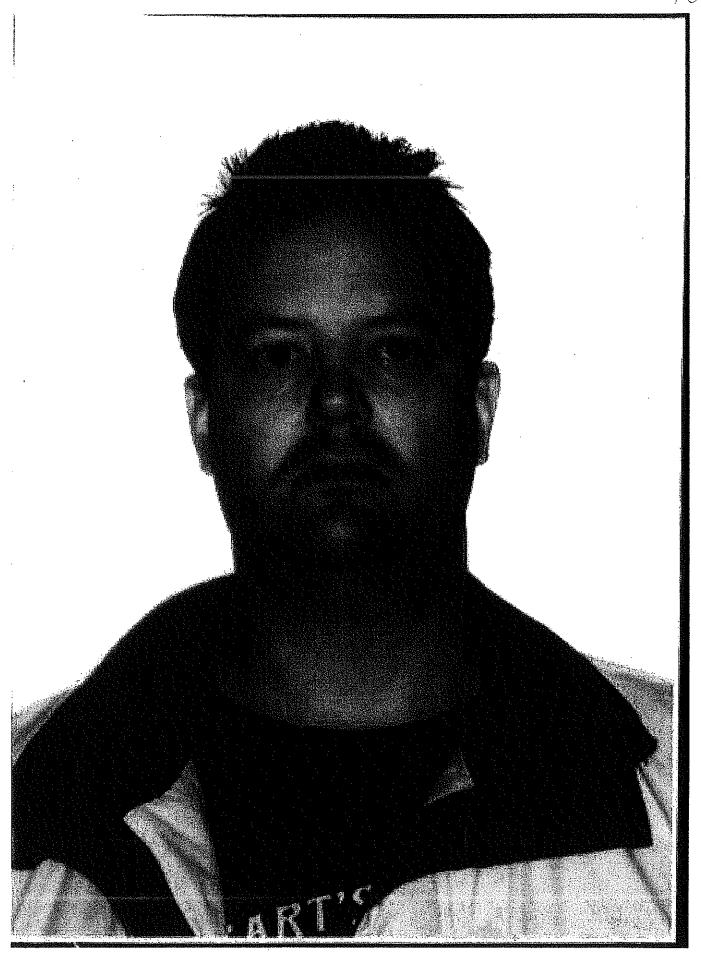


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## RELEASE FORM FOR MEDICAL PRACTITIONERS

Marihuana Medical Access Regulations

The Canadian Medical Protective Association recommends to member-ph	nysicians assisting
patients in their application under the Marihuana Medical Access Regula	tealth Canada/
patient-applicants to sign a release from liability. The following form of re	eleasebwas/delAelobeq
and approved by The Canadian Medical Protective Association:	DCS / BSC / MMAD
(print name of abolicant)	
(print name of applicant)	
agree not to make any claim or complaint or commence any proceedings	s against
Dr(s). G GOODED	
(print name of physician signing the medical declaration and, in the case of a category 2 symptom, name of	physician acting as specialist
under section 6 of the Marihuana Medical Access Regulations)	· •
in relation to the application process under the Marihuana Medical Access	ss Regulations or my
use of marihuana.	,
I release Dr(s). ( LoonARO	, <u>, , , , , , , , , , , , , , , , , , </u>
from any and all actions, causes of actions, claims, complaints and dema	nds for damages, loss
or injury whatsoever arising directly or indirectly as a consequence of my	application under the
Marihuana Medical Access Regulations or my use of marihuana. This rele	ease from liability is to
be binding on my heirs, executors and assigns.	
Though Devey Sopt 07/	2013
Signature of Applicant Date	
Sept 7/20	113
Signature of Witness Date	



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

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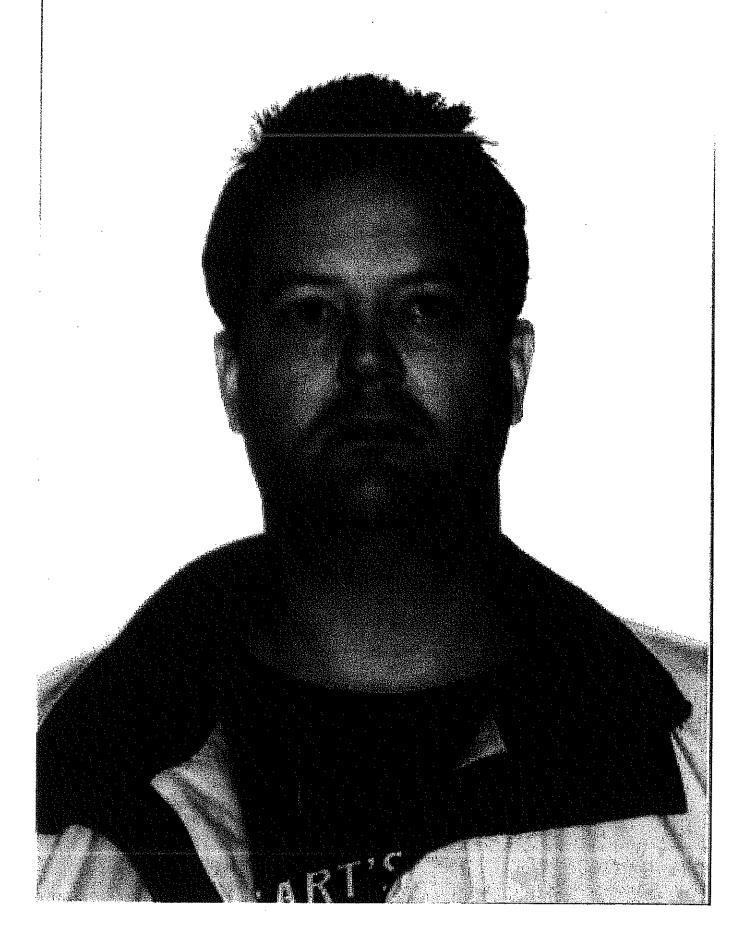
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#### Shawn Davey

#### Reference #739603

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## INSTRUCTIONS FOR ORDERING AND PAYING FOR YOUR SHIPMENT OF MARIHUANA SEEDS AND/OR DRIED MARIHUANA

111	mplete the shipment order form for your supply of marihuana seeds and/or dried marihuana for medical
pu pu	poses. in your name, phone number, customer number $FTO - PC$ and control number 0307.
344	·
Ind am	icate the amount of marihuana seeds you want to have delivered for your shipment and/or indicate the ount of dried marihuana you want to have delivered for your shipment.
• Ifp	aying by credit card, please fill out the credit card portion of the shipment order form.
You	a can order up to grams or a lesser quantity (minimum of 5 grams).
You	can order up to 13 package(s) of seeds or a lesser quantity.
Cost:	
The	cost for dried marihuana for medical purposes is \$5/gram plus applicable taxes (minimum of 5 grams month). The cost for marihuana seeds is \$20/package (30 seeds/package) plus applicable taxes.
- Sec	reverse of shipment order form for tax information.
• You	will not be reimbursed for any and all opened packages, even if returned.
Payment:	
	r shipment is payable to the Receiver General for Canada in Canadian funds by certified cheque, money r, Visa, Amex or Master Card.
Shipment:	
- Ship	ments will not be made on an urgent basis. You are only allowed to order once a month.
• Ship:	ments will only be sent once payment is fully processed and when forms are completed properly.
Receipt:	
You Y	will receive a statement of account/receipt with each shipment.
Once the form	n is completed please send your payment If you have any further questions about your shipment

and shipment order form to:

Accounts Receivable Onawa ON KIA 0K9 Address Locator: 3203B Fax: 1-613-957-3495 Email: ar-cr@hc-sc.gc.ca or the process please contact the Manhuana Medical Access Division, toll-free at 1-866-337-7705 or write

Medical Manhuana Production Division Controlled Substances and Tobacco Directorate

Health Canada

Address Locator: 3503B

Ottawa ON KIA 1B9

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

A Commissioner for Taking Affidavits

Address Locator: 3503B Ottawa ON K1A 1B9

MMAD-102108-12

# <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 in possession of the substance in case you are required to show proof to the police.

#### HOLDER OF AUTHORIZATION INFORMATION

NAME:

Brian Dudley Alexander

DATE OF BIRTH: 31-May-1970

ADDRESS:

7635 Spencer St., Mission, BC, V2V 3E3, Canada

GENDER:

Male

MAILING ADDRESS: 7635 Spencer St., Mission, BC, V2V 3E3, Canada

#### TERMS AND CONDITIONS

The maximum quantity of dried marihuana that you may possess at any time under this Authorization to Possess is: 900 grams.

#### MEDICAL PRACTITIONER INFORMATION

NAME: Dr. Gerald Owen Mitchell

#### EXPIRY DATE

Please note this Authorization to Possess expires on 18-Dec-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:

ous-Fronts Director, Bureau du cannobis medical Director, Bureau of Medical Cannobis

A Director, Bursau of Medical Connectis Controlled Substances & Tobacco Directorate Direction des substances contrôlées et de la fatte au

Health Canada Sarni Canada

DATE OF ISSUE: 18-Dec-2012

PLEASE READ ALL ENCLOSED DOCUMENTS

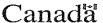
ENCLOSED DOCUMENTS:

Information you should know about your Authorization to Possess dried marihuana

c.c.: Dr. Gerald Owen Mitchell

ID CARD AFFIXED HERE

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



Address Locator: 3503B Ottawa ON K1A 1B9

MMAD-102108-12

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

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

#### HOLDER OF LICENCE INFORMATION

NAME:

Brian Dudley Alexander

DATE OF BIRTH: 31-May-1970

ADDRESS:

7635 Spencer St., Mission, BC, V2V 3E3, Canada GENDER:

Male

MAILING ADDRESS: 7635 Spencer St., Mission, BC, V2V 3E3, Canada

#### TERMS AND CONDITIONS

PRODUCTION SITE:

31819 Keystone Ave., Mission, BC, V4S 1G4, 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

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

STORAGE SITE:

7635 Spencer St., Mission, BC, V2V 3E3, 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:

6570 grams and it must be stored indoors.

#### **EXPIRY DATE**

Please note this Personal-Use Production Licence expires on 18-Dec-2013 Should you wish to renew your Personal-Use Production Licence, please submit your renewal application at least 8 weeks prior to your expiry date.

ISSUED BY:

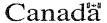
DATE OF ISSUE: 18-Dec-2012

#### PLEASE READ ALL ENCLOSED DOCUMENTS CAREFULLY

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

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

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



#### Brian Duddley Alexander

#### Reference 284194

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New AP - incomplete:

- Case need to be assessed by specialist

Sending forms back to AP.

