



Medical Marijuana Control Program

Business Entity Information	(0)(1)			Т			
Legal Name of Applicant (3796:4-1-02(B)	_						
ACT Laboratories,	inc.						
Trade Name of Applicant:							
ACT Laboratories, Inc	C.						
Type of Organization/ Applicant Business	Type (3796:4-1-0)2(B)(2)(b))					
Public Institution of Higher Proprietorship Learning Ohio Secretary of State Business Identification Number if applicable (3796:4-1-02(B)(2)(c)):							
Business Address:							
617 E. Hazel St							
City:			State:	Zip Code:			
Lansing			MI	48912			
Proposed Facility Physical Address (if diffination of the Proposed Facility Physical Phy	erent than above)	(3796:4-1-0)2(B)(2)(d)):				
City (if different than above):			State:	Zip Code:			
Toledo			Ohio	43605			
Business Phone Number: Em	ail Address:						
Primary Contact or Registered Ager	nt Information						
First Name	M.I.	Last Nan					
Jeffrey	S	Nem	eth				
Title (i.e., Owner, President, etc.)							
CEO							
Mailing Address (if different than Business Address): City:							
State: Zip Code:	Phon	e Number:	,				
Email Address (if different than Business Email):							
			_				







(Optional) Alte	rnate Contact Information		1901		
First Name		M.I.	Last Name		
Da	vid	R	Isenga		
Title (i.e., Owner,	President, etc.)		-		
Vice Pres	sident				
Mailing Address (if different than Business Address)	:	City:		
State:	Zip Code:	Phone	Number:		
Email Address (if	different than Business Email):				
Identifying Tax	x Information		9-11-1		
Applicant FEIN/S	SSN	C	CAT Account #		
Vendor's License #			Employer Withholding Account #		
Other Accounts at	the Department of Taxation				





Medical Marijuana Control Program

Business Entity Info)/2)(a)).					
Legal Name of Applicar	it (3/96:4-1-02(E	s)(2)(a)):					
AKRIVISI	LAB, LL	C					
Trade Name of Applicar	nt:						
SAME AS	4BOVE	(2.50)	1 1 00	DVOVIA)			
Type of Organization/ A	pplicant Busines	ss Type (3796	:4-1-02(B)(2)(b)):			
of Higher Pro	prietorship	Cor porat ion	Partners	Coo		Limited Liability Corporation	Cuner:
Ohio Secretary of State	Business Identifi	cation Numb	er if app	licable (37	96:4-1 - 02(B)(2)(c)):	
4103969							
Business Address:							
6967 SHETE	AND ST						
City:					State:	Zip Code:	
WORTHINGTO	M				OH	43085	5
Proposed Facility Physi	cal Address (if d	ifferent than	above) (3	796:4-1-0	2(B)(2)(d)):		
						1 15.0	
To BE DE City (if different than all	Dove):	D, PER	, 40	VIPLIA	State:	Zip Code:	
City (if different thair a	30 ().				Ohio		
Business Phone Number	er F	Email Address	S:		Omo		
Business Fhore reamor			10.00 10.00				
		I. C	ation				
Primary Contact or First Name	Registered Ag	gent Inform	M.l.	Last Nan	ne		
Thist Name			2122				
KAVI	• • • • • • • • • • • • • • • • • • • •			NITH	YANANI	DAM	
Title (i.e., Owner, Pres	ident, etc.)						
MANAGING	MENBER						
Mailing Address (if dif	Mailing Address (if different than Business Address): City:						
State: Zip	Code:		Phone	Number:	•		
Email Address (if diffe	rent than Busines	ss Email):					







(Optional) First Name		M.I.	Last Name		
A STATE OF THE STATE OF T			0.	en a term	
NAT	Control of the Contro		RAMMO	HAN	
Title (i.e., O	wner, President, etc.)				
MEMBI	rp				
MEMBI	dress (if different than Business	Address).		City:	
Maining Au	diess (ii different tildii Dusines.	Address).		C.ty.	
State:	Zip Code:	Phone	Number:		
0 11 4 11	CC PCC Adam Davis and I	2			
Email Addr	ess (if different than Business I	Email):			
Email Addr	ess (if different than Business l	Email):			
Email Addr	ess (if different than Business I	Email):			
		Email):			
	ess (if different than Business I g Tax Information	Email):			
Identifyin	g Tax Information		CAT Account #		
	g Tax Information		CAT Account #		<u> </u>
Identifyin Applicant F	g Tax Information EIN/ SSN				
Identifyin	g Tax Information EIN/ SSN		CAT Account # Employer Withhole	ling Account#	
Identifyin Applicant F	g Tax Information EIN/ SSN			ling Account#	
Identifyin Applicant F Vendor's Li	g Tax Information EIN/ SSN icense #	F		ling Account#	
Identifyin Applicant F Vendor's Li	g Tax Information EIN/ SSN	F		ling Account#	
Identifyin Applicant F Vendor's Li	g Tax Information EIN/ SSN icense #	F		ling Account#	
Identifyin Applicant F Vendor's Li	g Tax Information EIN/ SSN icense #	F		ling Account#	
Identifyin Applicant F Vendor's Li	g Tax Information EIN/ SSN icense #	F		ling Account#	
Identifyin Applicant F Vendor's Li	g Tax Information EIN/ SSN icense #	F		ling Account#	







