

received  
5-14-22



**Archuleta County  
Local Licensing Authority**  
398 Lewis Street  
P.O. Box 1507  
Pagosa Springs, CO 81147  
(970) 264-8401

**APPLICATION FOR MARIJUANA BUSINESS**

- NEW LICENSE
- MODIFICATION

LICENSE RENEWAL

**A SEPARATE LICENSE APPLICATION IS REQUIRED FOR EACH LICENSE TYPE**

<input type="checkbox"/>	Medical Center License
<input type="checkbox"/>	Medical Center and Cultivation License
<input type="checkbox"/>	Medical Marijuana-Infused Product Manufacturer
<input type="checkbox"/>	

<input type="checkbox"/>	Retail Center License
<input type="checkbox"/>	Retail Optional Premises Cultivation License
<input type="checkbox"/>	Retail Store and Cultivation License
<input checked="" type="checkbox"/>	Retail Marijuana-Infused Product Manufacturer

**Applicant is applying as:**

**Documents to be submitted by type of entity:**

<input type="checkbox"/> Corporation*	<input checked="" type="checkbox"/> Certificate of Incorporation
<input type="checkbox"/> Partnership*	<input type="checkbox"/> Partnership agreement <input type="checkbox"/> Husband and Wife Partnership (no written agreement)
<input type="checkbox"/> Limited Liability Company*	<input type="checkbox"/> Articles of Organization <input type="checkbox"/> Operating Agreement
<input type="checkbox"/> Sole Proprietorship**	
<input type="checkbox"/> Other:	Attach copy of agreements creating association or relationship between the parties.

\*Certificate of Good Standing or Statement of Trade Named filed with the Colorado Secretary of State

\*\*Sole Proprietorship (Individual) requires Verification of Lawful Presence per State Law (Signed Affidavit and Photo ID)

<b>BUSINESS INFORMATION</b>			
Applicant's Legal Business Name/Trade Name (DBA)		12 Digit Parcel ID Number	Zone District
San Juan Strains, Inc.		569909202009	Cloman
Street Address of Business		Business Phone Number	
95 Industrial Circle		( 970)731-2719	
Mailing Address	City	State	Zip
PO Box 3163	Pagosa Springs	CO	81147
<b>PRIMARY CONTACT PERSON</b>			
Primary Contact Person for Business	Primary Contact Phone Number	Primary Contact Cell Number	
Jay Diffey	( ) 970.731.2719	[REDACTED]	
Primary Contact Email Address jay@sanjuanstrains.com			
Primary Contact Address	City	State	Zip
PO Box 3163	Pagosa Springs	CO	81147
<b>STATE MARIJUANA LICENSE NUMBERS</b>			
Medical Marijuana Center Number: _____			
Retail Marijuana Center Number: _____			
Medical Optional Premises Cultivation Number: _____			
Retail Optional Premises Cultivation Number: _____			
Medical Infused Products Number: _____			
Retail Infused Products Number: 404R-00445			

Does the Applicant, as listed on Page 1 of this application, have legal possession of the premises for at least 1 year from the date that this license will be issued by virtue of ownership, lease or other arrangement?		Yes	No
		X	
<input type="checkbox"/> Own	<input checked="" type="checkbox"/> Lease	<input type="checkbox"/> Other	
If leased, list the name of landlord and tenant, and date of expiration, EXACTLY as they appear on the lease			
Landlord		Tenant	Expires
95 Industrial Circle Investment LLC		San Juan Strains, Inc.	12/31/22
Does the Applicant propose to have food for retail sale at this location?		Yes	No
			x
If yes, describe the items:			

For the Retail Marijuana Optional Premises Cultivation facilities, do you perform cold water extractions?		Yes	No
		X	
For the Retail Marijuana Infused Product Manufacturer facilities, what type(s) of extraction do you perform?			
<input type="checkbox"/> Butane	<input type="checkbox"/> Propane	<input type="checkbox"/> Carbon Dioxide	<input type="checkbox"/> Ethanol
<input type="checkbox"/> Isopropanol	<input type="checkbox"/> Acetone	<input type="checkbox"/> Heptane	<input type="checkbox"/> None
<input type="checkbox"/> Other: <u>solvent free press extraction</u>			