LT 702 331 905 CA

2012-03-26 msok

# 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, piease 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

Address Locator: 3503B Ottawa, ON K1A 1B9

> Health Canada/ Santé Canada

FEX 2 0 2012 ) 8C / 19 / OCS / BSC / MMAD

2012-04-02

Canadä

### A1 Applicant's Information ☐ Mrs. ☐ Miss ☐ Ms. 🔯 Mr. Applicant's full name: ALEXANDER 1 BAIAN 1 DUBLEY Postal Code: Va V3E3 If no street address is available, please provide lot and concession number: Lot Number: Concession Number: Telephone: (604) 374 · 4990 B. ALEYAN & HOMAIL . CUM This address is: A private residence (E.G., HOUSE OR APT) or D Not a private residence (E.G., HOSPICE, HOSPITAL, ETC.) Name of residence: Mailing Address (if different from above): Address or P.O. Box: Apartment Number: City: Province: Postal Code: Photograph of Applicant i have enclosed two copies of a current photograph that clearly identifies me. X The back of one of the photographs has been signed by the medical practitioner signing the medical declaration, who

certifies that it is a true likeness of me.

SIZE GUIDE FOR BOTH PHOTOGRAPHS

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

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

MINIMUM SIZE

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

MAXIMUM SIZE

#### A3 Appointed Representative

#### This section is optional

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

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

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

Accordance to the second second	-	
Appointed representative (option		
I consent to allowing Health Cana representative.	ada to exchange personal and medical	information about my case with my appointed
☐ Mrs. ☐ Miss ☐ Ms. ☐ Mr.		
Representative's full name:	/	/
Mailing Address:		Apartment Number:
City:	Province:	Postal Code:
Telephone: ( )		
Fax: ( )		A second to the second
	According to the state of the s	and the control of th
A4 Proposed Source of Ma	arihuana	
You are required to indicate your	r proposed source of marihuana by	1
I plan to produce my own marihua		y choosing one of the following:
You must apply to get licence to g Form C: Application for Licence	grow your own plants and you must fill the to Produce Marihuana by Applic	out <b>ant.</b>
To purchase seeds from Health Ca Form E2: Application to Obtain	anada so you can grow your own plant • <b>Marihuana Seeds.</b>	s, you must fill out
OR		

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

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

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

#### OR

☐ I plan to purchase dried marihuana from Health Canada.

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

Name:	ALEXANER	BRIAN	DUDLEY	
				Pag

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.
- 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

DATE

ENAV DUD

#### 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.
- 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.

## Medical Practitioner's Form for Category 2 Applicants

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

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

#### **I**mportant

- 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 Lecator: 3503B Ottawa, ON K1A 1B9

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

Revised April 2007

Canada

12-1 Information on Med	
Medical practitioner's full name:	GERALD OWEN MITCH
rovincial medical licence numbe	17106
STAMP (IF AVAILABLE)	
	Γ. 0
ledical specialization (if applicab	le):
usiness Address: 1925	McCALCUM RD Stite Number 102
w//1/3075Fo	PD Province: BC Postal Code: V253N2
elephone: (COC.	8559455
× 1604	8559469
mail:	
	entral control of the
-2 Medical Condition(s)	and Symptoms
plicant's full name: 77	GANDER I BRIAN I BUDLEY
e of Birth: (970)	MAY 131
	grand and the state of the stat
ase specify the medical con	dition(s) and symptom(s) that are the basis for the application.
dical Condition(s):	CHRONIC PAIN FROM
anner a company of the company of th	ASSOCIATED TRAMMATIC
	Million / Willingto
***************************************	INTURIES TO TOINS
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	AND FRACTURE CR(Z)
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Pris .	

Health Canada's examination of the current available information suggests most individuals use an average of amount of 1 gram to 3 grams of dried marihuana for medical purposes, whether it is taken orally, or inhaled of combination of both.  a. The proposed daily amount of dried marihuana is less than or equal to	2-3 Ti	e Proposed Daily Amount
b. the following method and Jorn of administration (please check appropriate box):    Inhalation	mount of 1	gram to 3 grams of dried marihuana for medical purposes, whether it is taken orally, or inhaled or a
Note to Physicians: For more information on daily amounts, you can refer to the following documents:  Information for Health Care Professionals — Marihuana  Daily Amount Fact Sheet  Both documents can be found on the Health Canada Web site at http://hc-sc.gc.ca/dhp-mps/marihuana/index_e.html or by calling tell free at 1-866-337-7705.  B2-4 Durations  Under the Marihuana Medical Access Regulations, an Authorization to Possess may be issued for a period of up to 12 mon lif you are signing the authorization for a shorter period, please specify the number of months:  B2-5 Medical Practitioner's Declaration and Signature  Please read, sign and date the document in the space previded on Page 3.  1. a. The applicant's symptom(s) listed in Page 1 of this form falls under Category 2 (symptoms that do not fall under Category 1);  b. convertional treatment(s) for the Category 2 symptom(s) have been tried or considered, and have been found to ineffective or medically inappropriate for the treatment of the applicant.  2. I am aware that a Notice of Compliance has not been issued under the Food and Drugs Regulations concerning the st and effectiveness of marihuana as a drug.  3. a. If you are a medical specialist that your area of medical specialization is relevant to the treatment of the applicant medical condition; or  b. if you are not a medical specialist, please declars:  i. that the applicant's case has been assessed by a specialist;  ii. the specialist's area of specialization is relevant to the treatment of the applicant's medical condition;  iii. that the specialist concurs that conventional treatments for the symptom are ineffective or medically inappropriate for the treatment of the applicant; and  iv. the specialist is aware that marihuana is being considered as an alternative treatment for the applicant.		posed daily amount of dried marihuana is less than or equal to $\frac{111141}{2}$ grams (use letters to write amount);
Information for Health Care Professionals — Marihuana Daity Amount Fact Sheet  Both documents can be found on the Health Canada Web site at Intro-Pro-sc.gc.ca/dhp-mps/marihuana/index_e.html or by calling toll free at 1-866-337-7705.  B2-4 Duration  Under the Marihuana Medical Access Regulations, an Authorization to Passess may be issued for a period of up to 12 mon lifyou are signing the authorization for a shorter period, please specify the number of months:  B2-5 Medical Practitioner's Declaration and Signature  Please read, sign and date the document in the space previded on Page 3.  1. a. The applicant's symptom(s) listed in Page 1 of this form falls under Category 2 (symptoms that do not fall under Category 1);  b. conventional treatment(s) for the Category 2 symptom(s) have been tried or considered, and have been found to ineffective or medically inappropriate for the treatment of the applicant.  2. I am aware that a Notice of Compliance has not been issued under the Food and Drugs Regulations concerning the seand effectiveness of marihuana as a drug.  3. a. If you are a medical specialist that your area of medical specialization is relevant to the treatment of the applicant medical condition; or  b. if you are not a medical specialist, please declare:  i. that the applicant's case has been assessed by a specialist;  ii. the specialist concurs that conventional treatments for the symptom are ineffective or medically inappropriate for the treatment of the applicant; and  iv. the specialist is aware that marihuana is being considered as an alternative treatment for the applicant.		
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Under the Marihuana Medical Access Regulations, an Authorization to Possess may be issued for a period of up to 12 mon  If you are signing the authorization for a shorter period, please specify the number of months:  B2-5 Medical Practitioner's Declaration and Signature  Please read, sign and date the document in the space provided on Page 3.  1. a. The applicant's symptom(s) listed in Page 1 of this form falls under Category 2 (symptoms that do not fall under Category 1);  b. conventional treatment(s) for the Category 2 symptom(s) have been tried or considered, and have been found to ineffective or medically inappropriate for the treatment of the applicant.  1 am aware that a Notice of Compliance has not been issued under the Food and Drugs Regulations concerning the sean deflectiveness of marihuana as a drug.  3. a. If you are a medical specialist that your area of medical specialization is relevant to the treatment of the applicant medical condition; or  b. if you are not a medical specialist, please declare:  i. that the applicant's case has been assessed by a specialist;  ii. the specialist concurs that conventional treatments for the symptom are ineffective or medically inappropriate for the treatment of the applicant; and  iv. the specialist is aware that marihuana is being considered as an alternative treatment for the applicant.	ttp://hc-sc.g	c.ca/dhp-mps/marihuana/index_e.html or
### B2-5 Medical Practitioner's Declaration and Signature  ###################################	1 <b>2</b> -4 Du	ration
Please read, sign and date the document in the space provided on Page 3.  1. a. The applicant's symptom(s) listed in Page 1 of this form falls under Category 2 (symptoms that do not fall under Category 1);  b. conventional treatment(s) for the Category 2 symptom(s) have been tried or considered, and have been found to ineffective or medically inappropriate for the treatment of the applicant.  2. I am aware that a Notice of Compliance has not been issued under the Food and Drugs Regulations concerning the se and effectiveness of marihuane as a drug.  3. a. If you are a madical specialist that your area of medical specialization is relevant to the treatment of the applican medical condition; or  b. if you are not a medical specialist, please declare:  i. that the applicant's case has been assessed by a specialist;  ii. the specialist's area of specialization is relevant to the treatment of the applicant's medical condition;  iii. that the specialist concurs that conventional treatments for the symptom are ineffective or medically inappropriate for the treatment of the applicant; and  iv. the specialist is aware that marihuane is being considered as an alternative treatment for the applicant.	Inder the Mi	arihuana Medical Access Regulations, an Authorization to Possess may be issued for a period of up to 12 months.
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	jii.	
signature required on next page)	įv.	the specialist is aware that marihuana is being considered as an alternative treatment for the applicant.
	signature re	quired on next page)

Page 2 of 3 Ravised April 2007

(82-5 continued)

Please	complete	the	fallowing:
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Name of the medical specialist

The medical specialist's area of specialization:

Date of the specialist's assessment of the applicant's case:

Note: Under the Marihuana Medical Access Regulations, a "practitioner" is a practitioner who is recognized as a practitioner by the medical licencing authority of the province in which the practitioner is authorized to practice medicine and who is not named in a natice given under Section 58 or 59 of the Narcotic Control Regulations.

4. I declare that the information contained in this form is correct and complete.

MEDICAL PRACTITIONER'S SIGNATURE

PRINT NAME

DATE

#### IMPORTANT:

Please ensure that you have read and understood the declarations.

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.

Name

BRIAN ALEXANDER

Page 3 of 3 Revised April 2007

## Form C

# Application for Licence to Produce Marihuana by Applicant

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

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

### Important

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

If you have any questions regarding this form, 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

Canadä

C1 Applicant's Information
Mrs.   Miss   Ms.   Mr.
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.
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: 318/9 HEYSTONE AVE Apartment Number:
City: 17/55/C/V Province: BC Postal Code: Y45/G4

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.

