Affidavit of Compliance in Transportation of Marihuana

| STATE OF Michigan |
|--|
| COUNTY OF Jackson |
| TOWNSHIP OF Leoni |
| The undersigned,, being duly sworn, hereby deposes and says: |
| - The transfer of Marihuana to and from all Medical Marihuana Facilities shall be in compliance with the Michigan Medical Marihuana Act (MMMA); |
| - The transfer of Marihuana to and from all Medical Marihuana Facilities shall be in compliance with the Medical Marihuana Facilities Act; and |
| To the extent that there are other State or Municipal laws applicable to the transfer of Marihuana to and from Medical Marihuana Facilities or enacted with the intent to cover such activity, that the transfer of Marihuana to and from all Medical Marihuana Facilities shall be in compliance with such applicable State and Municipal laws. |
| I declare that, to the best of my knowledge and belief, the information herein is true, correct, and complete. |
| Executed this day of, 201 |
| On behalf of: |
| Ву: |
| |

NOTARY ACKNOWLEDGEMENT

|) SS:) | |
|-----------------------------|--|
| instrument was acknowledged | before me this day of, 201 |
| as identificat | |
| | |
| | Signature of Notary Public |
| | organism control of the control of t |
| | Printed Name of Notary Public |
| | State of Michigan |
| | Commission Number: |
| | My Commission Expires: |
| | Said |