The city of Grand Junction Denial letter judicated that the Marijuana Finding of Suitability Application- Owner Entity was missing.

This is not the case. The original was Submitted with my application and I have provided a copy of that form here

When working with the State of Colorado Department of Revenue Brian 303-866-3330 He has advised that the instructions per the Colorado website States that a determination to which application should be submitted to the State is either the natural persons or the State is either the natural persons or the owner entity, not both. This depends on the Structure of the company. This company is a single owner and not a holding Company therefore the State of Colorado Needs the Natural persons application

I however have submitted both forms to the city of Grand Junction as they requested it and I made sure to include everything they requested include everything they requested

The city of Grand Junction claims that I did not submit page 2 of the Natural Persons Suitability Application nor the Marijauna Findings of Suitability Application – owner entity. Both of which were certainly included in my package.

13 pages of the Marijauna Findings of
Suitability Application was Submitted
to the city in my application package.

It was papereliped along with
Supporting information of organizational
Chart, Articles of Incorp, Certificate
of good Standing.

All pages were complete all
pages were signed



Marijuana Finding of Suitability Application – Owner Entity

The original was Submitted to the Submitted to the City and was provided in the application package

Marijuana Enforcement Division

	Colorado Marijuana Enforcement Division			
Owner	Entity - Finding of Suitability Application Instructions			
APP	PLICATION CHECKLIST			
1	Application Type Owner Entity: Any Entity that holds 10% interest or more of the Owner's interest of an RMB; Executive			
	or Qualified Institutional Investors holding 30% or more of the RMB, or any other Entity or affiliate that			
	is otherwise in a position to execute control of the RMB. (Natural Person Suitability Application must be			
	submitted with the Owner Entity application prior to any new business application submission.)			
	Application Fully Completed One authorized representative of the entity will be responsible for completing this application. Type or			
	clearly print, in English, an answer to every question. If a question does not apply, indicate with an N/A.			
	If the available space is insufficient, continue on a separate sheet and precede each answer with the			
	appropriate title. Sign and date the application. Application Contents			
<u> 3</u>	Disclosure Requirements			
	Main Application			
	Authorization Forms			
	Publicly Traded Company (PTC) Addendum A			
	Qualified Private Fund (QPF) Addendum B			
	Qualified Institutional Investor (QII) Addendum C			
	The disclosure requirements and the main application must be completed in full by all applicants.			
14	All Forms Signed and Attached The following accompanying forms must be completed, signed by all CBOs and returned with the			
	application.			
	Affirmation & Consent			
	Tax Check Authorization			
	Investigation Authorization/Authorization to Release Information			
	Applicant's Request to Release Information			
	Affirmation of Reasonable Care			
$\square 5$	Required Disclosures			
	See Application Disclosures (page 1 of application)Upon request by the Division, an Applicant must provide additional information or documents			
	required to process and investigate the application, within seven (7) days of the request.			
	Please note: This deadline may be extended for a period of time commensurate with the			
	scope of the request.			
∐ 16	Application and License Fees All applications and documentation submitted must be single-sided and on 8.5x11 inch paper.			
	See fee table on website: www.colorado.gov/revenue/med			
	Application fees remitted to the State Licensing Authority and/or the Department of Revenue,			
	are non-refundable.			
	Submit complete original or scanned application packet and one complete copy (if a copy is			
	required by the local jurisdiction). Additional fees may be required for local jurisdiction - see fee schedule.			
	Checks (in the name of the applicant or applicants attorney's trust account), money orders			
	and major credit cards (subject to service charge).			
	Mail-in applications can only be paid by check or money order			
∐ 7	Application Submittal Applications can be submitted in person or by mail with all attachments and requisite fees to:			
	Marijuana Enforcement Division			
	1697 Cole Blvd., Suite 200, Lakewood, CO 80401			
NOTE: I	ATTN: Business Licensing			
NOTE: Incomplete applications will not be processed. Applicants or their representative must collect the incomplete application and fees (including those mailed in or delivered via courier), from the Lakewood office				
prior to the end of the next business day.				

