BCC-LIC-013 (Rev. 12/17)
California Department of Consumer Affairs
Bureau of Cannabis Control
www.bcc.ca.gov

FINANCIAL INFORMATION FORM

Instructions: You must complete every section on the form for each item that is listed. Forms that are incomplete will be returned.

FINANCIAL HISTORY - A	tach additio	nal copies if needed					
Section A - List all invest	ments made		mmercial cannabis	business			
Name of Investor		Address				Phone Nur	
Austen Connella						415-83	7-3957
Term(s) of Investment	***************************************		***************************************		Date of Inves	tment	Amount
Name of Investor		Address			•	Phone Nur	nber
N/A		N/A				N/A	
Term(s) of Investment					Date of Inves	tment	Amount
N/A					N/A		\$N/A
3. Name of Investor		Address			•	Phone Nur	nber
N/A		N/A				N/A	
Term(s) of Investment		.i			Date of Inves		Amount
N/A					N/A		\$ N/A
Name of Investor		Address			3	Phone Nur	3
N/A		N/A				N/A	
Term(s) of Investment					Date of Inves		Amount
N/A					N/A	AIIIOIN	\$ N/A
	a mada ta th	a annicantic commerc	ial aannahia husina	••	į 14//		Ψ 14// C
SECTION B - List all loans 1. Name of Lender	illade to ti	:Address	iai carinadis dusine	88		Phone Nur	nber
Keith Sweeny						}	
Term(s) of Loan			Security Provided I	For Loan	Date of Loan		Amount
Tomico or Estati			occurry 1 revided 1	or Eduli	Bato of Eour		, tinount
2. Name of Lender		Address			,	Phone Nur	nber
Levi Seligman							
Term(s) of Loan			Security Provided I	For Loan	Date of Loan		Amount
			3 *		3		3
3. Name of Lender		Address			,	Phone Nur	nber
Helios Dayspring							
Term(s) of Loan			Security Provided For Loan		Date of Loan		Amount
10111(0) 01 20411			geodamy . romada .		{		} timeant
SECTION C. Liet all fund	n holonging	to the applicant					
Financial Institution Name	Address	то пе аррисатт		Account Type	Account	Number	Amount
N/A	N/A			N/A	N/A		\$ N/A
Financial Institution Name	Address			Account Type	Account	Number	Amount
N/A	N/A			N/A	N/A	rambor	\$ N/A
Financial Institution Name	Address			Account Type	Account	Number	Amount
N/A	N/A			N/A	N/A	Number	\$ N/A
Financial Institution Name	Address			Account Type	Account	Number	Amount
N/A	N/A			3	N/A	Number	3
	3			N/A			\$ N/A
SECTION D - List all gifts	_	given to the applicant f	or use in conducting			porintian of C	N:f4
Name of Provider	Address			Phone Number	3	escription of G	ont.
N/A	N/A			N/A	N/A		N.B.
Name of Provider	Address			Phone Number		escription of G	ті
N/A	N/A			N/A	N/A		
Name of Provider	Address			Phone Number	\$	escription of G	Gift
N/A	N/A			N/A	N/A		

BCC-LIC-013 (Rev. 12/17) Page 1 of 1

C10-21-0000187-APP-SLOCAL ROOTS, LLC

ADDITIONAL FINANCIAL STATEMENT

The Line of Credit/Convertible Promissory Note provided herein and dated March 1, 2019 has since been rescinded and we are in a settlement process with the note holders so that at the completion of the settlement those note holders, who collectively have advanced a total of will no longer have any financial interest in the dispensary operation. The three note holders who provided financial support in the application are named Keith Sweeny, Levi Seligman and Helios Dayspring. A copy of the Settlement Demand Letter dated October 1, 2021 is also included herein.

The following list of persons represent the whole of the ownership of the note that is being rescinded; Levi Seligman, Keith Sweeney, Helios Dayspring, Stephan Kennedy, Megan Souza, Eric Powers, and Nick Andre.

Any of these persons that continue to hold interest in the operation (Stephan Kennedy) have been declared as Owner/managing members and any changes or future investments/loans will be provided via revised Financial Interest declarations.

