



Ohio Department of Commerce
Medical Marijuana Control Program



Form B: Business Entity and Contact Information Form

Business Entity Information						
Legal Name of Applicant (3796:4-1-02(B)(2)(a)): ACT Laboratories, Inc.						
Trade Name of Applicant: ACT Laboratories, Inc.						
Type of Organization/ Applicant Business Type (3796:4-1-02(B)(2)(b)):						
<input type="checkbox"/> Public Institution of Higher Learning	<input type="checkbox"/> Individual/ Sole Proprietorship	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Association/ Cooperative	<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Other: _____
Ohio Secretary of State Business Identification Number if applicable (3796:4-1-02(B)(2)(c)):						
Business Address: 617 E. Hazel St						
City: Lansing				State: MI	Zip Code: 48912	
Proposed Facility Physical Address (if different than above) (3796:4-1-02(B)(2)(d)): 1706 Woodville Rd						
City (if different than above): Toledo				State: Ohio	Zip Code: 43605	
Business Phone Number: [REDACTED]		Email Address: [REDACTED]				
Primary Contact or Registered Agent Information						
First Name Jeffrey		M.I. S	Last Name Nemeth			
Title (i.e., Owner, President, etc.) CEO						
Mailing Address (if different than Business Address):					City:	
State:	Zip Code:		Phone Number: [REDACTED]			
Email Address (if different than Business Email): [REDACTED]						



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



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Business Entity Information						
Legal Name of Applicant (3796:4-1-02(B)(2)(a)):						
AKRIVIS LAB, LLC						
Trade Name of Applicant:						
SAME AS ABOVE						
Type of Organization/ Applicant Business Type (3796:4-1-02(B)(2)(b)):						
<input type="checkbox"/> Public Institution of Higher Learning	<input type="checkbox"/> Individual/ Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Association/ Cooperative	<input checked="" type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Other:
Ohio Secretary of State Business Identification Number if applicable (3796:4-1-02(B)(2)(c)):						
4103969						
Business Address:						
6967 SHETLAND ST						
City:				State:	Zip Code:	
WORTHINGTON				OH	43085	
Proposed Facility Physical Address (if different than above) (3796:4-1-02(B)(2)(d)):						
TO BE DETERMINED, PER COMPLIANCE RULES						
City (if different than above):				State:	Zip Code:	
				Ohio		
Business Phone Number:		Email Address:				
[REDACTED]		[REDACTED]				
Primary Contact or Registered Agent Information						
First Name			M.I.	Last Name		
KAVI				NITHYANANDAM		
Title (i.e., Owner, President, etc.):						
MANAGING MEMBER						
Mailing Address (if different than Business Address):					City:	
State:		Zip Code:		Phone Number:		
Email Address (if different than Business Email):						



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



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Form B: Business Entity and Contact Information Form

Business Entity Information						
Legal Name of Applicant (3796:4-1-02(B)(2)(a)): Battelle Memorial Institute						
Trade Name of Applicant: Battelle						
Type of Organization/ Applicant Business Type (3796:4-1-02(B)(2)(b)):						
<input type="checkbox"/> Public Institution of Higher Learning	<input type="checkbox"/> Individual/ Sole Proprietorship	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Association/ Cooperative	<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Other:
Ohio Secretary of State Business Identification Number if applicable (3796:4-1-02(B)(2)(c)): 115782						
Business Address: 505 King Avenue						
City: Columbus			State: Ohio	Zip Code: 43201		
Proposed Facility Physical Address (if different than above) (3796:4-1-02(B)(2)(d)):						
City (if different than above):			State: Ohio	Zip Code:		
Business Phone Number: [REDACTED]		Email Address: [REDACTED]				
Primary Contact or Registered Agent Information						
First Name Michael		M.I. R.	Last Name Kuhlman, Ph.D.			
Title (i.e., Owner, President, etc.) Chief Scientist						
Mailing Address (if different than Business Address):				City:		
State:	Zip Code:		Phone Number: [REDACTED]			
Email Address (if different than Business Email): [REDACTED]						