Lown, or am part owner of, this site: 

Yes 
No

## Mode of Production I plan to produce marihuana (please choose only one): Pentirely indoors; OR ☐ entirely 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 grow marihuana indoors and outdoors at the same time. 2. Please be sure to read Part C5 of this form with respect to growing marihuana near locations frequented by minors if you plan to grow marihuana outdoors. 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 FENCES YARD, GUARD DOG, + TEM WILL VIDED Please describe the security measures that will be used to protect your dried marihuana against loss or theft: 7 545170 (2)74

Address where the marihuana will be stored:

Address:	7635	SHENCER	<b>ジ</b> ケ	
City:	D155/0/V	Province:	730	

Apartment Number:

Postal Code: YシV 3Eコ

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: ALEXANDER, BRIAN DIDLEY

Page 2 of 3

#### 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

DATE

#### IMPORTANT:

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

## Form E2

## Application to Obtain Marihuana Seeds

This form is to be completed by applicants who wish to obtain marihuana seeds only from Health Canada who either:

hold or have applied for an Authorization to Possess marihuana and a license to Produce marihuana under the Marihuana Medical Access Regulations;

#### OR

 hold an Exemption for the possession and production of marihuana for medical purposes under Section 56 of the Controlled Drugs and Substances Act.

### **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 KIA 1B9

**Note:** If purchasing both dried marihuana and marihuana seeds, the dried marihuana will be shipped for a period of up to four months only.

Canada

#### E2-1 Applicant's Information

□ Mrs. □ Miss □ Ms. i\(\chi\) Mr.	
Applicant's full name: BLEXANDER 1 DRIAN	1 DUNEY
Date of Birth: 3/ / MAY / 1970	
Address: 7635 SAENCER ST	Apartment Number:
City: MISSION Province: BC	Postal Code: Yシレヨモミ
Telephone: (604) 374, 4990	
Fax;	
Email: B. ALEXAN @ HOTMAIL.	COM

#### E2-2 Cost

Marihuana seeds will be provided at a cost of \$20.00 per package of 30 seeds. The quantity provided will be calculated based on the maximum number of plants you or your designated person are permitted, by licence or exemption, to produce or cultivate (an amount that is based on your daily approved amount). Representatives of Health Canada will contact you to both determine the quantity of seeds that are required and complete the order.

#### Typical costs are:

One package: \$20° Two packages: \$40° Three packages: \$60°

*(plus applicable taxes)

Note: Before moving on to Section E2-3, please ensure that you are aware of the cost.

#### E2-3 Delivery Instructions

💢 I would like the seeds delivered to the address provided in Section E2-1 of this application form.

IMPORTANT: To obtain seeds to grow marihuana, you must also have a valid Personal-Use Production Licence, or fill out Form C: Application for Licence to Produce Marihuana by Applicant.

OR

(continued on next page)

#### (E2-3 continued)

□ I would like the seeds	delivered to my designated person:	
□ Mrs. □ Miss □ Ms	s. 🗆 Mr.	
Designated person's full r	name:	
Address:	the state of the s	Apartment Number
City:	Province:	Postal Code:
Telephone: ( )		
Fax: ( )		
E-mail:		

IMPORTANT: To obtain seeds for someone to grow marihuana for you, you must also fill out Form D: Application for Licence to Produce Marihuana by a Designated Person.

Note: Before moving on to Section E2-4, please ensure that:

- 1. You have indicated where you would like the marihuana seeds delivered.
- You have a Personal-Use Production Licence, or have completed Form C: Application for Licence to Produce Marihuana by Applicant if you want to grow the marihuana plants yourself OR Form D: Application for Licence to Produce Marihuana by a Designated Person.

#### E2-4 Notice to Applicants, Declaration and Signature

#### Please read carefully before using this product.

It is important for you to be aware of the following risks and recommendations about the product;

- Health Canada has not approved this marihuana product, or marihuana generally, as a drug under the Food and Drugs Act.
- The provision of marihuana for medical purposes does not constitute an opinion from Health Canada on the safety, effectiveness or quality of marihuana within the meaning given to those words under the Food and Drugs Act and the Food and Drug Regulations.
- The provision of marihuana does not constitute an opinion from Health Canada as to the justification for using marihuana for medical purposes, in general.
- The use of marituana carries with it a number of potential health risks, including impaired immune system, interaction with other drugs, dysphoria, depleted energy, impaired short term memory, drug dependence and lung damage (particularly if consumed in the smoked form). If marihuana is to be used for medical purposes, it is recommended that it not be smoked. If you do use the product in smoked form, you accept the additional smoking-related risks.
- You should discuss with your medical practitioner the risks that may be associated with the use of this product, and marihuana generally.
- You should obtain directions for use of this product from your medical practitioner.
- Health Canada strongly recommends regular follow-up visits with your medical practitioner to verify that the benefits
  associated with the use of marihuana continue to outweigh the risks.
- It is possible that not all potential health risks associated with marihuana use, nor the extent of those risks, have been
  identified. This product therefore is being provided with the understanding that you acknowledge these facts, and that you
  voluntarily accept and assume the risks and dangers associated with the use of this product.

(continued on next page)

Name: ALEYANDER, BRIAN DUDLEY

Page 2 of 3

- The use of marihuana may have an effect on motor skills. Consequently, if you are consuming marihuana for medical purposes, you are advised not to operate a motor vehicle, handle machinery, or perform other risky activities while under the effects of marihuana. Health Canada recommends seeking the advice of your medical practitioner on this matter. Be advised that the use of marihuana while involved in such activities may constitute a number of offences under the Criminal Code, including dangerous operation of a motor vehicle, operating a motor vehicle while impaired, criminal negligence,
- Health Canada strongly recommends that if you are pregnant, planning to get pregnant, or nursing, you should not
- · Given the nature of marihuana and the fact that the provision of marihuana is for your personal treatment needs, Health Canada recommends not consuming this controlled substance in a public place. Please take note that persons in charge of public or private establishments (e.g., bars and restaurants) can request that you not smoke marihuana on their premises, even if you have authority to possess marihuana for medical purposes. There may also be municipal bylaws that prevent smoking. In addition, others should not be exposed to second-hand marihuana smoke.
- i. Thave read Section E2-4 of this document titled "Notice to Applicants, Declaration and Signature" and acknowledge that the benefits and risks associated with the use of the product are not fully understood. I understand that the use of the product may involve risks to health that are not known. Further, I understand that Health Canada is not giving any assurances, warranties or approvals with regard to the dried marihuana being provided.
- ii. I also understand that it is incumbent upon me to ensure that I do not, at any time, have more dried marihuana in my possession than I have been authorized to possess by Health Canada.

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

APPLICANT'S SIGNATURE

DATE

17/1 07,2012

PRINT NAME

#### IMPORTANT:

- 1. Please ensure that you have read the Notice to Applicants and have signed the declaration.
- 2. 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.

## Consent of Property Owner

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

### important

- 1 It is important to understand that all information regrested must be provided to avoid unnecessary delays.
- 2. We cannot process the application with an 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 death Canada toll-free at 1-866-337-7705.

Please forward at Lompleted apply no neigh-

Marihuana Medical Access Division Drug Strategy and Controlled Substances Programme Health Canada Address Locator: 35038 Ottawa, ON K1A 189

Canadä

Mrs.	Miss : Ms.	<b>γ</b> k Mr.	
Property :	owner's full name:	Craia Blunt	
	601	9th Aul	Apartment Number:

City: Fernie Province: BiC. Postal Code: VOB IMO

Production site address (if different from above)

F1 Property Owner Information

Address: 31819 Keystone Aue Apartment Number:
City MISSION J. Province: B.C., Postal Code: V45164

If no street address is available, please provide tot and concession number: Lot Number:

Concession Number:

#### F2 Property Owner Consent

#### a) Sole Owner

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

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

PROPERTY OWNER'S SIGNATURE DATE Feb 5, 2012.

PRINI NAME Cracing Blunt

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

#### b) Joint Owner(s)

Co-property owner's full name:

Address: Apartment Number.
City: Province: Postal Code:

Co-property owner's full name:

Address: Apartment Number: City: Province: Postal Code:

(continued on next page)

£2	conf	n,ed

give my consent to the incident of accident or applicant's designated person to produce maintenance into the Mariniana filedical Access Regulations.

Property owners should note that manihulana hely also be stored at the production site.

PROPÉRTY TUTTI ALPTO STÖRÉ U C.

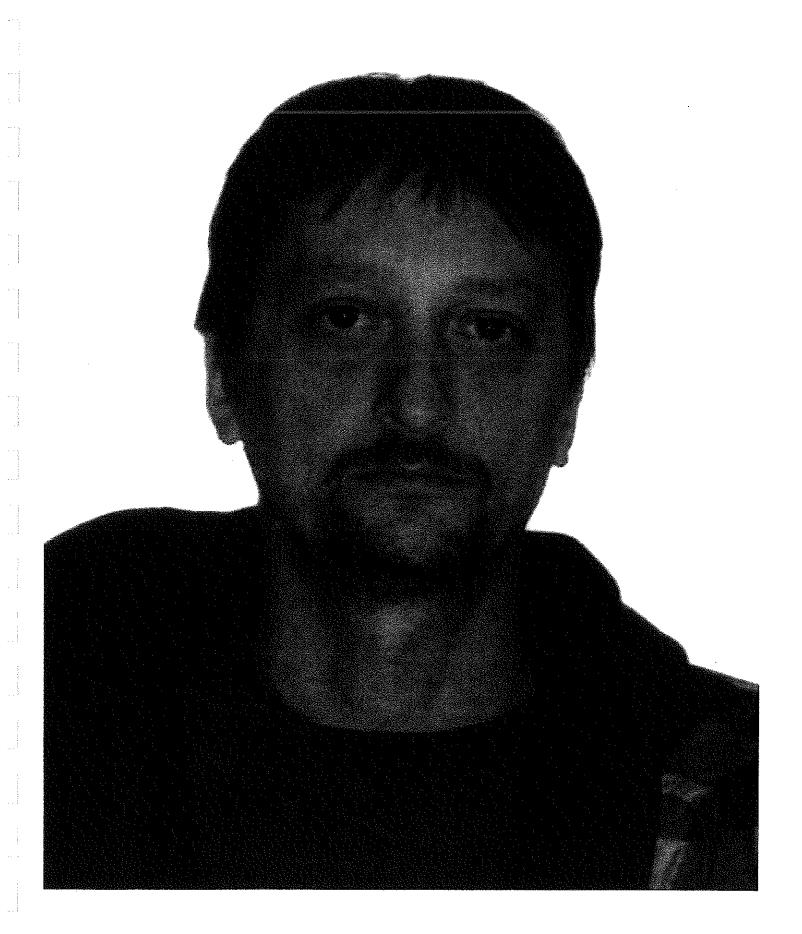
PRINT YAS:

PROPÉRTY LO MAREY SIGHTUAL

PRINT NEVE

#### 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.



#### Brian Duddley Alexander

#### Reference 308916

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RTS mail #284194

New AP - incomplete:

- Case need to be assessed by specialist

Sending forms back to AP.

