

Exhibit B: Control Persons

All Control Persons must be clearly identified. Please duplicate pages as necessary for all Control Persons to be listed.

Note: “Control Person” means any person who has the power to direct or cause direction of the management and policies of the business operations of a Cannabis Business as verified by the Cannabis Business’s ownership and organization structure described in the documents establishing the existence of the Cannabis Business and the designation of persons authorized to act on behalf of the Cannabis Business. A person shall be presumed to have control when such person owns shares of any corporation that is not a publicly traded corporation and such person owns, controls, or holds the power to vote ten percent (10%) or more of the voting securities of the corporation. Control Persons include members of the board of directors, chief executive officer, chief operating officer, and any person with the responsibility and authority to manage and contract on behalf of the Cannabis Business.

1. Control Person #1

a. Name: _____

b. Title/Role: _____

c. Enrollment Number: _____

d. Date of Birth: _____

e. Phone Number: _____

f. Email: _____

g. Is the Control Person an Owner? Yes No

2. Control Person #2

a. Name: _____

b. Title/Role: _____

c. Enrollment Number: _____

d. Date of Birth: _____

e. Phone Number: _____

f. Email: _____

g. Is the Control Person an Owner? Yes No

3. Control Person #3

- a. Name: _____
- b. Title/Role: _____
- c. Enrollment Number: _____
- d. Date of Birth: _____
- e. Phone Number: _____
- f. Email: _____
- g. Is the Control Person an Owner? Yes No

4. Control Person #4

- a. Name: _____
- b. Title/Role: _____
- c. Enrollment Number: _____
- d. Date of Birth: _____
- e. Phone Number: _____
- f. Email: _____
- g. Is the Control Person an Owner? Yes No

5. Control Person #5

- a. Name: _____
- b. Title/Role: _____
- c. Enrollment Number: _____
- d. Date of Birth: _____
- e. Phone Number: _____
- f. Email: _____
- g. Is the Control Person an Owner? Yes No

6. Control Person #6

- a. Name: _____
- b. Title/Role: _____
- c. Enrollment Number: _____
- d. Date of Birth: _____
- e. Phone Number: _____
- f. Email: _____
- g. Is the Control Person an Owner? Yes No