**CHANGE TRADE NAME OR CORPORATE NAME/STRUCTURE**

<input type="checkbox"/> Change of Trade Name / DBA only (attach the following supporting documents) <ol style="list-style-type: none"> <li>Statement of Trade Name filed with the Secretary of State.</li> </ol>	
<input type="checkbox"/> Corporate Name/Structure Change (attach the following supporting documents) <ol style="list-style-type: none"> <li>Certificate of Amendment filed with the Secretary of State, or</li> <li>Statement of Change filed with the Secretary of State,</li> <li>Minutes of Corporate meeting, Limited Liability Members meeting, Partnership agreement, <u>and</u></li> <li>Operating Agreement.</li> </ol>	
Old Trade Name	New Trade Name

## MODIFICATION OF PREMISES

**Note: Licensees may not modify or add to their licensed premises until approved by State and Local Authority**

Describe change proposed:

None

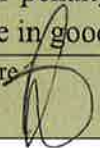
Is the proposed change in compliance with local building codes and zoning regulations?	Yes	No
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**Attach the following supporting documents:**

- A floor plan of the current licensed premises, drawn to scale on 8-1/2 x 14" or 11x17" paper, showing the layout of the dispensary and the principal uses of the floor area including a depiction of where any services other than the dispensing of marijuana are proposed to occur on the licensed premises. The plan must also indicate separation of those areas open to non-patrons, and the location of the steel or solid wood door and any safes as well as any doors or windows.
- Lease that is revised due to the modification.
- Planning/Zone Confirmation Form
- Building Code Confirmation Form
- Fire Code Confirmation Form
- San Juan Basin Health Department Approval

All Applicants for a Retail and/or Medical Marijuana Business Establishment in Archuleta County are responsible for understanding Archuleta County Ordinance Numbers 11-2013 and 13-2015, enabling the operation of certain operations pursuant to and consistent with Article XVII, Section 14 of the Colorado Constitution and all other applicable State laws.

I declare, under penalty of perjury, that this application has been examined by me; that the statements made herein are made in good faith and, to the best of my knowledge and belief, are true, correct and complete.

Applicant Signature 	Applicant Title Dunn	Date 6/14/22
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Received By Maryhelminski	Title Exec. Assistant/ Paralegal	Date 6-14-22
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OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF GOOD STANDING**

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

San Juan Strains, Inc.

is a

Corporation

formed or registered on 08/27/2015 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20151558530 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 06/13/2022 that have been posted, and by documents delivered to this office electronically through 06/14/2022 @ 08:36:12 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 06/14/2022 @ 08:36:12 in accordance with applicable law. This certificate is assigned Confirmation Number 14091906 .



*Jena Griswold*

Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."*

# Colorado Commercial Lease Agreement

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This Commercial Lease Agreement ("Lease") is made and effective January 1, 2022, by and between 95 Industrial Circle Investment, LLC ("Landlord") and San Juan Strains, Inc. ("Tenant").

Landlord is the owner of land and improvements commonly known and numbered as 95 Industrial Circle, Pagosa Springs, Colorado, 81147, and legally described as follows: CLOMAN IND PARK PH 1 Lot:16 CIP 1 Sec. 9 Twn:35 Rng: 2W PLAT #442. (the "Leased Premises").

Landlord desires to lease the Leased Premises to Tenant, and Tenant desires to lease the Leased Premises from Landlord for the term, at the rental and upon the covenants, conditions and provisions herein set forth.

THEREFORE, in consideration of the mutual promises herein, contained and other good and valuable consideration, it is agreed:

## 1. Term.

A. Landlord hereby leases the Leased Premises to Tenant, and Tenant hereby leases the same from Landlord, for an "Initial Term" beginning January 1, 2022, and ending December 31, 2022.

## 2. Rental.

A. Fixed Minimum Rent - Tenant shall pay to the office of Landlord during the Initial Term rental of [REDACTED] per year, payable in installments of [REDACTED] per month. Each installment payment shall be due in advance on the first day of each calendar month during the lease term to Landlord at [REDACTED] Road, Pagosa Springs, Colorado, 81147, or at such other place designated by written notice from Landlord or Tenant. The rental payment amount for any partial calendar months included in the lease term shall be prorated on a daily basis.

## 3. Use

Notwithstanding the forgoing, Tenant shall not use the Leased Premises for the purposes of storing, manufacturing or selling any explosives, flammables or other inherently dangerous substance, chemical, thing or device. Both Landlord and Tenant acknowledge that the premises will be used for marijuana cultivation of all kinds.