LT 702 331 905 CA

2012-03-26 msok Note: Sending forms + photos back to AP. 2012-03-26 msok Checked by second officer

LM 28 Mar 2012

Address Locator: 3503B Ottawa ON K1A 1B9

MMAD-83714-12

Dear Applicant: Alexander Brian Dudley

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

You have applied for:
x 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
<u>Please submit a complete application</u> to the Marihuana Medical Access Division at the address indicated below, with the 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 www.healthcanada.gc.ca/mma or call our office toll-free at 1-866-337-7705, or fax at (613) 952-2196.
Marihuana Medical Access Division

Marihuana Medical Access Division Controlled Substances and Tobacco Directorate Health Canada Address Locator: 3503B Ottawa ON K1A 1B9

Encl.

Applicant: Alexander Brian Dudley	MMAD-83714-12
Form A: Application for Authorization to Possess	Form E1: Application to Obtain Dried Marihuana
Marihuana for Medical Purposes	☐ NOT OK, See below ☐OK
□ NOT OK, See below □ OK	Form E1 required and/or page(s)required
Form A required and/or page(s) required	Applicant's information missing (section E1-1)
Applicant's information missing (section A1)	Delivery instructions not indicated (section E1-3)
2 copies of the photograph not included and/or not signed by a	Form not signed and/or dated by applicant (section E1-4)
supporting medical practitioner (section A2)  Source of marihuana not indicated (section A4)	
Marihuana source indicated is not a legal source choose one of the	Form E2: Application to Obtain Marihuana Seeds
three legal source options (section A4)	□ NOT OK, See below □OK
Form not signed and/or dated by applicant (section A6)	Form E2 required and/or page(s) required
Complete the Form(s) A, C, D, E1, E2 and F, as appropriate,	Applicant's information missing (section E2-1)
depending on your source of marihuana	Delivery instructions not indicated (section E2-3)
Form B: Medical Practitioner's Form	Form not signed and/or dated by applicant (section E2-4)
□ NOT OK, See below □ OK	The same of the sa
Form B required, either Form B1 or B2 must be completed by	Form F: Consent of Property Owner
your medical practitioner	□ NOT OK, See below □OK
Form B was completed, however page(s) required	For Parallel and Control
Your medical condition does not fall under category 1, Form B2 should be completed instead	Form F required and/or page(s) required Property owner's information missing (section F1)
Your medical condition does not fall under category 2, Form B1	Production site address missing (section F1)
should be completed instead	Property owner's consent not provided (section F2)
Applicant's name not indicated, please have your medical	Applicant's name not provided
practitioner complete part I and re-sign and date Form B (section B1-1 OR B2-1)	Designated person's name not provided
Your medical condition(s) and symptom(s) were not	Form not signed and/or dated by property owner(s) (section F2)
indicated, please have your medical practitioner complete part 2 and re-sign and date Form B (section B1-2 OR B2-2)	
Daily amount not indicated, please have your medical practitioner	Form R: Renewal
complete part 3 and re-sign and date Form B (section B1-3 OR B2-3	□ NOT OK, See below □OK
X Your case must be assessed by a medical specialist and the details	All Forms are required for renewal
related to the specialist's assessment must be provided (section B2-5)	Form R cannot be used, you will need to complete Form(s)
Form not signed and/or dated by medical practitioner	A, C, D, E1, E2 and F, as appropriate
(section B1-5 OR B2-5)	Form R was completed, however page(s) required
Form C: Application for Licence to Produce	Applicant's information missing (section R1)
Maribuana by Applicant	Source of marihuana not indicated (section R2)
□ NOT OK, See below □ OK	Medical practitioner's information missing (section R3)
Form C required and/or page(s) required	Form not signed and dated by medical practitioner (section R4-A)  Form not signed and dated by applicant (section R4-B)
Applicant's information missing (section C1)	[ Tomm not signed and dated by applicant (section K4-B)
Production site not indicated (section C2)	Other: Amendments
Mode of production not indicated (section C3)	□ NOT OK, See below □ OK
Production and/or storage site security measures missing (section C4)	Picase complete/refer to attached amendments checklist
☐ Indoor ☐ Outdoor ☐ Storage	Trease compressive to attached amendments creekist
Storage site address missing (section C4)	Comments:
Form not signed and/or dated by applicant (section C5)	□ NOT OK, See below □OK
Form D: Application for Licence to Produce	The person who signed the medical declaration on Form B (B1 or
Marihuana by a Designated Person	B2) does NOT comply with the definition of a medical practitioner
□ NOT OK, See below □ OK	in support of applications under the Marihuana Medical Access Regulations (section B1-1 or B2-1)
Form D required and/or page(s) required	Your case must be assessed by a medical specialist and the details
Applicant's information missing (section D1)	related to the specialist's assessment must be provided
Designated person's information missing (section D2)	(section B2-5)  Your case must be assessed by a medical specialist, note that your
2 copies of the photograph not included and/or not signed by	doctor does not appeared to be registered specialist (section B2-5)
applicant (section D3)	Please submit a proof of ownership document (i.e. Articles of
Production site not indicated (section D4)  Mode of production not indicated (section D5)	Constitution of a Company) which will show that you have the
Production and/or storage site security measures missing (section D6)	signing authority for this organisation
☐ Indoor ☐ Outdoor ☐ Storage	Storage location must be at the production site or your ordinary place of residence (section C4)
Storage site address missing (section D6)	Storage location must be at the production site or your designated
Form not signed and dated by applicant (section D8-A)	person's ordinary place of residence (section D6)
Form not signed and/or dated by designated person (section D8-B)	X Other:
Original criminal record check missing (section D8-B)	Please re-submit and make the appropriate changes for a complete application.
Provide additional and original document from a Canadian police force clearly establishing that the proposed designated person has	estaphete approcation.
not been convicted as an adult of a designated drug offence within	
10 years preceding the application (section D8-B)	
A recent, within one year, criminal record check (CRC) is required (section D8-B)	
For Further Instructions Please C	all Toll-Free 1-866-337-7705

#### Brian Duddley Alexander

#### Reference 475008

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#### New PUPL

Rec'd forms A, B2, specialist consult, C, E2, F + 2 x AP photos signed.

MD verified/not restricted.

Specialist verified/not restricted.

Pre-reviewed by Kelly-Anne 2012-11-27

# 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:

x 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: 35038
Ottawa, ON K1A 189

Heath Canada/ Same Canada

OCS / BSC / MMAD

2012-04-02

475008

Canada

☐ Mrs. ☐ Miss ☐ Ms. 💆 Mr.		
Applicant's full name: ALE	XANDER I BRIAN	1 DUDLEY
Date of Birth: 3/ / MA	14 / 1970	
	* 4	
City: MISSION		
		10star code, 101 Page C
	ease provide lot and concession number:	
Lot Number;	***************************************	
Concession Number:		
Fax: ( )	4.4990	
***************************************	IAN @ HOTMAIL . CO	M
This address is. The A private resid	dence (E.G., HOUSE OR APT.) or I Not a private in Name of reside	
	name of reside	::::::::::::::::::::::::::::::::::::::
Mailing Address (if different from al	pove):	
Address or P.O. Box:		Apartment Number:
Address or P.O. Box: City:	Province:	Apartment Number: Postal Code:
***************************************	Province:	***************************************
***************************************		***************************************
City: <b>A2</b> Photograph of Application	nt	***************************************
A2 Photograph of Applicat  I have enclosed two copies of a	nt current photograph that clearly identifies me.	Postal Code:
A2 Photograph of Applicat  I have enclosed two copies of a	nt  current photograph that clearly identifies me.  sphs has been signed by the medical practitions	Postal Code:
A2 Photograph of Applicat  I have enclosed two copies of a  The back of one of the photogra	nt  current photograph that clearly identifies me.  sphs has been signed by the medical practitions	Postal Code: er signing the medical declaration, who
A2 Photograph of Applicat  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.  phs has been signed by the medical practitions of me.  IMPORTANT: A standard passport photograph.	Postal Code:  er signing the medical declaration, who egraph is preferred but if one is not ust meet the following standards:
A2 Photograph of Applican  I have enclosed two copies of a  The back of one of the photogracertifies that it is a true likeness  SIZE GUIDE FOR BOTH PHOTOGRAPHS	current photograph that clearly identifies me.  sphs has been signed by the medical practitions of me.  IMPORTANT: A standard passport photograph submitted materials.	Postal Code: er signing the medical declaration, who egraph is preferred but if one is not ust meet the following standards:
A2 Photograph of Applicat  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.  phs has been signed by the medical practitions of me.  IMPORTANT: A standard passport photograph submitted me  It must show you alone in the photograph  It must show a full frontal view of your hear	Postal Code:  er signing the medical declaration, who egraph is preferred but if one is not ust meet the following standards: ad and shoulders against a plain  /16 inches x 2 1/8 inches) and not more nches), and have a view of your head that
A2 Photograph of Applicated I have enclosed two copies of a The back of one of the photograph certifies that it is a true likeness SIZE GUIDE FOR BOTH PHOTOGRAPHS	current photograph that clearly identifies me.  phs has been signed by the medical practitions of me.  IMPORTANT: A standard passport photograph submitted mu.  It must show you alone in the photograph  It must show a full frontal view of your head contrasting background.  It must be at least 43 mm x 54 mm (1 11 than 50 mm x 70 mm (2 inches x 2 3/4 i	Postal Code:  er signing the medical declaration, who egraph is preferred but if one is not ust meet the following standards: ad and shoulders against a plain  /16 inches x 2 1/8 inches) and not more nches), and have a view of your head that i.