Business Entity								
	oplicant (3796:4-1-0							
	Memorial I	Institute	,					
Trade Name of A	pplicant:							
Battelle								
Type of Organizat	tion/ Applicant Bus	iness Type (379	96:4-1-(2(B)(2)(b)):			
	Individual/ Sole Proprietorship State Business Iden	Corporation		pplicab	Association/ Cooperative	Li Cor	inmed iability poration (c)):	Cuner:
115782								
Business Address:								
505 King A	Avenue							
City:					State:		Zip Code:	
Columbus					Ohio		43201	
Proposed Facility	Physical Address (in	f different than	above)	(3796:4	4-1-02(B)(2)(d))):		
City (if different th	nan above):				State:		Zip Code:	
					Ohio			
Business Phone Nu	umber:	Email Address	S:		Onto			
Primary Contac	t or Registered A	Agent Inform	nation					
First Name	8	-8	M.I.	Last	Name			
Michael			R.	Ku	uhlman, Ph.D.			
Title (i.e., Owner, I	President, etc.)							
Chief Scie	ntist							
Mailing Address (i	f different than Bus	iness Address)	:			City:		
State:	Zip Code:		Phone	Numbe	er:			
Email Address (if d	ifferent than Busine	ess Email):						







	Alternate Contact Information	mation	
First Name			Last Name
	Russell	P.	Austin
	Owner, President, etc.)		
Senior	Vice President, G	General Cou	nsel and Secretary
Mailing Ad	dress (if different than Busines	ss Address):	City:
State:	Zip Code:	Phone	Number:
Email Addr	ess (if different than Business	Email):	
Identifyin	g Tax Information		
Applicant F	EIN/ SSN	C	AT Account #
Vendor's Li	cense #	Er	nployer Withholding Account #
			aproj or williams recount w
Other Accou	ints at the Department of Taxa	·i	
Office Accou	ints at the Department of Taxa	luon	





Medical Marijuana Control Program

Business Entity Information							
Legal Name of Applicant (3796:4-1-02(B)(2)(a)):							
CAS LABORATORIES, LL	.0						
Trade Name of Applicant:							
CANNABIS ANALYTICAL SO	OLU	TIONS	5				
Type of Organization/ Applicant Business Type (379)	6:4-1-02	(B)(2)(b)):					
Public Institution of Higher Proprietorship Learning Public Institution of Higher Proprietorship Learning Partnership Association/ Cooperative Liability Corporation							
Ohio Secretary of State Business Identification Numb		licable (37	96:4-1 - 02(B)(2)	(c)):			
Ohio Charter Number 41003	36						
Business Address:							
688 Hills Miller Road							
City:			State:	Zip Code:			
Delaware			Ohio	43015			
Proposed Facility Physical Address (if different than	above) (3	3796:4-1-0	2(B)(2)(d)):				
6361 Nicholas Drive							
City (if different than above):			State:	Zip Code:			
Columbus			Ohio	43235			
Business Phone Number: Email Address	s:						
Primary Contact or Registered Agent Inform							
First Name	M.I.	Last Nam					
Mark		Fashi	an				
Title (i.e., Owner, President, etc.)							
Chief Executive Officer							
Mailing Address (if different than Business Address): City:							
State: Zip Code:	Phone	Number:					
Email Address (if different than Business Email):							





Medical Marijuana Control Program

(Optional) Alternate Contact Information		
First Name	M.I.	Last Name
John	Α.	Van Sickle
Title (i.e., Owner, President, etc.)		
Member-Director		
Mailing Address (if different than Business Address):	City:
-		
State: Zip Code:	Phone	Number:
Email Address (if different than Business Email):		
Identifying Tax Information		
Applicant FEIN/ SSN		CAT Account #
Vendor's License #	Е	Employer Withholding Account #
Other Accounts at the Department of Taxation		