## 4. Sublease and Assignment.

Tenant shall have the right without Landlord's consent, to assign this Lease to a corporation with which Tenant may merge or consolidate, to any subsidiary of Tenant, to any corporation under common control with Tenant, or to a purchaser of substantially all of Tenant's assets. Except as set forth above, Tenant shall not sublease all or any part of the Leased Premises, or assign this Lease in whole or in part without Landlord's consent, such consent not to be unreasonably withheld or delayed.

## 5. Repairs.

During the Lease term, Tenant shall make, at Tenant's expense, all necessary repairs to the Leased Premises. Repairs shall include such items as routine repairs of floors, walls, ceilings, and other parts of the Leased Premises damaged or worn through normal occupancy, including major mechanical systems, lighting systems, etc.




**APPLICANT'S REQUEST TO RELEASE INFORMATION**

To: \_\_\_\_\_

From: James V. Diffey

1. I/We 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 Archuleta County Marijuana Local Licensing Authority whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege.
2. I/We 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 Archuleta County Marijuana Local Licensing Authority 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. I/We hereby authorize and request the Colorado Department of Revenue to permit a duly appointed agent of the Archuleta County Marijuana Local Licensing Authority to obtain, receive, review, copy, discuss and use any such tax information or documents relating to or concerning the above named applicant, whether or not such information or documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
4. 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/We hereby authorize and request that a duly appointed agent of the Archuleta County Marijuana Local Licensing Authority 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/us, checking records, savings deposit records, safe deposit box records, and general ledger folio sheets.
5. I/We do hereby make, constitute, and appoint any duly appointed agent of the Archuleta County Marijuana Local Licensing Authority, my/our true and lawful attorney in fact for me/us in my/our behalf and for my/our 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/we 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.
6. I/We 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/we might or could do it 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.
7. This power of attorney ends twenty-four (24) months from the date of execution.
8. The above named applicant has filed with the Archuleta County Marijuana Local Licensing Authority an application for a Marijuana Business 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. Said applicant accepts any risk of adverse public notice, embarrassment, criticism, or other action of financial loss, which may result from action with respect to this application.
9. I/We do for myself/ourselves, my/our 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 employers arising out of or by reason of complying with the request.
10. I/We agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.
11. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.

Legal Agent Last Name (Please Print)	Legal Agent First Name	Legal Agent Middle Name
Diffey	James	Vinson

Legal Agent Title	Signature (Must be signed in front of one witness)
CGO	 <small>James Diffey (Jun 6, 2022 10:05 MDT)</small>

Dated this 14 day of June, 2022 at 10:03 (time)

Pagosa Springs Co 8147, CO  
(City) (State)

Witness Signature  


Signature of Marijuana Licensing agent presenting this request	Date

## INVESTIGATION AUTHORIZATION AUTHORIZATION TO RELEASE INFORMATION


I, James V. Diffey, as an authorized agent for the applicant, hereby authorize the Archuleta County Local Licensing Authority, through the Archuleta County Sheriff's Office (hereafter, the Investigative Agency) to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Investigative Agency to provide any and all information deemed necessary by the Investigative Agency. 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 Investigative Agency 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 understand that by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize the Colorado Department of Revenue to surrender to the Investigative Agency a complete and accurate record of any and all tax information or records relating to me. I authorize the Investigative Agency to obtain, receive, review, copy, discuss and use any such tax information or documents relating to me. 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 Investigative Agency 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 Investigative Agency reserves the right to investigate all relevant information and facts to their satisfaction. I understand that the Investigative Agency may conduct a complete and comprehensive investigation to determine the accuracy of all information gathered. However, Archuleta County, the Investigative Agency, and other agents or employees of Archuleta County 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 Archuleta County, the Investigative Agency, and other agents or employees of Archuleta County 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 Investigative Agency, 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 Agent Name clearly below:**

Applicant's Business Name <p style="text-align: center; font-size: 1.2em;">San Juan Strains, Inc.</p>		Trade Name (DBA)
Legal Agent Last Name (Please Print) <p style="text-align: center; font-size: 1.2em;">Diffey</p>	Legal Agent First Name <p style="text-align: center; font-size: 1.2em;">James</p>	Legal Agent Middle Name <p style="text-align: center; font-size: 1.2em;">Vinson</p>
Legal Agent Title <p style="text-align: center; font-size: 1.2em;">CGO</p>	Signature (Must be signed in front of one witness) <div style="text-align: center;"> <small>James Diffey / Jun 6, 2022 10:05 AM MT</small></div>	

Dated this 16<sup>th</sup> day of June, 20 22 at 10:01 (time)  
Pagosa Springs Co. (City), Co. (State)


Witness Signature  




## Affirmation & Consent

I, James V. Diffey, as an authorized agent for the applicant, state under penalty for offering a false instrument for recording pursuant to §18-5-114 C.R.S. that the entire Marijuana Business Operations Application Form, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Marijuana Business license by the Archuleta County Local Licensing Authority. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of a temporary Marijuana application or the revocation of the license. I am voluntarily submitting this application to the Archuleta County Licensing Authority under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law or for offering a false instrument for recording pursuant to §18-5-114 C.R.S. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold an Archuleta County Marijuana Business License, and for 90 days following the expiration or surrender of such Marijuana License.