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(Optional) Alternate Contact Information		
First Name Russell	M.I. P.	Last Name Austin
Title (i.e., Owner, President, etc.) Senior Vice President, General Counsel and Secretary		
Mailing Address (if different than Business Address):		City:
State:	Zip Code:	Phone Number: [REDACTED]
Email Address (if different than Business Email): [REDACTED]		
Identifying Tax Information		
Applicant FEIN/ SSN [REDACTED]	CAT Account # [REDACTED]	
Vendor's License # [REDACTED]	Employer Withholding Account # [REDACTED]	
Other Accounts at the Department of Taxation [REDACTED]		



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Form B: Business Entity and Contact Information Form

Business Entity Information						
Legal Name of Applicant (3796:4-1-02(B)(2)(a)): CAS LABORATORIES, LLC						
Trade Name of Applicant: CANNABIS ANALYTICAL SOLUTIONS						
Type of Organization/ Applicant Business Type (3796:4-1-02(B)(2)(b)):						
<input type="checkbox"/> Public Institution of Higher Learning	<input type="checkbox"/> Individual/ Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Association/ Cooperative	<input checked="" type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Other:
Ohio Secretary of State Business Identification Number if applicable (3796:4-1-02(B)(2)(c)): Ohio Charter Number 4100336						
Business Address: 688 Hills Miller Road						
City: Delaware				State: Ohio	Zip Code: 43015	
Proposed Facility Physical Address (if different than above) (3796:4-1-02(B)(2)(d)): 6361 Nicholas Drive						
City (if different than above): Columbus				State: Ohio	Zip Code: 43235	
Business Phone Number: [REDACTED]		Email Address: [REDACTED]				
Primary Contact or Registered Agent Information						
First Name Mark			M.I. 	Last Name Fashian		
Title (i.e., Owner, President, etc.) Chief Executive Officer						
Mailing Address (if different than Business Address): [REDACTED]					City: [REDACTED]	
State: [REDACTED]	Zip Code: [REDACTED]		Phone Number: [REDACTED]			
Email Address (if different than Business Email): [REDACTED]						



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(Optional) Alternate Contact Information

First Name John	M.I. A.	Last Name Van Sickle
Title (i.e., Owner, President, etc.) Member-Director		
Mailing Address (if different than Business Address): [REDACTED]		City: [REDACTED]
State: [REDACTED]	Zip Code: [REDACTED]	Phone Number: [REDACTED]
Email Address (if different than Business Email): 		

Identifying Tax Information

Applicant FEIN/ SSN [REDACTED]	CAT Account #
Vendor's License # 	Employer Withholding Account #
Other Accounts at the Department of Taxation 	



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Medical Marijuana Control Program (MMCP)

Form B: Business Entity and Contact Information Form

Business Entity Information						
Legal Name of Applicant (3796:4-1-02(B)(2)(a)): Central State University						
Trade Name of Applicant:						
Type of Organization/ Applicant Business Type (3796:4-1-02(B)(2)(b)):						
<input checked="" type="radio"/> Public Institution of Higher Learning	<input type="radio"/> Individual/ Sole Proprietorship	<input type="radio"/> Corporation	<input type="radio"/> Partnership	<input type="radio"/> Association/ Cooperative	<input type="radio"/> Limited Liability Corporation	<input type="radio"/> Other:
Ohio Secretary of State Business Identification Number if applicable (3796:4-1-02(B)(2)(c)):						
Business Address: 1400 Brush Row Road						
City: Wilberforce				State: Ohio	Zip Code: 45384	
Proposed Facility Physical Address (if different than above) (3796:4-1-02(B)(2)(d)):						
City (if different than above):				State: Ohio	Zip Code:	
Business Phone Number: [REDACTED]		Email Address:				
Primary Contact or Registered Agent Information						
First Name Laura		M.I. L.	Last Name Wilson			
Title (i.e., Owner, President, etc.) General Counsel						
Mailing Address (if different than Business Address): [REDACTED]					City: [REDACTED]	
State: [REDACTED]	Zip Code: [REDACTED]		Phone Number: [REDACTED]			
Email Address (if different than Business Email): [REDACTED]						