Business Entity Information						
Legal Name of Applicant (3796:4-1-02(
Central State Unive	rsity					
Trade Name of Applicant:						
Type of Organization/ Applicant Busine	ess Type (379	6:4-1-02	2(B)(2)(b)):		
of Higher Proprietorship Learning	Corporation	Partner	Co	ooperative I	Limited Liability proporation	Other:
Ohio Secretary of State Business Identif	ication Num	ber if app	olicable (3	3796:4-1-02(B)(2)(c)):	
Business Address:						
1400 Brush Row Road	d					
City:				State:	Zip Code:	
Wilberforce				Ohio	45384	
Proposed Facility Physical Address (if d	ifferent than	above) (3796:4-1-	02(B)(2)(d)):		
City (if different than above):				State: Ohio	Zip Code:	
Business Phone Number: E	Cmail Address	s:				
Primary Contact or Registered Ag	ent Inform	ation				
First Name		M.I.	Last Nar			
Laura		L.	Wilso	on		
Title (i.e., Owner, President, etc.)						
General Counsel						
Mailing Address (if different than Busine	ess Address)			City	:	
State: Zip Code:		Phone 1	Number:			
Email Address (if different than Business	s Email):					







(Optional) Alte	ernate Contact Informa	ntion	
First Name		M.I.	Last Name
Allison		D.	Michael
Title (i.e., Owner,	President, etc.)	-	
Legal Comp	oliance Officer		
Mailing Address (if different than Business A	Address):	City:
State:	Zip Code:	Phone	Number:
Email Address (if	different than Business En	nail):	
Identifying Tax	Information		
FEIN/ SSN		C	CAT Account #
Vendor's License	#	E	Employer Withholding Account #
Other Accounts at	the Department of Taxatio	on	







Business Entity					***************************************			
Legal Name of Ap	plicant (3796:4-1-0	2(B)(2)(a)):					,	
Hocking Techr	nical College							
Trade Name of Ap	plicant;			**********				
Hocking Colleg	ge							
Type of Organizat	ion/ Applicant Busi	ness Type (379	6:4-1-()	2(B)(2)(b)):			
Public Institution of Higher Learning	Individual/ Sole Proprietorship	Corporation	Partno		Association/ Cooperative	Co	Limited Liability orporation	Other:
	State Business Iden	tification Numb	er if ap	plicabl	e (3796:4-1-0	2(B)(2)(c)):	
31-0794924								
Business Address:					· · · · · · · · · · · · · · · · · · ·			
3301 Hocking	Parkway							
City:					State:		Zip Code:	
Nelsonville					ОН		45764	
Proposed Facility J	Physical Address (if	different than	above)	(3796:4	1-1-02(B)(2)(c	i)):		
226 Sylvania A	ve							
City (if different th	an above);				State:		Zip Code:	
Nelsonville					Ohio		45764	
Rusiness Phone M	mber;	Email Address	S:		Onto		1	***************************************
Primary Contac	t or Registered A	Agent Inform	ation				***************************************	
First Name	3		M.I.	Last	Name			
Betty				You	ng, PhD, J	D, LL	_M	
Title (i.e., Owner, I	President, etc.)			1				
President								
Mailing Address (i	f different than Bus	iness Address):				City		······································
State:	Zip Code:		Phone	Numb	er:			
Email Address (if d	lifferent than Busin	ess Email):						







(Optional) Alte	ernate Contact Information					
			Last Name			
Sean			Terrell			
Title (i.e., Owner,	President, etc.)			***************************************		
	ecial Programs					
Mailing Address (if different than Business Address)):	MANAGE TO THE PARTY OF THE PART	City:		
State:	Zip Code:	Phone	Number:			
Email Address (if	different than Business Email):					
				77.		
Identifying Tax	Information					
FEIN/ SSN		С	CAT Account #			
Vendor's License	H		malarian Widela I II	A		
, diddi o Diconse	ir	E	Employer Withholding Account #			
Other Accounts at	the Department of Taxation					





Medical Marijuana Control Program

Business Entity Information						
Legal Name of Applicant (3796:4-1-02(B)(2)(a)):						
Keystone State Testing of	Ohi	o, LLO	2			
Trade Name of Applicant:						
Keystone State Testing of Ol						
Type of Organization/ Applicant Business Type (379	6:4-1-02	(B)(2)(b)):				
Public Institution of Higher Proprietorship Learning Corporation Partnership Association/ Cooperative Liability Corporation						
Ohio Secretary of State Business Identification Number 4099697	per if app	licable (37	96:4 - 1 - 02(B)(2)	(c)):		
Business Address:						
6545 Market Ave. North, STE	Ξ 100)				
City:			State:	Zip Code:		
North Canton			Ohio	44721		
Proposed Facility Physical Address (if different than 1801 O'Brien Road	above) (3	3796:4-1-02	2(B)(2)(d)):			
City (if different than above):			State:	Zip Code:		
Columbus		Ohio	43228			
Business Phone Number: Email Address:						
Primary Contact or Registered Agent Inform	nation					
First Name M.I. Last Name						
Russell Krup			onitsky			
Title (i.e., Owner, President, etc.)						
Chief Operating Officer						
Mailing Address (if different than Business Address): City:						
State: Zip Code: Phone Number:						
Email Address (if different than Business Email):						





