

MEDICAL CANNABIS ANNUAL PERSONAL NET INCOME ATTESTATION FORM

This form must be signed by all persons that own stock or own a 1 percent interest or more in the entity.

I/we declare, certify, verify, attest or state under penalty of perjury that the below are the owners of the proposed medical cannabis facility and each have an annual personal net income that does not exceed \$349,999.

I/we declare, certify, verify, attest, or state under penalty of perjury that this application and the supporting documents, including this attestation form, are true and correct to the best of my/our knowledge and belief. Pursuant to DC Official Code § 22-2402, any person convicted of perjury shall be fined not more than \$5,000 or imprisoned for not more than 10 years, or both.

I/we understand that any fraud or misrepresentation contained on my application shall be grounds for automatic rejection or denial of the application. I/we also understand that failure to provide full disclosure of any of the requested or required information may result in rejection of this application.

Applicant First and Last Name	Title	% of Ownership
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Applicant Signature	Date
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Applicant First and Last Name	Title	% of Ownership
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Applicant Signature	Date
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Applicant First and Last Name	Title	% of Ownership
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Applicant Signature	Date
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