EXHIBIT A

MEMBERS AND PERCENTAGE INTERESTS

Member Name and Address	Percentage Interest
Helios Dayspring	
Stephan Kennedy	
Keith Sweeney	
Levi Seligman	
Austen Connella	
Megan Souza	
Eric Powers	
Nicholas Andre	
Chloe Watkins	
Marissa Saucedo	
TOTAL:	



SLOCAL ROOTS, LLC	, Business, , slocalroo	tsretail@gmail.com			
PHONE1 ▲ PHONE2	2 ADDRESS TYPE	ADDRESS LINE1	ADDRESS LINE2	CITY	ZIP
4158373957	Mailing	3535 S HIGUERA ST.		SAN LUIS OBISPO	934017305
4158373957	Premise	3535 S HIGUERA ST		SAN LUIS OBISPO	934017305
SLOCAL ROOTS, LLC PHONE1 A PHON		sten Connella, slocalroo ADDRESS LINE1	ts@gmail.com ADDRESS LIN	IE2 CITY	ZIP
CLOCAL DOOTS ILC	D	\/\-+l.i			
	, Business Owner, Chl		ADDDECCLIN	F2 CITY	710
PHONE1 ▲ PHON		ADDRESS LINE1	ADDRESS LIN	E2 CITY	ZIP
	Mailing				
SLOCAL ROOTS, LLC PHONE1 A PHONE	, Business Owner, Mai 2 ADDRESS TYPE Mailing	rissa Saucedo, ADDRESS LINE1	ADDRESS LIN	NE2 CITY	ZIP
SLOCAL ROOTS, LLC	, Business Owner, Ste	ohan Carroll Kennedy,		.	
PHONE1 ▲ PHONE2	ADDRESS TYPE	ADDRESS LINE1	ADDRESS LINE	2 CITY	ZIP
	Mailing	3535, South Higuera Street		San Luis Obispo	93401
SLOCAL ROOTS, LLC	C, Owner Applicant, Au E2 ADDRESS TYPE Mailing		ADDRESS LIN	IE2 CITY	ZIP

Bureau of Cannabis Control www.bcc.ca.gov

		OWNER SUBMITTA	\L				
SECTION A - OWNER IN	ORMATION	Date of Birth	City	State and Co	untry of Righ		
Full Name Austen Thomas Conne			City,	City, State, and Country of Birth			
Mailing Address	JII a	City	State	Zip Code	Phone Numb	er .	
Mailing Address		Oity	State	Zip Gode	(415) 837		
SSN or ITIN	Current Employer	Email Addres	SS		Ownership %		
	Slocal Roots Farms			l.com		Manging Member	
SECTION B - DECLARAT			3		1944	g i g	
2. Have you ever been sand	ctioned by a licensing authority of the control of						
	icense by the Bureau or any ot	her state cannabis licensing au	thority?				
Do you have an ownersh If "Yes", please complete	ip or financial interest (as define item(s) 6-7	ed in Title 16 CCR 5003 and 50	04) in a lice	ensed cannab	s business?		
discharged?	served as an active duty mem				nonorably		
	atements apply to you? If you sailure to do so may result in app		dence of yo	our status as a	refugee, asyle		
-	o the United States as a refuge		tle 8 of the	United States	Code		
section 1158 of title 6C. You have a special Law 109-163, or sec	sylum by the Secretary of Home 8 of the United States Code. immigrant visa and were grante tion 602(b) of title VI of division ers or those who worked for or o	d a status pursuant to section 1 F of Public Law 111-8, relating	1244 of Pub to Iraqi an	olic Law 110-1			
OTHER CANNABIS LICENS	E(S) (Attach additional sheets i	f needed)					
7. Agency	<u> </u>	icense Number		Date Issu	ıed		
CDFA		CCL18-0002436		04/19/	2019		
8. Agency	L	icense Number		Date Issu	ued		
CANNABIS LICENSE(S) SU	SPENDED, REVOKED, OR DE	NIED (Attach additional sheets	if needed)				
9. License Authority		icense Type		Suspens	ion/Revocation I	Date	
Detailed Statement Rega	rding Suspension/Revocation						
10. License Authority	L	icense Type		Denial D	ate	,	
SECTION C - REQUIRED	DOCUMENTS						
Copy of Governm	ent-Issued Identification	Proc	of of Milita	ry Status (if	applicable)		
SECTION D - AFFIRMAT				•	,		
Under penalty of perjury	, I hereby declare that the in and that a misrepresentation						
Signature / Luch	Cent	Printed Name Austen Conne	ella			Date Signed 9/22/2021	
Office Use Only							
CLEaR Application Recor	d Number:						