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Medical Marijuana Control Program (MMCP)

(Optional) Alternate Contact Information			
First Name Allison		M.I. D.	Last Name Michael
Title (i.e., Owner, President, etc.) Legal Compliance Officer			
Mailing Address (if different than Business Address): [REDACTED]			City: [REDACTED]
State: [REDACTED]	Zip Code: [REDACTED]	Phone Number: [REDACTED]	
Email Address (if different than Business Email): [REDACTED]			
Identifying Tax Information			
FEIN/ SSN [REDACTED]		CAT Account #	
Vendor's License #		Employer Withholding Account #	
Other Accounts at the Department of Taxation			



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Medical Marijuana Control Program (MMCP)



Form B: Business Entity and Contact Information Form

Business Entity Information		
Legal Name of Applicant (3796:4-1-02(B)(2)(a)): Hocking Technical College		
Trade Name of Applicant: Hocking College		
Type of Organization/ Applicant Business Type (3796:4-1-02(B)(2)(b)):		
<input checked="" type="radio"/> Public Institution of Higher Learning	<input type="radio"/> Individual/ Sole Proprietorship	<input type="radio"/> Corporation
<input type="radio"/> Partnership	<input type="radio"/> Association/ Cooperative	<input type="radio"/> Limited Liability Corporation
<input type="radio"/> Other: _____		
Ohio Secretary of State Business Identification Number if applicable (3796:4-1-02(B)(2)(c)): 31-0794924		
Business Address: 3301 Hocking Parkway		
City: Nelsonville	State: OH	Zip Code: 45764
Proposed Facility Physical Address (if different than above) (3796:4-1-02(B)(2)(d)): 226 Sylvania Ave		
City (if different than above): Nelsonville	State: Ohio	Zip Code: 45764
Business Phone Number: [REDACTED]	Email Address: [REDACTED]	
Primary Contact or Registered Agent Information		
First Name Betty	M.I.	Last Name Young, PhD, JD, LLM
Title (i.e., Owner, President, etc.) President		
Mailing Address (if different than Business Address):		City:
State:	Zip Code:	Phone Number:
Email Address (if different than Business Email):		



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Medical Marijuana Control Program (MMCP)



(Optional) Alternate Contact Information			
First Name Sean		M.I.	Last Name Terrell
Title (i.e., Owner, President, etc.) Director of Special Programs			
Mailing Address (if different than Business Address):			City:
State:	Zip Code:	Phone Number: [REDACTED]	
Email Address (if different than Business Email): [REDACTED]			
Identifying Tax Information			
FEIN/ SSN [REDACTED]		CAT Account #	
Vendor's License #		Employer Withholding Account #	
Other Accounts at the Department of Taxation			



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Form B: Business Entity and Contact Information Form

Business Entity Information						
Legal Name of Applicant (3796:4-1-02(B)(2)(a)): Keystone State Testing of Ohio, LLC						
Trade Name of Applicant: Keystone State Testing of Ohio						
Type of Organization/ Applicant Business Type (3796:4-1-02(B)(2)(b)):						
<input type="checkbox"/> Public Institution of Higher Learning	<input type="checkbox"/> Individual/ Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Association/ Cooperative	<input checked="" type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Other:
Ohio Secretary of State Business Identification Number if applicable (3796:4-1-02(B)(2)(c)): 4099697						
Business Address: 6545 Market Ave. North, STE 100						
City: North Canton				State: Ohio	Zip Code: 44721	
Proposed Facility Physical Address (if different than above) (3796:4-1-02(B)(2)(d)): 1801 O'Brien Road						
City (if different than above): Columbus				State: Ohio	Zip Code: 43228	
Business Phone Number: [REDACTED]		Email Address: [REDACTED]				
Primary Contact or Registered Agent Information						
First Name Russell			M.I.	Last Name Krupnitsky		
Title (i.e., Owner, President, etc.) Chief Operating Officer						
Mailing Address (if different than Business Address): [REDACTED]					City: [REDACTED]	
State: [REDACTED]	Zip Code: [REDACTED]		Phone Number: [REDACTED]			
Email Address (if different than Business Email): [REDACTED]						