Owner Entity Suitability Required					
What type of application will this suitability be associated with? New Business (All required Findings of Suitability must first be obtained prior to any new business application submission.) Change of Ownership with license #					
Provide 180 days of funding account statem assets being used to secure ownership perc	ents used to acquire ow entage, for 180 days.	nership; or proof of owr	ership of other		
Organizational Chart, including the identity a	and ownership percentag	ge of all CBOs, if applica	able.		
Certificate of Good Standing from jurisdiction the sale of marijuana. Please include Colora	n where Entity was formed o Certificate if registered	ed. (Must be U.S. or co ed as a foreign entity.).	untry that authorizes		
Organizational documents including identity	and physical address of	the registered agent in	Colorado.		
Organizational documents (Indicate which	document is being provi	ded)			
Articles of By-Laws	Shareholder agreement	Operating Agreement for LLC	Partnership Agreement for partnership		
Corporate Governance Documents					
Required for Publicly Traded Companies					
Addendums:					
☐ PTC ☐ QPF	QII				
Glossary of Terms:					
RMB - Regulated Marijuana Business	CBO - Contro	olling Beneficial Owner			
PBO - Passive Beneficial Owner	IFIH - Indired	ct Financial Interest Hol	der		
QII - Qualified Institutional Investor		ied Private Fund			
PTC - Publicly Traded Company OE - Owner Entity					
Pursuant to section 44-10-305(4) C.R.S., prior to submitting an application for a license, registration or permit, the applicant needs to be aware that having a medical marijuana or retail marijuana license and working in the medical marijuana or retail marijuana industry may have adverse federal immigration consequences.					
Affirmation of complete application Authorized Representative's Signature Printed Name Date (MMDDYYYY)					
111 5-	Alaameen	Abdool	010 (MINIDSTITI)		

Marijuana Licenso	Number (Leave Bla	nk)

Entity Finding of Suitability Application Form

Entity Name (Please Print) Golden Rookie LLC		
Trade Name (Please Print)		
Physical Address		
Address (include unit or apartment number) 322 N Leth St # 2		
City Grand Sunction State/Prov ZIP Country Wesa	FEIN 88	-2688904
Contact Name Alaameen Abdool Contact Email Address Alaameen, angmeil, con	Contact Ph	one Number
Mailing Address (if different from Physical Address)		
Address (include unit or apartment number) City	State/Prov	ZIP
Name of licensed Marijuana business you plan to be associated with	Work Phone	e Number
Does this entity currently possess a Colorado Marijuana license or is it associated with any type of Colorado Marijuana license?	other	☐ Yes ☑ No
If "Yes", indicate license type and number here:		
2. Provide a list of any privileged or professional licenses, with license numbers, the entity ho held within the last three (3) years prior to the submission of the finding of suitability request those that were issued by the Colorado Department of Revenue or the Department of Reg. Agencies, including all marijuana licenses. 3. Hos this entity ever expect or applied for a Marijuana license in this are any attentionistic time.	st. List ulatory	None
3. Has this entity ever owned or applied for a Marijuana license in this or any other jurisdiction or domestic?		☐ Yes ☐ No
 a. If so, have you ever been subject to any of the following actions: (1) denial; (2) surren order to show cause; (4) suspension; (5) revocation; (6) stipulation or settlement. 	der; (3)	☐ Yes ☐ No
If YES, provide details on a separate sheet, including jurisdiction, type of action, and date o	f action.	
4. Does this entity own, or has it ever owned, or otherwise derive(d) a benefit from assets held the United States(other than Canada)?	d outside	☐ Yes ØNo
If YES, then identify the country and the type of asset(s).		
5. Has a complaint, judgment, consent decree, settlement or other disposition related to a viol of federal, state or similar foreign security law or regulation ever been filed or entered again business entity? If YES, explain on a separate sheet of paper.	ation st this	☐Yes ØNo
Authorized Representative's Signature	Date (MMDDY	YYY)
the	June -	8-2022

Legal Entity Name (Please Print) Golden Zookic	LLC

NOTICE: The Finding of Suitability Application Form is an official document. If you provide false information on this application and/or do not disclose all information the application asks, your application is subject to denial, and you may be subject to criminal prosecution. The Marijuana Enforcement Division will conduct a complete background investigation and will check all sources of information.