**Print Full Legal Agent Name clearly below:**

Applicant's Business Name San Juan Strains, Inc.		Trade Name (DBA)	
Legal Agent Last Name (Please Print) Diffey	Legal Agent First Name James	Legal Agent Middle Name Vinson	
Signature  <small>James Diffey (Jun 6, 2022 10:05 MDT)</small>		Date 6/14/22	

**WAIVER AND RELEASE OF LIABILITY  
AND  
AGREEMENT TO INDEMNIFY ARCHULETA COUNTY**

**Release of Archuleta County From Liability to License Applicant and Licensee**

By applying for a license pursuant to the Colorado Medical Marijuana Code (CRS §12-43.3-101, et seq.) and/or the Colorado Retail Marijuana Code (C.R.S. § 12-43.4-101, et seq.), and (if it is approved and issued) by accepting a license, from the Archuleta County Board of County Commissioners acting as the Archuleta County Local Licensing Authority, the applicant/licensee, and each of them, waives and releases Archuleta County, and its elected officials, employees, agents, insurers and attorneys, and each of them, from any liability for injuries, damages, costs and expenses of any nature whatsoever that result or relate to the investigation, arrest or prosecution of business owners, operators, employees, clients or customers of the applicant/licensee for a violation of state or federal laws, rules or regulations relating to marijuana.

**Agreement to Indemnify Archuleta County**

By applying for a license pursuant to the Colorado Medical Marijuana Code (CRS §12-43.3-101, et seq.) and/or the Colorado Retail Marijuana Code (C.R.S. § 12-43.4-101, et seq.), and (if it is approved and issued) by accepting a license, from the Archuleta County Board of County Commissioners acting as the Archuleta County Local Licensing Authority, the applicant/licensee, and each of them, jointly and severally if more than one, agrees to indemnify, defend and hold harmless Archuleta County, and its elected officials, employees, agents, insurers and attorneys, and each of them, against all liability, claims and demands, of any nature whatsoever, including, but not limited to, those arising from bodily injury, sickness, disease, death, property loss and property damage, arising out of or in any manner related to the operation of the medical marijuana business that is the subject of the license.

THE UNDERSIGNED AGREES TO THE RELEASE AND AGREEMENT ABOVE.

Signed on 6/14/22

  
James Diffey (Jun 6, 2022 10:05 MDT)

Applicant

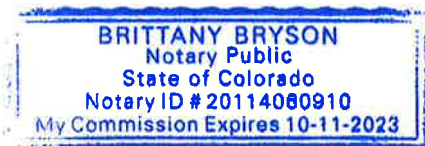


STATE OF COLORADO            )  
  )  
COUNTY OF ARCHULETA        )

ss.

The foregoing instrument was acknowledged before me this 14<sup>TH</sup> day of JUNE,  
2022, by JAMES DIFFEY, in their capacity as OWNER  
of SAN JUAN STRAINS.

SEAL




Brittany M  
Notary Public

My Commission Expires: 10.11.2023

## Affirmation & Consent

I, Peter C. Hurley, as an authorized agent for the applicant, state under penalty for offering a false instrument for recording pursuant to §18-5-114 C.R.S. that the entire Marijuana Business Operations Application Form, statements, attachments, and supporting schedules are true and correct to the best of my knowledge and belief, and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for the refusal to issue a Marijuana Business license by the Archuleta County Local Licensing Authority. Further, I am aware that later discovery of an omission or misrepresentation made in the above statements may be grounds for the denial of a temporary Marijuana application or the revocation of the license. I am voluntarily submitting this application to the Archuleta County Licensing Authority under oath with full knowledge that I may be charged with perjury or other crimes for intentional omissions and misrepresentations pursuant to Colorado law or for offering a false instrument for recording pursuant to §18-5-114 C.R.S. I further consent to any background investigation necessary to determine my present and continuing suitability and that this consent continues as long as I hold an Archuleta County Marijuana Business License, and for 90 days following the expiration or surrender of such Marijuana License.

