

## 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 medi-cal 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 Signature	Date
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Applicant Signature	Date
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