1.	Has this Entity or any of its CBOs, (including Executive Officers, Board of Directors and been convicted of a felony in the 3 years preceding this application?	ıd Managers),	☐ Yes ☑.No
2.	Is this Entity or any of its CBOs, (including Executive Officers, Board of Directors and subject to a sentence for a felony conviction, including probation, parole or a deferred	Managers), judgment?	☐Yes ⊠No
	Has this entity or any of its Controlling Beneficial Owners (CBO's), (including Executive Board of Directors or Managers), failed to remedy an outstanding delinquency for any taxes, interest or penalties due to the Department of Revenue, relating to a Medical or Marijuana Business?	judgments.	☐Yes ੴNo
	Is the applicant a publicly traded entity that does NOT constitute a Publicly Traded Condefined in Article 10?	mpany as	Yes No
	Does this entity have a CBO, Passive Beneficial Owner or Indirect Financial Interest H is organized or formed under the laws of a country determined by the United States Se State to have repeatedly provided support for acts of international terrorism or is including in Covered Countries" in Section 1502 of the Federal "Dodd-Frank Wall Street Ref Consumer Protection Act", Pub.L.111-203?	ecretary of ded on the	☐Yes ☐No
	Does this entity have a CBO that is an "Ineligible Issuer" pursuant to section 44-10-103(50)(d)(l)?		☐Yes ☒No
	Does the entity have a CBO, Passive Beneficial Owner or Non-objecting Passive Bene or Indirect Financial Interest Holder that is a "Bad Actor" under rule 506(d) promulgated the Federal Securities Act of 1933, as amended and subject to 17 CFR 230.506(d)?	eficial Owner d pursuant to	☐ Yes ☑/No
,	Does this entity have a CBO, Passive Beneficial Owner or Indirect Financial Interest H is prohibited from engaging in transactions pursuant to this Article 10, due to its design the "Specially Designated Nationals and Blocked Persons" list maintained by the Fede Foreign Assets Control?	ation on	☐Yes ☑No
I have thoroughly read and understand the questions above, and understand that I cannot hold a Colorado Marijuana license if I answered "Yes" to any of the questions above.			
Autho	rized Representative's Signature	Date (MMDDYYYY)	- 2027

DR 8557 (02/11/22)

Ownership Structure - Controlling Managers and any other individu	ng Beneficial Owners with al that Controls the RMB.	10% or great	er ownership and	d/or Exec	cutive Officers,
Name Alameen	16000l			0462	DOB Aug 14-1992
Title			146-08-0 Phone Number 970-71	2-1503	License Number
	eth St. #2		City G, J-	State	ZIP 81501
Business Associated with (Parent busines	s or sub-entity)	Own. % Entity		F	RMB Own. %
Name			SSN/FEIN		DOB
Title			Phone Number		License Number
Address (Home)			City	State	ZIP
Business Associated with (Parent busines	s or sub-entity)	Own. % Entity		R	RMB Own. %
Name			SSN/FEIN		DOB
Title			Phone Number		License Number
Address (Home)			City	State	ZIP
Business Associated with (Parent business	s or sub-entity)	Own. % Entity		R	MB Own. %
Name			SSN/FEIN		DOB
Title		2	Phone Number		License Number
Address (Home)			City	State	ZIP
Business Associated with (Parent business	s or sub-entity)	Own. % Entity		R	MB Own. %
Name		•	SSN/FEIN		DOB
Title			Phone Number		License Number
Address (Home)			City	State	ZIP
Business Associated with (Parent business	or sub-entity)	Own. % Entity	,	RI	MB Own. %
Name			SSN/FEIN		DOB
Title			Phone Number		License Number
Address (Home)			City	State	ZIP
Business Associated with (Parent business	or sub-entity)	Own. % Entity		RI	MB Own. %