MAXIMUM SIZE

#### A3 Appointed Representative

#### This section is optional

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

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

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

Appointed representative (optional)	k •	
☐ I consent to allowing Health Canada representative.	to exchange personal and medica	l information about my case with my appointed
□ Mrs. □ Miss □ Ms. □ Mr.	***************************************	
Representative's full name:	/	
Mailing Address;		
		Postal Code:
		VIII. W.
Fax: ( )		
F.mail·		
A4 Proposed Source of Marih	шара	
You are required to indicate your pr	roposed source of marihuana b	y choosing one of the following:
📈 I plan to produce my own marihuana		
You must apply to get licence to grov Form C: Application for Licence t		
To purchase seeds from Health Cana Form E2: Application to Obtain M		ts, you must fill out
OR		
☐ I plan to have a designated person g My designated person will be:		
You must apply to get a licence for so Form D: Application for Licence t		
To purchase seeds from Health Cana Form E2: Application to Obtain M		or you, you must fill out
OR		
☐ I plan to purchase dried marihuana fr	rom Health Canada.	
To purchase a supply of dried marihu	· -	t fill out

Name: ALEXANER, BRIAN DUDLEY

#### A5 Authority to Communicate to Canadian Police

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

#### A6 Declarations and Signature

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

vi. I attest that the information on this form is	correct and complete.	
Langua manananananananananananananananananana		
A-Jan S	Æ	
for the same	77/1/07 - 070/07	
	0/1/0 0/1/00/0	
APPLICANT'S SIGNATURE	DATE	
Je a monte o ordentona	On the	

BRIAN DUDLEY ALEXANDER

#### 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.
- 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 2 Applicants

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

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

### **Important**

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

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

Please forward all completed applications to:

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

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

Revised April 2007

Canada

<b>2-1</b> Information on Medica	al Practitioner
fedical practitioner's full name:	GERALD OWEN MITCH
rovincial medical licence number;	17106
STAMP (IF AVAILABLE)	
ledical specialization (if applicable)	FP.
iusiness Address: 1925	MCCALCUM RP, Suite Number: 10Z
iv. AP355F01	
	8559455
ax: 1604	3559459
-mail:	
2-2 Medical Condition(s) a	
oplicant's full name: ALE	
ate of Birth: (7 /D /	M44 131.
Please specify the medical cond	idition(s) and symptom(s) that are the basis for the application.
Aedical Condition(s):	CHRONIC PAIN FROM
	ASSECIATED TRAINATIC
	7, 3,600,100 7,500,77,10
	INTURIES TO GOINGS
	**
****** ********************************	Auch CODEFFIRE CBCB
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B2-3 The Proposed Daily Amount
Health Canada's examination of the current available information suggests most individuals use an average daily amount of 1 gram to 3 grams of dried marihuana for medical purposes, whether it is taken orally, or inhaled or a combination of both.
a. The proposed daily amount of dried marihuana is less than or equal to THATY grams (use letters to write amount); and
b. the following method and form of administration (please check appropriate box):    Inhalation
Note to Physicians: For more information on daily amounts, you can refer to the following documents: Information for Health Gare Professionals — Marihuana Daily Amount Fact Sheet
Both documents can be found on the Health Canada Web site at http://hc-sc.gc.ca/dhp-mps/marihuana/index_e.html or by calling toll free at 1-866-337-7705.
B2-4 Duration
Under the Marihuana Medical Access Regulations, an Authorization to Possess may be issued for a period of up to 12 months.
If you are signing the authorization for a shorter period, please specify the number of months:
B2-5 Medical Practitioner's Declaration and Signature
Please read, sign and date the document in the space provided on Page 3.
<ol> <li>a. The applicant's symptom(s) listed in Page 1 of this form falls under Category 2 (symptoms that do not fall under Category 1);</li> </ol>
<ul> <li>conventional treatment(s) for the Category 2 symptom(s) have been tried or considered, and have been found to be ineffective or medically inappropriate for the treatment of the applicant.</li> </ul>
<ol> <li>I am aware that a Notice of Compliance has not been issued under the Food and Drugs Regulations concerning the safety and effectiveness of merihuana as a drug.</li> </ol>
<ol> <li>a. If you are a medical specialist that your area of medical specialization is relevant to the treatment of the applicant's medical condition; or</li> </ol>
b. if you are not a medical specialist, please declare;
i. that the applicant's case has been assessed by a specialist;
ii. the specialist's area of specialization is relevant to the treatment of the applicant's medical condition;
<li>iii. that the specialist concurs that conventional treatments for the symptom are ineffective or medically inappropriate for the treatment of the applicant; and</li>
iv. the specialist is aware that marihuana is being considered as an alternative treatment for the applicant.
(signature required on next page)
Name: BRIAN ALEDANDER.

(B2-5 continued)

Please complete the following:				
Name of the medical specialist:	DR	ALASTA	iR	YOUNGER
The medical specialist's area of specialization:	۷	PRIHOPAE	DIC	SURCERY
Date of the specialist's assessment of the applicant's o	case:	22	0	SUR C10024 T 2012
Note: Under the Marihuana Medical Access Regulation medical licencing authority of the province in which the notice given under Section 58 or 59 of the Narcotic Co.	ons, a "practitio le practitioner i	oner" is a practitioner wh s authorized to practice r	o is recogi	nized as a practitioner by the
4. I declare that the information contained in this fo	rm is correct ar	nd complete.		
	Gr	mitelel Baro in	0	
MEDICAL PRACTITIONER'S SIGNATURE	The same of the sa			
	$\mathcal{L}$	mano in	UTC:	TELL
PRINT NAME				For many constitutions and the state of the
		4 NOV 2	0/2	
DATE				
<ol> <li>IMPORTANT:</li> <li>Please ensure that you have read and understood</li> <li>Please sign and date the declarations.</li> <li>It is important to understand that all mandatory in</li> <li>We cannot process the application until ALL app</li> <li>Please retain a photocopy of this form for your fill fyou have questions regarding this form, please</li> </ol>	nformation requ repriate forms les.	uested must be provided are received.		

BRIAN ALEXANDER

Name:



#### Independent Medical Assessment for Brian ALEXANDER on October 22, 2012

Brian was seen today at the Specialist Referral Clinic for the purpose of preparing an independent medical report.

He presents with problems in both ankles. It is worse on the right-hand side. He had sprains when he was younger and he started getting discomfort in both ankles. This is localized across the joint and is made worse on activity. It deteriorates the longer he spends at work during each day. He says that it is no longer unstable but now the main problem is discomfort. The ache is localized in the anterior joint. He says it is sore if his foot is resting in toes down position and is also a problem if he is standing for a prolonged period of time. He works as a framer and therefore has to do a lot of work on his feet.

He is self-employed and gets a helper on occasion. He says he would have difficulty taking any time off work.

He has also noticed on the right-hand side that he has some stiffness in the second and third toes. He is unable to dorsiflex his toes during stance. He has difficulty going on his tiptoes because of discomfort in the forefoot.

Treatment to date has included simply remaining mobile. A brace and orthotics have not been tried to date. He says he has no other area of obvious discomfort. He said he had a sprain after twisting his ankle on a foundation about six or seven years ago. He also had a sprain when he was a child and was placed in a cast for a time and then got back to full mobility. He is now 42 years old.

Past Medical History: He smokes. He is otherwise healthy and well.

Allergies: He is allergic to codeine.

Physical Examination: Unfortunately he has not done the patient questionnaire at this time. He is 6 foot 4 inches tall and weighs 185 pounds. He is able to heel walk and toe walk. Most of the pain is actually localized within the ankle joint area and his ankles are both unstable in anterior drawer and inversion stress test. He appears to have osteophytes on the lateral side of the right ankle also. His peroneus longus and brevis appear to be intact. He has no other discomfort on the subtalar, talonavicular and calcaneocuboid joints. He has a neutral hindfoot and forefoot alignment.

**Radiographs:** Plain x-rays involve standing views of both feet. There is no obvious abnormality identifiable on these films.

An AP and lateral view however is also required of his ankle.

Page 2

RE: ALEXANDER, Brian

Opinion: I talked to Brian a fair amount about what his options are. He would likely require ankle arthroscopy, as well as lateral ligament reconstruction if this was to be surgically managed. It would also be dependent on how much cartilage damage is present. To this end, I think that it would be beneficial to get an MRI of his ankle and see if there is any cartilage damage present. If there is, this may push us a bit more towards a surgical solution. In the meantime, he would benefit from getting a brace which he can get from Kintec on the Langley Bypass. It would be worthwhile to wear both of these braces both left and right side during his work day to try and prevent his ankle from moving and rolling over. He would also benefit from physiotherapy to strengthen both ankles. I suggest finding a good local physiotherapist in the Maple Ridge area. If this fails to get his ankle to settle down, then we may have to consider surgery but I will review him back after his MRI has been performed. This we will do through St. Paul's Hospital and see if there is any other cause for concern on this MRI. I have been unable to find a reason why his toes continue to hurt but I am not sure that this is that disabling and therefore too much to worry about at this time.

Alastair Younger, MD, FRCSC Orthopaedic Surgeon Dictated but not read AY/dap

Mr. Brian Alexander 7635 Spencer Street Mission, BC V2V 3E3



## Form C

## Application for Licence to Produce Marihuana by Applicant

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

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

## **Important**

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

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

Please forward all completed applications to:

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

C1 Applicant's Information
□ Mrs. □ Miss □ Ms. 🕱 Mr.
Applicant's full name: ALEXANDER / BRIAN / DUBLEY
Date of Birth: 3/ / MAY / 1970
Telephone: (604) 374, 4990
Telephone: (604) 374, 4990 E-mail: B. ALEXAN & HOTMAIL. COM
If you already hold an Authorization to Possess dried marihuana under these Marihuana Medical Access Regulations, please indicate the number of that Authorization:
IMPORTANT: If you have not been authorized to possess dried marihuana under the Marihuana Medical Access Regulations, you must also submit Form A: Application for Authorization to Possess Marihuana for Medical Purposes and the appropriate medical practitioner form (Form 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: 3/8/9 KEYSTONE AVE Apartment Number:
City: M/SS/OV Province: BC Postal Code: Y45/64
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.

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.	
<ul> <li>IMPORTANT:</li> <li>1. The Regulations allow you to grow marihuana indoors in the winter and outdoors 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 marihuan 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 maintain measures necessary to ensure the security of marihuana in their posses	of an authorization shall ession." (Sec 61(1)).
Please describe the security measures that will be used at the proposed production site t against loss or theft;	
FULLY FENCES YARD, GLAN ALARM SYSTEM LEVINI VIDI SURVEILLANCE	20 25, 7 50
Please describe the security measures that will be used to protect your dried marihuana a	against loss or theft:
FULLY FENCES GARS LOVE, DIS + ALARM SYSTEM YIND SURVEILLANCE	GUARS WIDT
Address where the marihuana will be stored:	
Address: 7635 SAENCEL JT	Apartment Number:
City: MISSION Province: BC	Postal Code: YQV 3E3

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: ALEXANDER, BRIAN DIDLEY

Page 2 of 3

#### 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

BRIAN DIDLEY ALEXANIST

#### 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.

# Form E2

# Application to Obtain Marihuana Seeds

This form is to be completed by applicants who wish to obtain marihuana seeds only from Health Canada who either:

hold or have applied for an Authorization to Possess marihuana and a license to Produce marihuana under the Marihuana Medical Access Regulations;

#### OR

hold an Exemption for the possession and production of marihuana for medical purposes under Section 56 of the Controlled Drugs and Substances Act.

# **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

**Note:** If purchasing both dried marihuana and marihuana seeds, the dried marihuana will be shipped for a period of up to four months only.