See Disclosures on the Next Page



AUSTEN THOMAS

Nationality / Nationalité / Nacionalidad

Date of birth / Date de naissance / Fecha de nacimiento

Place of birth / Lieu de naissance / Lugar de nacimiento

Date of issue / Date de défivrance / Fecha de expedición

Date of expiration / Date d'expiration / Fecha de caducidad

Endorsements / Mentions Spéciales / Anotaciones

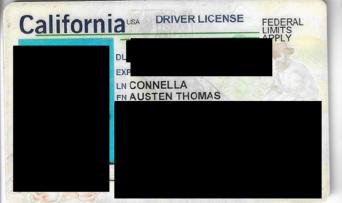
SEE PAGE 27

Authorited States

Department of State

USA

P<USACONNELLA<<austen<thomas<<<<<<<<





CLASS: C - Veh w/GVWR ≤26000, No M/C ENDORSEMENTS: None RESTRICTIONS: None

> This card is not acceptable for official federal purposes. This license is issued only as a license to drive a motor vehicle. It does not establish aligibity for employment, voted registration, or public benefits.

Rev 06/20/2017

19309893043410401

We the People Of the United States,

in Order to form a more perfect Union, establish Justice, insure domestic Tranquility, provide for the common defence, promote the general Welfare, and secure the Blessings of Liberty to ourselves and our Posterity, do ordain and establish this Constitution for the United States of America,