Lega	al Entity Name (Please Print)		
1.	Is this entity currently or has this entity been involved in a civil lawsuit in regards to a m business. If YES, provide details on a separate sheet of paper.	arijuana	☐ Yes Ø No
2.	List any sanctions, penalties, assessments, or cease and desist orders imposed by any other than the United States Securities and Exchange Commission. (Provide on a sepa	securities rec	gulatory agency
Fin	ancial History		
1.	Amount paid for Owners Interest:	\$	
2.	Amount of Owners Interest held:		%
3.	Investment will be derived from the following sources (Provide 6 months of account state	ements from	each source):
	\$25,000 funds earned or repair. See lease \$100,000 line of Ur. addition of \$100,000 if Needed Provided by propert	- propert agreeme edit low on live in my owner	of credit
	Has the entities interest in this Marijuana establishment been assigned, pledged or hypoany person, firm, or corporation, or has any agreement been entered into whereby your to be assigned, pledged or sold, either in part or whole?	othecated to interest is	☐Yes 🎜 No
If YE	ES, explain:		

Applicant's Initials ___

AA

Affirmation & Consent					
I, as a representative for,					
Print Full Legal Name of Applicant clearly below:					
Authorized Representative's Last Name (Please Print) Authorized Representative's First Name	Authorized Representative's Middle Name				
Authorized Representative's Signature	Date (MMDDYYYY) JUNE - 8 - 20 %				
Confidential Document: This document is the property of the Colorado Marijuana State Licensing Authority and the Colorado Marijuana Enforcement Division, and is provided for Official Use Only. This document may not be further reproduced nor its contents disclosed without the written permission of the Division or State Licensing Authority.					

Tax Check Authorization a	and Requ	iest To Relea	se Information
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I Al aameen Abdool am signing this waiver on behalf of Golden Rockie CC (the "Owner Entity Applicant/Licensee") to permit the Colorado Department of Revenue and any other state or local taxing authority to release information and documents that would otherwise be confidential. If I am signing this waiver for someone other than myself, I certify that I have the authority to execute this waiver on behalf of the Applicant/Licensee.

The information and documentation obtained pursuant to this waiver will be used in connection with the Applicant/ Licensee's application or licensure with the Colorado Marijuana Enforcement Division, which requires proof of compliance with certain tax obligations pursuant to several statutory provisions, including sections 44-10-202(1) and 44-10-307(1)(e), C.R.S. This waiver is made pursuant to section 39-21-113(4), C.R.S.; and any other similar law or ordinance concerning the confidentiality of tax returns and return information. This waiver shall be valid while the application is pending and, if the application is approved, (1) for one year from the date of licensure or; (2) if applying for an employee license under the medical marijuana code, for two years from the date of licensure. If the license is administratively continued pursuant to section 44-10-314, C.R.S., this waiver shall be valid until the state licensing authority takes final action to approve or deny the renewal of the license. Applicant/Licensee agrees to execute a new waiver for each subsequent licensing period in connection with the renewal of any license.

Applicant/Licensee requests that the Colorado Department of Revenue and any other state or local taxing authority release the following information and supporting documentation to the Colorado Marijuana Enforcement Division, which is acting as Applicant's/Licensee's duly authorized representative under section 39-21-113(4), C.R.S., solely to obtain the information specified below.