Canadä

## E2-1 Applicant's Information

□ Mrs. □ Miss □ Ms. by Mr.	
Applicant's full name: ALEXANDER / BR	IAN I DUDLEY
Date of Birth: 3/ / / / / / / / / / / / / / / / / / /	
Address: 7635 SAENCER ST	Apartment Number:
City: MISSION Province: BC	Postal Code: ソシン・3/E-5
Telephone: (604) 374.04990	
Fax: ( )	
E-mail: B. ALEVAN @ HOTMAI	LoCOM

### E2-2 Cost

Marihuana seeds will be provided at a cost of \$20.00 per package of 30 seeds. The quantity provided will be calculated based on the maximum number of plants you or your designated person are permitted, by licence or exemption, to produce or cultivate (an amount that is based on your daily approved amount). Representatives of Health Canada will contact you to both determine the quantity of seeds that are required and complete the order.

#### Typical costs are:

One package: \$20*
Two packages: \$40*
Three packages: \$60*

*(plus applicable taxes)

Note: Before moving on to Section E2-3, please ensure that you are aware of the cost.

## E2-3 Delivery Instructions

| would like the seeds delivered to the address provided in Section E2-1 of this application form.

IMPORTANT: To obtain seeds to grow marihuana, you must also have a valid Personal-Use Production Licence, or fill out Form C: Application for Licence to Produce Marihuana by Applicant.

OR

(continued on next page)

# (E2-3 continued) ☐ I would like the seeds delivered to my designated person: ☐ Mrs. ☐ Miss ☐ Ms. ☐ Mr. Designated person's full name: Address: Apartment Number: City: Province: Postal Code: Telephone: ( Fax: E-mail: IMPORTANT: To obtain seeds for someone to grow marihuana for you, you must also fill out Form D: Application for Licence to Produce Marihuana by a Designated Person. Note: Before moving on to Section E2-4, please ensure that: 1. You have indicated where you would like the marihuana seeds delivered. 2. You have a Personal-Use Production Licence, or have completed Form C: Application for Licence to Produce Marihuana by Applicant if you want to grow the marihuana plants yourself OR Form D: Application for Licence to Produce Marihuana by a Designated Person.

## Notice to Applicants, Declaration and Signature

#### Please read carefully before using this product.

It is important for you to be aware of the following risks and recommendations about the product:

- · Health Canada has not approved this marihuana product, or marihuana generally, as a drug under the Food and Drugs Act.
- The provision of marihuana for medical purposes does not constitute an opinion from Health Canada on the safety, effectiveness or quality of marihuana within the meaning given to those words under the Food and Drugs Act and the Food and Drug Regulations.
- The provision of marihuana does not constitute an opinion from Health Canada as to the justification for using marihuana for medical purposes, in general.
- · The use of marihuana carries with it a number of potential health risks, including impaired immune system, interaction with other drugs, dysphoria, depleted energy, impaired short term memory, drug dependence and lung damage (particularly if consumed in the smoked form). If marihuana is to be used for medical purposes, it is recommended that it not be smoked. If you do use the product in smoked form, you accept the additional smoking-related risks.
- · You should discuss with your medical practitioner the risks that may be associated with the use of this product, and marinuana generally.
- You should obtain directions for use of this product from your medical practitioner.
- · Health Canada strongly recommends regular follow-up visits with your medical practitioner to verify that the benefits associated with the use of marihuana continue to outweigh the risks.
- It is possible that not all potential health risks associated with marihuana use, nor the extent of those risks, have been identified. This product therefore is being provided with the understanding that you acknowledge these facts, and that you voluntarily accept and assume the risks and dangers associated with the use of this product.

(continued on next page)

Name:	ALEYANDER,	BRIAN DUDLEY	
			Page 2 of ;

#### (E2-4 continued)

- The use of marihuana may have an effect on motor skills. Consequently, if you are consuming marihuana for medical purposes, you are advised not to operate a motor vehicle, handle machinery, or perform other risky activities while under the effects of marihuana. Health Canada recommends seeking the advice of your medical practitioner on this matter. Be advised that the use of marihuana while involved in such activities may constitute a number of offences under the Criminal Code, including dangerous operation of a motor vehicle, operating a motor vehicle while impaired, criminal negligence, and others.
- Health Canada strongly recommends that if you are pregnant, planning to get pregnant, or nursing, you should not
  consume marihuana.
- Given the nature of marihuana and the fact that the provision of marihuana is for your personal treatment needs, Health
  Canada recommends not consuming this controlled substance in a public place. Please take note that persons in charge
  of public or private establishments (e.g., bars and restaurants) can request that you not smoke marihuana on their
  premises, even if you have authority to possess marihuana for medical purposes. There may also be municipal bylaws
  that prevent smoking. In addition, others should not be exposed to second-hand marihuana smoke.
- i. I have read Section E2-4 of this document titled "Notice to Applicants, Declaration and Signature" and acknowledge that the benefits and risks associated with the use of the product are not fully understood. I understand that the use of the product may involve risks to health that are not known. Further, I understand that Health Canada is not giving any assurances, warranties or approvals with regard to the dried marihuana being provided.
- ii. I also understand that it is incumbent upon me to ensure that I do not, at any time, have more dried marihuana in my possession than I have been authorized to possess by Health Canada.

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

APPLICANT'S SIGNATURE

DATE

TAN 07,2012

0 0 0

PRINT NAME

#### IMPORTANT:

1. Please ensure that you have read the Notice to Applicants and have signed the declaration.

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 intil ail 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, CN K1A 189

## F1 Property Owner Information

Times. Miss Times. 🕱 Mr.

Property owner's full name:

y owner's full name

601

Grand Blunt

Province:

BIC

Apartment Number:

Postal Code: VOB IMO

Production site address (if different from above)

Address: 31819 City: MISSION

Key Ston

Aue BIC.

Apartment Number:

Postal Code: V45 164

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

Lot Number:

Concession Number:

#### F2 Property Owner Consent

#### a) Sole Owner

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

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

PROPERTY OWNER'S SIGNATURE

DATE

Feb 5, 2012.

Craig Dunt

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

b) Joint Owner(s)

Co-property owner's full name:

Address: City:

Apartment Number.

Address:

Province:

Postal Code:

Co-property owner's full name:

MURRIGISS

Apartment Number:

City:

Province:

Postal Code:

(continued on next page)

I give my consent to full name of applicant or applicant marihuana on this property in accordance with the Marih Property owners should note that marinuara may also to	ic produce	
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PRINT NAVI		
PRUPRATY CO-OWNER'S SIGNATING	JATE 1	- · · · · · · · · · · · · · · · · · · ·

#### IMPORTANT:

PRINT NAME

(2 continued)

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

### Brian Duddley Alexander

#### Reference 475008

Fast Plane Falm Alex	Surnome Sander	7535 Spencer 31 . 1	Moting Address	**************************************	Cone Or Eath [1975-95-31	Primery Phone 504-574-4990 (NIA)	w Contact
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[ First Privacy check done - C.Lindquist - Dec 18, 2012 - Xpresspost Tracking No.: LT 757 506 955 CA ]

Sender warrants that this item does not contain dangerous goods and agrees with the terms and conditions on Customer Receipt. CANACA POSTES N° de téléphone N de téléphone one, y envol ne contient pas de matières dangereuses et consent aux modalités sur le reçu du client. Postal Code Code postal CANADA ... 0 4 Telephone No. Telephone No. la livraison www.postescanada.ca OU 1 888 550-6333 Date Mr. Brian Dudley Alexander Reçu du client LT 757 506 955 CA Mission, BC V2V 3E3 Ville / Prov. Infirmation www.canadapost.ca Adresse Mom Mom 7635 Spencer St. 4 L'expéditéur garant N' de l'article : Customer Item number: Customer No. Customer No. N' du client City / Prov. K' du dient を配 Address Name dutin



# INSTRUCTIONS FOR ORDERING AND PAYING FOR YOUR SHIPMENT OF MARIHUANA SEEDS AND/OR DRIED MARIHUANA

e	Complete the shipment order form for your supply of marihuana seeds and/or dried marihuana for medical purposes.
	Print your name, phone number, customer number <u>FTO-PC</u> and control number .
	Indicate the amount of marihuana seeds you want to have delivered for your shipment and/or indicate the amount of dried marihuana you want to have delivered for your shipment.
•	If paying by credit card, please fill out the credit card portion of the shipment order form.
•	You can order up to grams or a lesser quantity (minimum of 5 grams).
•	You can order up to 15 package(s) of seeds or a lesser quantity.
Cost:	
•	The cost for dried marihuana for medical purposes is \$5/gram plus applicable taxes (minimum of 5 grams per month). The cost for marihuana seeds is \$20/package (30 seeds/package) plus applicable taxes.
	See reverse of shipment order form for tax information.
•	You will not be reimbursed for any and all opened packages, even if returned.
Payme	nt:
•	Your shipment is payable to the Receiver General for Canada in Canadian funds by certified cheque, money order, Visa, Amex or Master Card.
Shipme	ent:
•	Shipments will not be made on an urgent basis. You are only allowed to order once a month.
*	Shipments will only be sent once payment is fully processed and when forms are completed properly.
Receip	t:
•	You will receive a statement of account/receipt with each shipment.

Once the form is completed please send your payment and shipment order form to:

Accounts Receivable
Ottawa ON K1A 0K9
Address Locator: 3203B
Fax: 1-613-957-3495
Email: ar-cr@hc-sc.gc.ca

or the process please contact the Marihuana Medical Access Division, toll-free at 1-866-337-7705 or write to:

If you have any further questions about your shipment

Medical Marihuana Production Division

Controlled Substances and Tobacco Directorate
Health Canada

Address Locator: 3503B

Address Locator: 3503B
Ottawa ON K1A 1B9

#### Brian Duddley Alexander

#### Reference 494573

First Home Orion Jake  Georgian Home	Sorteme 7505 :	Makey				
		Spender St., Mission, BC, V21		Date Or Beth 1970-05-31	Pressy Phone 001-374-1990 (HIA)	Contact
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Attended shorts					Add/Edit Note	<u> </u>

Name (first/last):

Brian Alexander

Date of Birth:

AND/OR

Physical Address:

31819 Keystone Ave, Mission

*This information is requested in the course of an investigation under the CDSA and/or the MMAR.

To confirm please indicate one of the following in the space below.