**Print Full Legal Agent Name clearly below:**

Applicant's Business Name		Trade Name (DBA)	
San Juan Strain, Inc.			
Legal Agent Last Name (Please Print)	Legal Agent First Name	Legal Agent Middle Name	
Hurley	Peter	C	
Signature		Date	
		6/16/22	

## INVESTIGATION AUTHORIZATION AUTHORIZATION TO RELEASE INFORMATION

I, Peter C. Hurley, as an authorized agent for the applicant, hereby authorize the Archuleta County Local Licensing Authority, through the Archuleta County Sheriff's Office (hereafter, the Investigative Agency) to conduct a complete investigation into my personal background, using whatever legal means they deem appropriate. I hereby authorize any person or entity contacted by the Investigative Agency to provide any and all information deemed necessary by the Investigative Agency. 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 Investigative Agency 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 understand that by signing this authorization, a financial record check of my tax filing and tax obligation status may be performed. I authorize the Colorado Department of Revenue to surrender to the Investigative Agency a complete and accurate record of any and all tax information or records relating to me. I authorize the Investigative Agency to obtain, receive, review, copy, discuss and use any such tax information or documents relating to me. 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 Investigative Agency 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.

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**Print Full Legal Agent Name clearly below:**

Applicant's Business Name <p style="text-align: center; font-size: 1.2em;">San Juan Strain, Inc.</p>	Trade Name (DBA)
---	------------------

Legal Agent Last Name (Please Print) <p style="text-align: center; font-size: 1.2em;">Hurley</p>	Legal Agent First Name <p style="text-align: center; font-size: 1.2em;">Peter</p>	Legal Agent Middle Name <p style="text-align: center; font-size: 1.2em;">C</p>
---	--	---

Legal Agent Title <p style="text-align: center; font-size: 1.2em;">CFO</p>	Signature (Must be signed in front of one witness) 
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Dated this 16<sup>TH</sup> day of JUNE, 2022 at 10:40 AM (time)

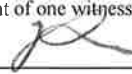

PAGOSA SPRINGS, COLORADO  
(City) (State)

Witness Signature

**APPLICANT'S REQUEST TO RELEASE INFORMATION**

To: \_\_\_\_\_  
 From: Peter C. Hurley

1. I/We 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 Archuleta County Marijuana Local Licensing Authority whether or not such information would otherwise be protected from the disclosure by any constitutional, statutory or common law privilege.
2. I/We 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 Archuleta County Marijuana Local Licensing Authority 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. I/We hereby authorize and request the Colorado Department of Revenue to permit a duly appointed agent of the Archuleta County Marijuana Local Licensing Authority to obtain, receive, review, copy, discuss and use any such tax information or documents relating to or concerning the above named applicant, whether or not such information or documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
4. 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/We hereby authorize and request that a duly appointed agent of the Archuleta County Marijuana Local Licensing Authority 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/us, checking records, savings deposit records, safe deposit box records, and general ledger folio sheets.
5. I/We do hereby make, constitute, and appoint any duly appointed agent of the Archuleta County Marijuana Local Licensing Authority, my/our true and lawful attorney in fact for me/us in my/our behalf and for my/our 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/we 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.
6. I/We 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/we might or could do it 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.
7. This power of attorney ends twenty-four (24) months from the date of execution.
8. The above named applicant has filed with the Archuleta County Marijuana Local Licensing Authority an application for a Marijuana Business 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. Said applicant accepts any risk of adverse public notice, embarrassment, criticism, or other action of financial loss, which may result from action with respect to this application.
9. I/We do for myself/ourselves, my/our 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 employers arising out of or by reason of complying with the request.
10. I/We agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.
11. A reproduction of this request by photocopying or similar process shall be for all intents and purposes as valid as the original.

Legal Agent Last Name (Please Print)	Legal Agent First Name	Legal Agent Middle Name
Hurley	Peter	C
Legal Agent Title	Signature (Must be signed in front of one witness)	
CFO		
Dated this <u>16<sup>TH</sup></u> day of <u>JUNE</u> , 20 <u>22</u> at <u>10:41AM</u> (time)		
<u>PAGOSA SPRINGS</u> , <u>COLORADO</u> (City) (State)		
Witness Signature		
		
Signature of Marijuana Licensing agent presenting this request		Date