- 1. Whether the Applicant/Licensee has failed to file any state tax return with the Colorado Department of Revenue or any other state or local taxing authority by the required due date (determined with regard to any extension(s) of time for filing) for any tax year for which filing of a return might have been required.
- 2. Whether the Applicant/Licensee has failed to pay any tax, penalty, or interest liability within 30 days of the date on which the Colorado Department of Revenue or any other state or local taxing authority gave notice of the amount due and requested payment.
- 3. Whether the Applicant/Licensee has entered into a payment plan with the Colorado Department of Revenue or any other state or local taxing authority and whether Applicant/Licensee is current on any payments required by said payment plan.

Applicant/Licensee authorizes the Colorado Department of Revenue and any other state or local taxing authority to release any additional information or documentation necessary to answer the questions above. Applicant/Licensee authorizes the Colorado Marijuana Enforcement Division and its legal representatives to use the information and documentation obtained from the Colorado Department of Revenue and any other state or local taxing authority in any administrative action regarding the application or license. To assist the Colorado Department of Revenue and any other state or local taxing authority locate the tax records, Applicant/Licensee is voluntarily providing the following information (please type or print).

	, The second of					
Applicant's Name (Individual/Business)	Social Security Number/Tax Identification	ation Number				
Alaameen Abdool						
Street Address	City	State ZIP Code				
322 N P2+ # 5	City Grand Juckion	CO 81501				
Teme releptione rumber	Business/Work Telephone Number					
917-434-6844	NA					
Authorized Representative's Legal Last Name (Please Print) Authorized Repres	sentative's Legal First Name	Full Middle Name				
Authorized Representative's Signature		Date (MMDDYYYY)				
AA		June - 8 - 2022				

Investigation Authorization/Authorization to Release Information

Abdos , hereby authorize the Colorado Marijuana Licensing Authority, the Marijuana Enforcement Division, (hereafter, the Investigatory Agencies) to conduct a complete investigation into the background of the entity applicant, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Investigatory Agencies to provide any and all such information deemed necessary by the Investigatory Agencies. I hereby waive any rights of confidentiality in this regard. I understand that by signing this authorization, a financial record check may be performed. I authorize any financial institution to surrender to the Investigatory Agencies a complete and accurate record of such transactions that may have occurred with that institution, including, but not limited to, internal banking memoranda, past and present loan applications, financial statements and any other documents relating to my personal or business financial records in whatever form and wherever located. I authorize the release of this type of information, even though such information may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws. I understand that by signing this authorization, a criminal history check will be performed. I authorize the Investigatory Agencies to obtain and use from any source, any information concerning me contained in any type of criminal history record files, wherever located. I understand that the criminal history record files contain records of arrests which may have resulted in a disposition other than a finding of guilt (i.e., dismissed charges, or charges that resulted in a not guilty finding). I understand that the information may contain listings of charges that resulted in suspended imposition of sentence, even though I successfully completed the conditions of said sentence and was discharged pursuant to law. I authorize the release of this type of information, even though this record may be designated as "confidential" or "nonpublic" under the provisions of state or federal laws.

The Investigatory Agencies reserve the right to investigate all relevant information and facts to their satisfaction. I understand that the Investigatory Agencies may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado shall not be held liable for the receipt, use, or dissemination of inaccurate information. I, on behalf of the applicant, its legal representatives, and assigns, hereby release, waive, discharge, and agree to hold harmless, and otherwise waive liability as to the State of Colorado, Investigatory Agencies, and other agents or employees of the State of Colorado for any damages resulting from any use, disclosure, or publication in any manner, other than a willfully unlawful disclosure or publication, of any material or information acquired during inquiries, investigations, or hearings, and hereby authorize the lawful use, disclosure, or publication of this material or information. Any information contained within my application, contained within any financial or personnel record, or otherwise found, obtained, or maintained by the Investigatory Agencies, shall be accessible to law enforcement agents of this or any other state, the government of the United States, or any foreign country.