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(Optional) Alternate Contact Information			
First Name		M.I.	Last Name
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		CAT Account #	
[REDACTED]		[REDACTED]	
Vendor's License #		Employer withholding Account #	
[REDACTED]		[REDACTED]	
Other Accounts at the Department of Taxation			



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Form B: Business Entity and Contact Information Form

Business Entity Information						
Legal Name of Applicant (3796:4-1-02(B)(2)(a)): North Coast Testing Laboratories, LLC						
Trade Name of Applicant: Same						
Type of Organization/ Applicant Business Type (3796:4-1-02(B)(2)(b)):						
<input type="checkbox"/> Public Institution of Higher Learning	<input type="checkbox"/> Individual/ Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Association/ Cooperative	<input checked="" type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Other: _____
Ohio Secretary of State Business Identification Number if applicable (3796:4-1-02(B)(2)(c)): Charter #4106074						
Business Address: 10100 Wellman Road						
City: Streetsboro				State: Ohio	Zip Code: 44241	
Proposed Facility Physical Address (if different than above) (3796:4-1-02(B)(2)(d)): Same						
City (if different than above):				State: Ohio	Zip Code:	
Business Phone Number: [REDACTED]		Email Address: [REDACTED]				
Primary Contact or Registered Agent Information						
First Name Fredric			M.I. T.	Last Name Pratt		
Title (i.e., Owner, President, etc.) President						
Mailing Address (if different than Business Address): Same					City:	
State:	Zip Code:		Phone Number:			
Email Address (if different than Business Email): [REDACTED]						



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



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Form B: Business Entity and Contact Information Form

Business Entity Information						
Legal Name of Applicant (3796:4-1-02(B)(2)(a)): QualesOH						
Trade Name of Applicant:						
Type of Organization/ Applicant Business Type (3796:4-1-02(B)(2)(b)):						
<input type="checkbox"/> Public Institution of Higher Learning	<input type="checkbox"/> Individual/ Sole Proprietorship	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Association/ Cooperative	<input checked="" type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Other:
Ohio Secretary of State Business Identification Number if applicable (3796:4-1-02(B)(2)(c)): 4092913						
Business Address: 6545 Market Avenue. North, Suite #100						
City: North Canton				State: OH	Zip Code: 44721	
Proposed Facility Physical Address (if different than above) (3796:4-1-02(B)(2)(d)): 1620 East Avenue						
City (if different than above): Akron				State: Ohio	Zip Code: 44314	
Business Phone Number:		Email Address:				
[REDACTED]		[REDACTED]				
Primary Contact or Registered Agent Information						
First Name Manoj		M.I. K	Last Name Adusumilli			
Title (i.e., Owner, President, etc.) Owner						
Mailing Address (if different than Business Address): [REDACTED]					City: [REDACTED]	
State: [REDACTED]	Zip Code: [REDACTED]		Phone Number: [REDACTED]			
Email Address (if different than Business Email): [REDACTED]						



Ohio Department of Commerce
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(Optional) Alternate Contact Information			
First Name		M.I.	Last Name
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 [REDACTED]		CAT Account # [REDACTED]	
Vendor's License # [REDACTED]		Employer Withholding Account # [REDACTED]	
Other Accounts at the Department of Taxation			