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT PASSEPORT PASAPORTI

Surname / Nom / Apellidos CONNELLA

Given Names / Prénoms / Nombres

AUSTEN THOMAS

Nationality / Nationalité / Nationalidad

Date of birth / Date de naissance / Facha de nacimiento

Place of birth / Lieu de na ssance / Lugar de nacimiento

Date of issue / Date de délivrance / Fecha de expedición

e or expiration / trate d'expiration / Fecha de caducidad

ns Spéciales / Anctaciones

SEE PAGE 27

Sex / Sexe / Sexo

Authority / Autorité / Autoridad

United States Department of State

P<USACONNELLA<<AUSTEN<THOMAS<

California DRIVER LICENSE FEDERAL LIMITS APPLY DL EXI LN CONNELLA FN AUSTEN THOMAS

State of California Gavin Newsom, Governor

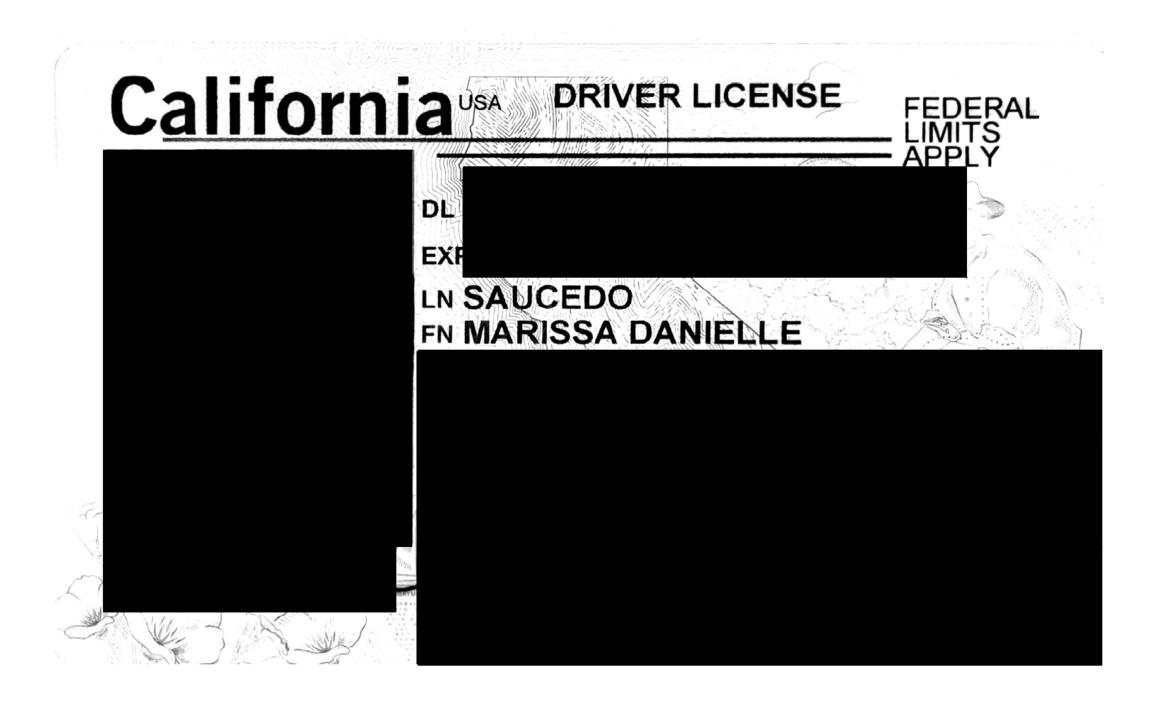
OWNER SUBMITTAL SECTION A - OWNER INFORMATION Full Name Date of Birth City, State, and Country of Birth Jatkins nice Mailing Address City Phone Num Current Employer Email Address Ownership % Job Title managing member SECTION B - DECLARATIONS Have you ever been sanctioned by a licensing authority or local agency for unauthorized commercial cannabis activities and/or had a license suspended or revoked in the three years immediately preceding the date of this application? If "Yes", please complete item 8 Have you been denied a license by the Bureau or any other state cannabis licensing authority? If "Yes", please complete item 9 4. Do you have an ownership or financial interest (as defined in Title 16 CCR 5003 and 5004) in a licensed cannabis business? If "Yes", please complete item(s) 6-7 5. Have you or your spouse served as an active duty member of the Armed Forces of the United States and were honorably discharged? Response to this question is voluntary. If "Yes", you may qualify for priority processing of your application. Do any of the following statements apply to you? If you select YES, you must attach evidence of your status as a refugee, asylu immigrant visa holder. Failure to do so may result in application review delays. You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code. 6A. You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to 6B. section 1158 of title 8 of the United States Code. 6C. You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government. OTHER CANNABIS LICENSE(S) (Attach additional sheets if needed) Agency License Number Date Issued Agency License Number Date Issued CANNABIS LICENSE(S) SUSPENDED, REVOKED, OR DENIED (Attach additional sheets if needed) License Authority License Type Suspension/Revocation Date Detailed Statement Regarding Suspension/Revocation 10. License Authority License Type Denial Date **SECTION C - REQUIRED DOCUMENTS** Copy of Government-Issued Identification Proof of Military Status (if applicable) SECTION D - AFFIRMATION AND CONSENT Under penalty of perjury, I hereby declare that the information contained within and submitted with the application is complete, true, and accurate. I understand that a misrepresentation of fact is cause for rejection of this application, denial of a license, or revocation of a license issued. Signature Printed Name Date Signed Jatkins Chloe Office Use Only CLEaR Application Record Number: See Disclosures on the Next Page