Print Full Legal Name of Owner clearly below:					
Applicant's Legal Business Name Golden Rookie LLC	Trade Name (DBA)				
Authorized Representative's Last Name (Please Print)	Authorized Representative's First Name	Authorized Representative's Middle Name			
Abdool	Authorized Representative's First Name				
Authorized Representative's Signature	All	Date (MMDDYYYY) JUNE - 8 - 2022			
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Applicant's Request to Release Information				
TC		OM: (Applicant's Printed Name) Laameen Abdool		
1.	I hereby authorize and request all persons to whom this request is presented having information relating to or concerning the above named applicant to furnish such information to a duly appointed agent of the Marijuana Enforcement Division whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege.			
2.	I hereby authorize and request all persons to whom this request is presented having documents relating to or concerning the above named applicant to permit a duly appointed agent of the Marijuana Enforcement Division to review and copy any such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.			
3.	If the person to whom this request is presented is a brokerage firm, bank, savings and loan, or other financial institution or an officer of the same, I hereby authorize and request that a duly appointed agent of the Marijuana Enforcement Division be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me/us, including but not limited to past loan information, notes co-signed by me, checking account records, savings deposit records, safe deposit box records, passbook records, and general ledger folio sheets.			
4.	I do hereby make, constitute, and appoint any duly appointed agent of the Colorado Marijuana Enforcement Division, my true and lawful attorney in fact for me in my name, place, stead, and on my behalf and for my use and benefit:			
	 (a) To request, review, copy sign for, or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might; 			
	(b) To name the person or entity to whom this request is presented and insert that person's name in the appropriate location in this request:			
	(c) To place the name of the agent presenting this request in the appropriate location on this request.			
5.	I grant to said attorney in fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper, or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all that said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.			
6.	. This power of attorney ends twenty-four (24) months from the date of execution.			
7.	The above named applicant has filed with the Colorado Marijuana Licensing Authority an application for a Marijuana license. Said applicant understands that it is seeking the granting of a privilege and acknowledges that the burden of proving its qualifications for a favorable determination is at all times on the applicant.			
8.	I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release, remise, and forever discharge the person to whom this request is presented, and his agents and employees from all and all manner or actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the applicant ever had, now has, may have, or claims to have against the person to whom this request is being presented or his agents or employees arising out of or by reason of complying with the request.			
9.	. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.			
Applicant's Legal Business Name				
Golden Rookse LLC Trade Name (DBA)				
Authorized Representative Last Name (Please Print) First Name Full Middle Name				
	Abdool Alaaneen			
Autho	Uthorized Representative's Signature Date (MMDDYYYY) Date (MMDDYYYY)			

AFFIRMATION OF REASONABLE CARE - PRIVATE COMPANY

Pursuant to sections 44-10-309(4) C.R.S. and Rule 2-230(D), Applicant or Licensee affirms that, prior to submission of this application, it exercised reasonable care to confirm its Passive Beneficial Owners, (including any Qualified Institutional Investors) and Indirect Financial Interest Holders, are not Persons prohibited from being issued or holding a license by section 44-10-307 C.R.S., or otherwise restricted from holding an interest under the Colorado Regulated Marijuana Business Code. An Applicant's or Licensee's failure to exercise reasonable care is a basis for denial, fine, suspension, revocation or other sanction by the State Licensing Authority.

I, Alacher Holder, as Controlling Beneficial Owner or Manager for Print Rolling Seneficial Owner or Manager for Senegoing is true and correct to the best of my knowledge, information and belief.

Date (MMDDYYYY)

June -8-2022

AFFIRMATION OF REASONABLE CARE - PUBLICLY TRADED CORPORATION

Pursuant to sections 44-10-309(5) C.R.S. and Rule 2-230(D), Applicant or Licensee affirms that, prior to submission of this application, it exercised reasonable care to confirm its Non-objecting Passive Beneficial Owner, (including any Qualified Institutional Investors) and Indirect Financial Interest Holders, are not Persons prohibited from being issued or holding a license by section 44-10-307 C.R.S., or otherwise restricted from holding an interest under the Colorado Regulated Marijuana Business Code. An Applicant's or Licensee's failure to exercise reasonable care is a basis for denial, fine, suspension, revocation or other sanction by the State Licensing Authority.