Medical Marijuana Control Program

(Optional) Alternate Contact Information								
First Name			Last Name					
Title (i.e., Owner,	Title (i.e., Owner, President, etc.)							
Mailing Address (if different than Business Address)):	City:					
State:	Zip Code:	Phone Number:						
Email Address (if	different than Business Email):							
Identifying Tax	x Information							
Applicant FEIN/ SSN CAT Account #								
Vendor's License #			Employer withholding Account #					
Other Accounts at the Department of Taxation								





Medical Marijuana Control Program

Business Entity Information							
Legal Name of App							
North Coa	North Coast Testing Laboratories, LLC						
Trade Name of App	plicant:						
Same							
Type of Organizati	on/ Applicant Busi	ness Type (379	6:4-1-02	(B)(2)(b)):			
Ohio Secretary of S		tification Numb	ber if app	olicable (37	796:4 - 1-02(B)	(2)(c)):	
Charter #4	106074						
Business Address: 10100 Wel	llman Roa	d					
City:					State:	Zip C	Code:
Streetsbore	0				Ohio	442	241
Proposed Facility F	Physical Address (i	f different than	above) (3796:4-1-0)2(B)(2)(d)):		
Same							
City (if different th	an above):				State:	Zip C	Code:
					Ohio		
Business Phone Number: Email Address:							
Primary Contac	t or Registered	Agent Inform					
			Last Nan				
Fredric			T.	Pratt	•		
Title (i.e., Owner, President, etc.)							
President							
Mailing Address (if different than Business Address): City:							
Same							
State: Zip Code: Phone Number:							
Email Address (if different than Business Email):							





Medical Marijuana Control Program

(Optional) Alternate Contact Information						
First Name	M.I.	Last Name				
Marie		Simon				
Title (i.e., Owner, President, etc.)						
Mailing Address (if different than Business Address):	City:				
State: Zip Code:	Phone	Number:				
Email Address (if different than Business Email):						
Identifying Tax Information						
Applicant FEIN/ SSN	C.	CAT Account #				
Vendor's License #	E	mployer Withholding Account #				
Other Accounts at the Department of Taxation						







Business Entity	Information			Call Lan			
Legal Name of Ap		2(B)(2)(a)):					
QualesO							
Trade Name of Ap	plicant:		-				
Type of Organizati	ion/ Applicant Busi	ness Type (379	6.4.1.0	2(R)(2)	(b))·		
		ness Type (57)	0.4-1-0	2(B)(2)	(6)).		
Public Institution	Individual Sole	Corporation	Partne	aship	Association/	Limed	Ouner:
of Higher Learning	Proprietorship				Cooperative	Liability	
Ohio Secretary of	State Business Iden	tification Numl	ber if ap	plicable	e (3796:4-1-02()	Corporation (CO)(CO):	on
40920			F-04		, , , , , ,	-)(-)(-)).	
Business Address:		10 m2					
6545 Ma	rket Aver	nue. No	orth	, Sı	uite #10	0	
City:	•				State:	Zip C	ode:
North Ca	nton				OH	447	721
Proposed Facility I	Physical Address (in	f different than	above)	(3796:4	-1-02(B)(2)(d))		
1620 Eas	st Avenue	Э		,			
City (if different th	A CALL SE SECTION THE DESIGNATION				State:	7in C	oday
Akron				State: Zip Code: 44314			
				Ohio 44314) 14
Business Phone Nu	imoer:	Email Addres	S:				
Primary Contac	t or Registered	Agent Inform					
First Name			M.I.		Name		
Manoj			K	Adusumilli			
Title (i.e., Owner, President, etc.)							
Owner							
Mailing Address (in	f different than Bus	iness Address)				Citv:	
State	Zip Code:		Phone	Numbe	er:		
Email Address (if d	lifferent than Busin	ess Email):					







(Optional) Alternate Contact Information						
First Name		M.I.	Last Name			
Title (i.e., Owner,						
	if different than Busine	ess Address);	City:			
1	State: Zip Code: Phone Number:					
Email Address (if different than Business Email):						
Identifying Tax	Information					
Applicant FEIN/ S	SSN	C	CAT Account #			
Vendor's License # Employer Withholding Account #						
Other Accounts at	the Department of Tax	ation				