The Investigation File number:

- -OR- the Act under the CDSA/MMAR which forms the basis of the investigation
- -OR- Rationale for the request:

*The resulting information received by Health Canada may only be used for th noted investigation and the proper administration or enforcement of the CDSA confirm acknowledgement of this statement?:	
YES _x 12-2060 NO	
Name (first/ last):	
Date of Birth:	
AND/ OR	
Physical Address: 32973 5 Ave, Mission, BC	
*This information is requested in the course of an investigation under the CDSA	and/or the MMAR.
To confirm please indicate one of the following in the space below.	
The Investigation File number:	
-OR- the Act under the CDSA/MMAR which forms the basis of the investigation	
-OR- Rationale for the request:	
*The resulting information received by Health Canada may only be used for the noted investigation and the proper administration or enforcement of the CDSA confirm acknowledgement of this statement?:	
YES _x 3926 NO	
Name (first/ last):	
Date of Birth:	
AND/ OR	
Physical Address: 13122 Degraff Road, Mission, BC	
*This information is requested in the course of an investigation under the CDSA	and/or the MMAR.
To confirm please indicate one of the following in the space below.	
The Investigation File number:	
-OR- the Act under the CDSA/MMAR which forms the basis of the investigation	

-OR- Rationale for the request: *The resulting information received by Health Canada may only be used for the purpose of the above noted investigation and the proper administration or enforcement of the CDSA / MMAR. Do you confirm acknowledgement of this statement?: YES _x 12-3879_____ NO____ Name (first/last): Carl HOLM Date of Birth: AND/OR Physical Address: 8545 Stave Lake Road, Mission, BC *This information is requested in the course of an investigation under the CDSA and/or the MMAR. To confirm please indicate one of the following in the space below. The Investigation File number: -OR- the Act under the CDSA/MMAR which forms the basis of the investigation -OR- Rationale for the request: *The resulting information received by Health Canada may only be used for the purpose of the above noted investigation and the proper administration or enforcement of the CDSA / MMAR. Do you confirm acknowledgement of this statement?: YES __x 12-8652____ NO___ Physical Address: 7713 Grand Street Mission, BC *This information is requested in the course of an investigation under the CDSA and/or the MMAR. To confirm please indicate one of the following in the space below. The Investigation File number: -OR- the Act under the CDSA/MMAR which forms the basis of the investigation -OR- Rationale for the request:

	on received by Health Canada may only be used for the purpose of the above the proper administration or enforcement of the CDSA / MMAR. Do you ent of this statement?:
YESx 12-4408	NO
Name (first/ last):	
Date of Birth:	
AND/ OR	
Physical Address:	7882 Thrasher Street, Mission, BC
*This information is requ	ested in the course of an investigation under the CDSA and/or the MMAR.
To confirm please indicate	te one of the following in the space below.
The Investigation File nu	mber:
-OR- the Act under the C	DSA/MMAR which forms the basis of the investigation
-OR- Rationale for the re-	quest:
	on received by Health Canada may only be used for the purpose of the above the proper administration or enforcement of the CDSA / MMAR. Do you not of this statement?:
YESx 12-10078	NO

# Healthy Environments and Consumer Safety Branch Direction générale de la santé environnementale et de la sécurité des consommateurs

OUR MISSION: To help the people of Canada maintain and improve their health.

NOTRE MISSION: Aider les Canadiennes et les Canadiens à maintenir et à améliorer leur état de santé.

#### Visit our Website at / Visitez notre site Internet

www.healthcanada.gc.ca/mma / www.santecanada.gc.ca/amm

and construct the second of					
TO/À					
Name/Nom: Corporal Je	ffrey Scott Date: 2013-01-02				
Organization/Organisms	Mission RCMP - NCO - Street Crime Unit				
O' Bannadion, O' Bullonic.					
Tel./Tél.:	604-820-3507 Fax/Télécopieur:				
No. of Pages, inc	cluding this page/N° de pages, incluant cette page:	4			
FROM/DE					
Name/Nom: Mai	ihuana Medical Access Division/Division de l'accès médical à la marihuana				
Tel./Tél.: 1-866-337-776	Fax/Télécopieur: (613) 952-2196				
Directorate	Controlled Substances and Tobacco Directorate/	Direction			
	Direction des substances contrôlées et de la lutte au tabagisme				
Division	Marihuana Medical Access Division/Division de l'accès médical à la marihuana	Division			
Section	Authorizations and Licences Section/Section des autorisations et des licences Section				
Address Locator	Address Locator: 0300A/Indice de l'adresse : 0300A	Localisateur d'adresse			
Location	OTTAWA, ONTARIO	Lieu			
Postal Code	K1A 1B9	Code postal			
MESSICE COMPUS					

MESSAGE: CONFIDENTIAL / CONFIDENTIEL Reference-494573

Re: Confirmation of information further to your email received on 2012-12-30.

1) NAME OF CLIENT: Brian Alexander (DOB: Not provided)

DOB: 1970-05-31

LICENCE NUMBER: APPL-BDA-05-D15591518-70-12-A

AUTHORIZATION TYPE: Authorization to Possess and Personal-Use Production Licence

MODE OF PRODUCTION: Indoor NUMBER OF PLANTS INDOOR: 146

NUMBER OF PLANTS OUTDOOR: 0

STORAGE QUANTITY: 6570 grams

PHYSICAL ADDRESS: 7635 Spencer St., Mission, BC, V2V 3E3 PRODUCTION ADDRESS: 31819 Keystone Ave., Mission, BC, V4S 1G4

STORAGE ADDRESS: 7635 Spencer St., Mission, BC, V2V 3E3

POSSESSION AMOUNT (Carry): 900 grams

ISSUE DATE: 2012-12-18 EXPIRY DATE: 2013-12-18

**CURRENT STATUS: VALID, ISSUED** 

#### 2) ADDRESS: 31819 Keystone Avenue, Mission, BC

Brian Alexander has a valid Authorization to Possess and Personal-Use Production Licence. Please see #1 for details.

#### 3) ADDRESS: 32973 5 Avenue, Mission, BC

NAME OF CLIENT: Nancy Anne Hamilton

DOB: 1949-04-26

LICENCE NUMBER: APPL-NAH-04-H13901509-49-12-A

AUTHORIZATION TYPE: Authorization to Possess and Personal-Use Production Licence

MODE OF PRODUCTION: Indoor NUMBER OF PLANTS INDOOR: 59

NUMBER OF PLANTS OUTDOOR: 0

STORAGE QUANTITY: 2655 grams

PHYSICAL ADDRESS: 32973 Fifth Ave., Mission, BC, V2V 1V4 PRODUCTION ADDRESS: 9741 Doyle St., Mission, BC, V2V 7E3 STORAGE ADDRESS: 9741 Doyle St., Mission, BC, V2V 7E3

POSSESSION AMOUNT (Carry): 360 grams

ISSUE DATE: 2012-12-05 EXPIRY DATE: 2013-12-05

CURRENT STATUS: VALID, ISSUED

#### 4) ADDRESS: 13122 Degraff Road, Mission, BC

NO MATCH FOUND IN RECORDS

### 5) NAME OF CLIENT: Carl Holm

(DOB: Not provided)

DOB: 1949-01-01

LICENCE NUMBER: APPL-CVH-01-H06491102-49-12-A

AUTHORIZATION TYPE: Authorization to Possess and Personal-Use Production Licence

MODE OF PRODUCTION: Indoor

NUMBER OF PLANTS INDOOR: 122

NUMBER OF PLANTS OUTDOOR: 0

STORAGE QUANTITY: 5490 grams

PHYSICAL ADDRESS: 8545 Stave Lake St., Mission, BC, V2V 6B2 PRODUCTION ADDRESS: 8545 Stave Lake St., Mission, BC, V2V 6B2 STORAGE ADDRESS: 8545 Stave Lake St., Mission, BC, V2V 6B2

POSSESSION AMOUNT (Carry): 750 grams

ISSUE DATE: 2012-07-12 EXPIRY DATE: 2013-07-12

CURRENT STATUS: VALID, ISSUED

#### 6) ADDRESS: 8545 Stave Lake Road, Mission, BC

There are four (4) licences associated with the address mentioned above. Carl Holm has a Authorization to Possess and Personal-Use Production Licence. Please see #5 for details.

NAME OF CLIENT: Roy Heinz Kuester

DOB: 1964-02-08

LICENCE NUMBER: APPL-RHK-02-K11631033-64-12-A

AUTHORIZATION TYPE: Authorization to Possess and Personal-Use Production Licence

MODE OF PRODUCTION: Indoor NUMBER OF PLANTS INDOOR: 49

NUMBER OF PLANTS OUTDOOR: 0

STORAGE QUANTITY: 2205 grams

PHYSICAL ADDRESS: 106-46262 First Ave., Chilliwack, BC, V2P 1W5 PRODUCTION ADDRESS: 8545 Stave Lake St., Mission, BC, V2V 6B2 STORAGE ADDRESS: 8545 Stave Lake St., Mission, BC, V2V 6B2

POSSESSION AMOUNT (Carry): 300 grams

ISSUE DATE: 2012-06-25 EXPIRY DATE: 2013-06-25

CURRENT STATUS: VALID, ISSUED

NAME OF CLIENT: Wolfgang Josef Abrahamczik

DOB: 1954-09-20

LICENCE NUMBER: APPL-WJA-09-A10930939-54-12-A

AUTHORIZATION TYPE: Authorization to Possess and Personal-Use Production Licence

MODE OF PRODUCTION: Indoor

NUMBER OF PLANTS INDOOR: 161

NUMBER OF PLANTS OUTDOOR: 0

STORAGE QUANTITY: 7245 grams

PHYSICAL ADDRESS: 12758 227 St., Maple Ridge, BC, V2X 6K6 PRODUCTION ADDRESS: 8545 Stave Lake St., Mission, BC, V2V 6B2 STORAGE ADDRESS: 8545 Stave Lake St., Mission, BC, V2V 6B2

POSSESSION AMOUNT (Carry): 990 grams

ISSUE DATE: 2012-04-27 EXPIRY DATE: 2013-04-27

CURRENT STATUS: VALID, ISSUED

NAME OF CLIENT: Marney Lorraine Skinner

DOB: 1951-08-08

LICENCE NUMBER: APPL-MLS-08-S29191225-51-12-A

AUTHORIZATION TYPE: Authorization to Possess and Personal-Use Production Licence

MODE OF PRODUCTION: Indoor NUMBER OF PLANTS INDOOR: 49

NUMBER OF PLANTS OUTDOOR: 0

STORAGE QUANTITY: 2205 grams

PHYSICAL ADDRESS: 31511 Township Line Ave., Mission, BC, V4S 1G4 PRODUCTION ADDRESS: 8545 Stave Lake St., Misson, BC, V2V 6B2 STORAGE ADDRESS: 8545 Stave Lake St., Misson, BC, V2V 6B2

POSSESSION AMOUNT (Carry): 300 grams

ISSUE DATE: 2012-06-01 EXPIRY DATE: 2013-06-01

CURRENT STATUS: VALID, ISSUED

#### 7) ADDRESS: 7713 Grand Street, Mission, BC

NAME OF CLIENT: Patrick Joseph Niccoli

DOB: 1970-11-13

LICENCE NUMBER: DPL-PJN-11-W 13841356-46-12-A

AUTHORIZATION TYPE: Designated Person Production Licence

MODE OF PRODUCTION: Indoor NUMBER OF PLANTS INDOOR: 98

NUMBER OF PLANTS OUTDOOR: 0

STORAGE QUANTITY: 4410 grams

PHYSICAL ADDRESS: 222 Tenth Ave., New Westminster, BC, V3L 2B2 PRODUCTION ADDRESS: 7713 Grand St., Mission, BC, V2V 3T5 STORAGE ADDRESS: 7713 Grand St., Mission, BC, V2V 3T5

POSSESSION AMOUNT (Carry): N/A

ISSUE DATE: 2012-03-27 EXPIRY DATE: 2013-03-27

CURRENT STATUS: VALID, ISSUED

#### 8) ADDRESS: 7882 Thrasher Street, Mission, BC

There are two (2) licences associated with the address mentioned above.