Te



www.bcc.ca.gov

SECTION A COMMEDIA	OWNER SUBMITTA	2 Colorador Colo
SECTION A - OWNER INFORMATION 1. Full Name	Data of Ridh	City. State, and Country of Birth
Marissa Saucedo	Date of Billi	Oity. State, and Godina y or birth
Mailing Address	City	State Zip Code Phone Number
SSN or ITIN Current	Employer	Ownership % Job Title
		Rever
PEOTION B - DECLARATIONS		120
	ensing authority or local agency for unauthorized	commercial cannabis activities
and/or had a license suspended or revo	oked in the three years immediately preceding the	e date of this application?
If "Yes", please complete item 8		A CONTRACTOR OF THE CONTRACTOR
	Bureau or any other state cannabis licensing auti	hority?
If "Yes", please complete item 9		W. A. Santa Market and Santa Market Andread Market Andr
	nterest (as defined in Title 16 CCR 5003 and 500	(4) in a licensed cannabis business
If "Yes", please complete item(s) 6-7		
	active duty member of the Armed Forces of the U	United States and were honorably
discharged? Response to this question is voluntary.	If "Yes", you may qualify for priority processing of	f your application.
	y to you? If you select YES, you must attach evid	
immigrant visa holder. Failure to do so		
6A You were admitted to the United St	tates as a refugee pursuant to section 1157 of title	le 8 of the United States Code.
section 1158 of title 8 of the United	ecretary of Homeland Security or the United State	es Attorney General pursuant to
		244 of Dublic Law 440 484 Bublic
	and were granted a status pursuant to section 12 itle VI of division F of Public Law 111-8, relating to	
	o worked for or on behalf of the United States go	
OTHER CANNABIS LICENSE(S) (Attach a	dditional sheets if needed)	
. Agency	License Number	Date Issued
	Li Carlo Car	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
. Agency	License Number	Date Issued
Omenium andrews and the state of the state o		
	VOKED, OR DENIED (Attach additional sheets if	Suspension/Revocation Date
License Authority	License Type	Suspension/Revocation Date
Detailed Statement Regarding Suspens	ion/Revocation	
License Authority	License Type	Denial Date
,		
ECTION C - REQUIRED DOCUMENT	S	200
		f of Military Status (if applicable)
_		To Minitary Otatus (II applicable)
ECTION D - AFFIRMATION AND CO	NSENT	
Under penalty of perjury, I hereby dec	lare that the information contained within ar	nd submitted with the application is complete, true,
and accurate. I understand that a mis-	representation of fact is cause for rejection	of this application, denial of a license, or revocation
of a license issued.		
Signature ()	Printed Name	Date Signed
VINAL	Manssa Manssa	Savcedo 9/28/2021
Office Use Only	T. Military	
LEaR Application Record Number:		
	See Disclosures on the Next	Page



Created with Scanner Pro



CLASS: C - Veh w/GVWR ≤26000, No M/C

ENDORSEMENTS: None

RESTRICTIONS: None

This card is not acceptable for official federal purposes. This license is issued only as a license to drive a motor vehicle. It does not establish eligibility for employment, voter registration, or public benefits.

luui

Rev 08/29/2017 19259D83136260401

Created with Scanner Pro

EXHIBIT A

MEMBERS AND CAPITAL CONTRIBUTIONS

Member Name and Address	Percentage Interest			
Austen Connella				
Stephan Kennedy				
,				
Chloe Watkins				
Cilide Walkins				
Marissa Saucedo				
TOTAL:				

CAN_RET_LIC_Local_Jurisdiction

LIST OF OWNERS

Title Fi	rst Name Last Nan	ne Ownership Percentage (Number) Phone Number Email Address	Address Line 1	Address Line 2 City	State Zip Code Contact Sequence Number (Nu
Controlling Manager Au	usten Connella				
Controlling Manager Ma	arissa Saucedo				
Controlling Manager Ch	hloe Watkins				
Controlling Manager St	tephan Kennedy				

NON CONTROLLING INTEREST

First Name Last Name Phone Number Email Address Date of Birth Government-issued Identification Type Government-issued Identification Number

FICTITIOUS BUSINESS NAME

Business Name Physical Address

Slocal Roots 3535 S Higuera St San ...

ENTITY OWNERSHIP

Entity Name Organizational Structure Ownership Percentage (Number) Phone Number Email Address

MILITARY STATUS

Date of Deployment Deployment Document Date of Discharge Discharge Document

ENTITY FINANCIAL INTEREST

Legal Business Name Tax ID Number First Name Last Name Phone Number Email Address



Department of Cannabis Control PO Box 419106, Rancho Cordova, CA 95741-9106 P (844) 612-2322 | www.cannabis.ca.gov



September 22, 2021

Austen Connella Controlling Manager SLOCAL ROOTS, LLC

Dear Ms./Mr. Connella

An application has been submitted with the Department of Cannabis Control (DCC) to obtain a Cannabis - Retailer Application. You have been identified as a business owner on this application. If your business is applying for an annual license you must provide the required owner information and submit it to the Department in one of the following ways:

- 1. Complete an owner submittal form by signing into the Bureau's online licensing system, selecting the owner submittal form button, and entering the application ID, which is C10-21-0000187-APP; or
- 2. Complete a paper owner submittal form, which is available on the Department's website and at the Department office.