I, Alacameer Abdoo , as Controlling Beneficial Owner or Manager for Print , state under penalty of perjury, pursuant to §18-8-503, that the foregoing is true and correct to the best of my knowledge, information and belief.

Authorized Representative's Signature

Date (MMDDYYYY)

Addendum A - Entity Suitability Application

Publicly Traded Company (PTC) Please provide:				
Stock Trading Symbol	Name of Exchange(s) Traded On	NAICS/SIC Code		
Identify all regulatory agencies with oversight over the PTC's securities				
Reporting agencies required reports submitted on:				
Date of Registration with the Departm	nent of Regulatory Agencies (DORA) Number			
List any sanctions, penalties, assessments, or cease and desist orders imposed by any securities regulatory agency other than the United States Securities and Exchange Commission. (Provide on a separate sheet.)				
Provide a description of the Publicly Traded Company's business and documents establishing the Publicly Traded Company (PTC) qualifies to hold a RMB license as referenced in section 44-10-103 (50) C.R.S				
Description				
Attach a divestiture plan of any CBO that is prohibited by section 44-10-307 C.R.S. that has had his or her Owner's License revoked or has been found unsuitable.				
Attach the most recent list of Non-Objecting Beneficial owners possessed by the PTC.				
Identify the type of permitted transaction, i.e. Merger, Investment, or Public Offering and attach all supporting documentation.				
Questions				
Confirm that the PTC is current with all required filings pursuant to any applicable requirements by any securities regulatory authority including, but not limited to, the United States Securities and Exchange Commission or the Canadian Securities Administrators, and has provided notice to the Division of all non-confidential filings within 2–days of filing.				
All Current Not Current (If not, explain on a separate sheet)				
Confirm that all mandatory filings for CBO's as required by any securities regulatory authority, including, but not limited to the United States Securities and Exchange Commission or the Canadian Securities Administrators, have been filed and the MED has been provided concurrent notice with the filing. If No, explain on a separate sheet:				
□YES □NO				

Addendum B - Entity Suitability Application **Qualified Private Fund (QPF)** Please provide: Identify all regulatory agencies with oversight over the QPF's securities Reporting agencies required reports submitted on: Date of Registration with the Department of Regulatory Agencies (DORA) Number List any sanctions, penalties, assessments, or cease and desist orders imposed by any securities regulatory agency other than the United States Securities and Exchange Commission. (Provide on a separate sheet.) Provide a description of the QPF's business and documents establishing the QPF's qualifies to hold a RMB license. Description Questions Confirm that the QPF is current with all required filings pursuant to any applicable requirements by any securities regulatory. All Current Not Current (If not, explain on a separate sheet) Confirm that ALL required findings of suitability, including all QPF managers, investment advisers, investment adviser representatives, any trustee or equivalent, and any other person that controls the investment in, or management or operations of, the RMB, have been obtained PRIOR TO the QPF becoming effective. If No, explain on a separate sheet: YES □NO

Addendum C - Entity Suitability Application Qualified Institutional Investor (QII) Please provide Identity(ies) of all Regulators with oversight over the QII's securities Reporting agencies required reports submitted on Date of Registration with the Department of Regulatory Agencies (DORA) Number List any sanctions, penalties, assessments, or cease and desist orders imposed by any securities regulatory agency other than the United States Securities and Exchange Commission. (Provide on a separate sheet.) Provide a description of the QII's business and documents establishing the QII's qualifies to hold a RMB license. Questions Confirm that the QII is current with all required filings pursuant to any applicable requirements by Current any securities regulatory. Not Current If Not Current, explain. Confirm that ALL required findings of suitability including all QII managers, investment advisers, Yes No investment adviser representatives, any trustee or equivalent, and any other person that controls the investment in, or management or operations of, the RMB have been obtained PRIOR TO the QII becoming effective