NAME OF CLIENT: Philip Arthur Mark

DOB: 1956-07-17

LICENCE NUMBER: APPL-PAM-07-M22861232-56-12-A

AUTHORIZATION TYPE: Authorization to Possess and Personal-Use Production Licence

MODE OF PRODUCTION: Indoor NUMBER OF PLANTS INDOOR: 98

NUMBER OF PLANTS OUTDOOR: 0

STORAGE QUANTITY: 4410 grams

PHYSICAL ADDRESS: 10860 143 St., Surrey, BC, V3R 3L9

PRODUCTION ADDRESS: 7882 Thrasher St., Mission, BC, V2V 5H3 STORAGE ADDRESS: 7882 Thrasher St., Mission, BC, V2V 5H3

POSSESSION AMOUNT (Carry): 600 grams

ISSUE DATE: 2012-09-30 EXPIRY DATE: 2013-09-30

CURRENT STATUS: VALID, ISSUED

NAME OF CLIENT: Rodney Shane Dairymple

DOB: 1958-09-11

LICENCE NUMBER: APPL-RSD-09-D20731617-58-12-A

AUTHORIZATION TYPE: Authorization to Possess and Personal-Use Production Licence

MODE OF PRODUCTION: Indoor

NUMBER OF PLANTS INDOOR: 98 NUMBER OF PLANTS OUTDOOR: 0

STORAGE QUANTITY: 4410 grams

PHYSICAL ADDRESS: 7882 Thrasher St., Mission, BC, V2V 5H3 PRODUCTION ADDRESS: 7882 Thrasher St., Mission, BC, V2V 5H3 STORAGE ADDRESS: 7882 Thrasher St., Mission, BC, V2V 5H3

POSSESSION AMOUNT (Carry): 600 grams

ISSUE DATE: 2012-10-19 EXPIRY DATE: 2013-10-19

CURRENT STATUS: VALID, ISSUED

Thank you,

Program Officer
Marihuana Medical Access Division
Controlled Substances and Tobacco Directorate
Health Canada

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

A Commissioner for Taking Affidavits

Address Locator: 3503B Ottawa ON K1A 1B9 MMAD-102869-12

# AUTHORIZATION TO POSSESS DRIED MARIHUANA FOR MEDICAL PURPOSES

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

#### HOLDER OF AUTHORIZATION INFORMATION

NAME:

Tanya Louise Beemish

DATE OF BIRTH: 02-Jul-1986

ADDRESS:

34-13909 102 Ave., Surrey, BC, V3T 5X8, Canada GENDER:

Female

MAILING ADDRESS: 34-13909 102 Ave., Surrey, BC, V3T 5X8, Canada

#### TERMS AND CONDITIONS

The maximum quantity of dried marihuana that you may possess at any time under this Authorization to Possess is: 150 grams.

#### MEDICAL PRACTITIONER INFORMATION

NAME: Dr. Clarissa Wallace

#### EXPIRY DATE

Please note this *Authorization to Possess* expires on **04-Jan-2014**Should you wish to renew your *Authorization to Possess*, please submit your renewal application at least **8 weeks prior** to your expiry date.

ISSUED BY:

Louis Proule

A Directou, Barcau du cancastis médical

A Director, Barcau de Vardical Campatis

Castrolled Substances & Tobacca Directorate

Director de substances compléré de la laute a

Jahrensene Frenth Canada / Sente Canad DATE OF ISSUE: 04-Jan-2013

# PLEASE READ ALL ENCLOSED DOCUMENTS

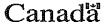
ENCLOSED DOCUMENTS:

Information you should know about your Authorization to Possess dried marihuana

c.c.: Dr. Clarissa Wallace

ID CARD AFFIXED HERE

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



Address Locator: 3503B Ottawa ON K1A 1B9

MMAD-102869-12

#### 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 INFORMATION

AUTHORIZED PERSON INFORMATION

NAME:

David Wesley Hebert

NAME:

Tanya Louise Beemish

D.O.B:

26-Jul-1981

D.O.B:

02-Jul-1986

GENDER: Male

GENDER: Female

ADDRESS: 34-13909 102 Ave., Surrey, BC, V3T 5X8, Canada

ADDRESS: 34-13909 102 Avc., Surrey, BC, V3T 5X8,

ADDRESS: Canada

MAILING 34-13909 102 Ave., Surrey, BC, V3T 5X8,

MAILING 34-13909 102 Ave., Surrey, BC, V3T 5X8,

ADDRESS: Canada

TERMS AND CONDITIONS

PRODUCTION SITE:

34-13909 102 Avc., Surrey, BC, V3T 5X8, 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 25 PLANTS (indoor) or 6 PLANTS (outdoor).

STORAGE SITE:

34-13909 102 Ave., Surrey, BC, V3T 5X8, 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:

1125 grams and it must be stored indoors.

#### EXPIRY DATE

Please note this Designated Person Production Licence expires on 04-Jan-2014 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: 04-Jan-2013

PLEASE READ ALL ENCLOSED DOCUMENTS

ENCLOSED DOCUMENTS:

Information you should know about your Designated Person Production Licence

ID CARD AFFIXED HERE

c.c.: Tanya Louise Beemish

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



#### Tanya Beemish

#### Reference #484598

ebmedundel First Name Tenyo	Surname Beemish	[34-13909 102 Ave	Mailing Address		Date Of Birth 1986-07-02	n Primary Phone	V Contact
Reference No. 284593	Status Closed © Closed ©	Correspondence Date 2012-12-03 2012-12-27	Correspondence Type Mail  Mail  W  Correspondence Type Mail  M  M  M  M  M  M  M  M  M  M  M  M  M	Ottection In 3 Out 3 Out 3 3 3 3 3 3	Application Licence Par	Create an Associated C	orrespon
Attendaments			Upload File	to the company of the	l Selected File	Delete Selecte	d File
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Correspondence (	ores ( )		***************************************			Add / Edit Not	

"Rec'd forms A, B2, D, E2, DP Original CRC, AP pics (signed by MD) and DP pics (signed by AP)

New DPPL Application Complete

Verified MD in CPS BC (MD is a specialist); not on restricted list

NOTE - Please use the date the MD/Specialist signed the forms as the assessment date, since the assessment date cannot be future-dated.

AKritsch 2012-12-11"



# 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



☐ 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

124308.
Health Canada / Santé Canada
DEC 03 2012
484598
OCS / BSC

Canada

A1 Applicant's Information		
☐ Mrs. Miss ☐ Ms. ☐ Mr.		manifest inger
Applicant's full name: Becmi st	Andrew Control of the	/ Louise
Date of Birth: ひみ / の	a /1986	- Company of the Comp
Address: # 34 18909	102 ANG	Apartment Number: 34
City: SUCCE-1	Province: &C	Postal Code: V3T 5×8
	ase provide lot and concession number:	
Lot Number:		A Company of the Comp
Concession Number:	Section of the sectio	
Telephone: (604 ) 614	8114	
Fax: ( )		
E-mail:		and the state of t
This address is:   A private resident	dence (E.G., HOUSE OR APT.) or ☐ Not a prival	te residence (E.G., HOSPICE, HOSPITAL, ETC.)
Advisor Tenner Control of the Contro	Name of res	idence:
	- 11 (1000) 10 (100)	
Mailing Address (if different from a	bove):	
Address or P.O. Box:		Apartment Number:
City	Province:	Postal Code:
A2 Photograph of Applica	int	
	the state of the s	a properties
gf I have enclosed two copies of a	current photograph that clearly identifies m	ionar signing the medical declaration, who
The back of one of the photogr certifies that it is a true likenes.	aphs has been signed by the medical practit	Our affault the unfared doors
	**************************************	otograph is preferred but if one is not
SIZE GUIDE FOR BOTH PHOTOGRAPHS	available, the photograph submitted	must meet the following standards:
	• It must show you alone in the photogr	
	It must show a full frontal view of your contrasting background.	head and shoulders against a plain
	It must be at least 43 mm x 54 mm (1 than 50 mm x 70 mm (2 inches x 2 3 is at least 30 mm (1/375 inches) in le	i 11/16 inches x 2 1/8 inches) and not more /4 inches), and have a view of your head that right.
	It must reveal your face without sungle permitted, of course.	asses or any other obstructions. Facial hair is
AND THE COST		be completed if a photograph has been
MINIMUM SIZE	provided within the last 5 years.	
MAXIMUM SIZE		

## A3 Appointed Representative

#### This section is optional

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

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

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

#### Appointed representative (optional):

(a) Consent to allowing Health Canada to exchange personal and medical information about my case with my appointed representative.

Email: dhebert \$1 @ mail.cam

### A4 Proposed Source of Marihuana

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

☐ I plan to produce my own marihuana.

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

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

#### OR

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

My designated person will be: DAVD WESLEY HEBERT

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 I plan to purchase dried marihuana from Health Canada.

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

Name: Tanya L Beemish

Page 2 of 3

### 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. Thave 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.

111	Lattest that	the information	on this	form is	correct a	na complete.

T/2 A	Bernish	oct	Jo	2012	
APPLICANT'S SIGN	ATURE		13 Sec. 10	mercia. Planty 1999	
Tanya	Beemish	· منشينها منافق			

#### 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.

16

3. Please retain a photocopy of this form for your files. If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

# Form B2

# Medical Practitioner's Form for Category 2 Applicants

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

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

# **Important**

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

If you have any questions regarding this form, please contact Health Conada toll-free at 1-850-337-7705

Please forward all completed applications to:

Marihuana Medical Access Division Drug Strategy and Controlled Substances Programme Health Canada Address Coator: 3503B Unavva, 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

Canadä

Provincial medical ficence	enumber 18679	and the state of t
stame it avaluati Dr. Clarissa 2443 202 - 301 East ( Jew Westminster,	g   Wallace 4   Columbia Sì. BC VSL 3W5	and the state of the
Aedical specialization (if	4	a
usiness Address:	J	Suite Number:
ity:	Province:	Postal Code:
elephone: 16041	522-8399	an digit halitan in pangida ang di manana an indiana di manifesa d
x: (604)	\$22-2635	<del>and and a special states and a special states and a special s</del>
mail:	And the state of t	and the second s
	and the state of t	atifican da antengenen mengelin er einflikkeit eine en flikter men einflikter.
-2 Medical Cond	ition(s) and Symptoms	
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