In addition to the completed owner submittal form, you will be required to provide the following documents:

- Copy of a government-issued identification. Acceptable forms of identification are documents issued by the federal, state, county, or municipal government that include the name, date of birth, physical description, and your picture, such as a driver's license.
- A live scan form for fingerprint imaging must be submitted through a live scan operator to the Department of Justice. Please fill out the live scan form located here http://www.bcc.ca.gov/clear/live_scan.pdf. Take the live scan form with you to the live scan operator for fingerprint submissions to the DOJ and FBI. Keep a copy of the Live Scan form. The following is a link to the State of California Department of Justice's website to find live scan operator's. https://oag.ca.gov/fingerprints/locations.

For any questions, please contact the Department at (844) 612-2322.

Thank you,

Department of Cannabis Control



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY * GOVERNOR GAVIN NEWSOM

Department of Cannabis Control PO Box 419106, Rancho Cordova, CA 95741-9106 P (844) 612-2322 | www.cannabis.ca.gov



September 22, 2021

Marissa Saucedo Controlling Manager

SLOCAL ROOTS LLC

Dear Ms./Mr. Saucedo

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BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY* GOVERNOR GAVIN NEWSOM

Department of Cannabis Control

PO Box 419106, Rancho Cordova, CA 95741-9106

P (844) 612-2322 | www.cannabis.ca.gov



September 22, 2021

Chloe Watkins Controlling Manager SLOCAL ROOTS, LLC

Dear Ms./Mr. Watkins

An application has been submitted with the Department of Cannabis Control (DCC) to obtain a Cannabis - Retailer Application. You have been identified as a business owner on this application. If your business is applying for an annual license you must provide the required owner information and submit it to the Department in one of the following ways:

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Thank you,

Department of Cannabis Control



Department of Cannabis ControlPO Box 419106, Rancho Cordova, CA 95741-9106
P (844) 612-2322 | www.cannabis.ca.gov



September 22, 2021

Stephan Kennedy Controlling Manager SLOCAL ROOTS, LLC

Dear Ms./Mr. Kennedy

An application has been submitted with the Department of Cannabis Control (DCC) to obtain a Cannabis - Retailer Application. You have been identified as a business owner on this application. If your business is applying for an annual license you must provide the required owner information and submit it to the Department in one of the following ways:

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Thank you,

Department of Cannabis Control



Department of Cannabis ControlPO Box 419106, Rancho Cordova, CA 95741-9106
P (844) 612-2322 | www.cannabis.ca.gov



September 22, 2021

Austen Connella Controlling Manager SLOCAL ROOTS, LLC

Dear Ms./Mr. Connella

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For any questions, please contact the Department at (844) 612-2322.

Thank you,

Department of Cannabis Control



BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY* GOVERNOR GAVIN NEWSOM Department of Cannabis Control

PO Box 419106, Rancho Cordova, CA 95741-9106 P (844) 612-2322 | www.cannabis.ca.gov



September 22, 2021

Marissa Saucedo Controlling Manager SLOCAL ROOTS, LLC

Dear Ms./Mr. Saucedo

An application has been submitted with the Department of Cannabis Control (DCC) to obtain a Cannabis - Retailer Application. You have been identified as a business owner on this application. If your business is applying for an annual license you must provide the required owner information and submit it to the Department in one of the following ways:

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Thank you,

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September 22, 2021

Chloe Watkins Controlling Manager SLOCAL ROOTS, LLC

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Thank you,

Department of Cannabis Control



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September 22, 2021

Stephan Kennedy Controlling Manager SLOCAL ROOTS, LLC

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September 22, 2021

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October 12, 2021

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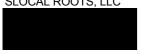
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