

CB Lamb, INC.

Facility Guidelines

These guidelines are designed to facilitate a safe and enjoyable experience at our facility. Thank you in advance for your cooperation and sense of community.

- * All patients must be 18 yrs or older and have a valid state issued driver's license or state identification card.
- * You must have your valid Doctors recommendation or medical marijuana identification card (MMIC) on you at all times when you are at the facility.
- * You may never sell or otherwise distribute medical marijuana you obtain from the collective. This action will get your membership with our collective permanently terminated.
- * You must treat everyone in the facility with respect. You may be asked to leave the property if you use offensive language or behavior.
- * Cell phones may not be used at any time in the facility.
- * Never consume cannabis in or around the premises or in a car.
- * Do not come to our facility when you are intoxicated.
- * For your safety, place all medication and cuttings out of sight before leaving the premises.
- * Absolutely no alcohol, hard drugs or weapons are allowed on the premises at any time.
- * Any patient who commits or threatens an act of violence will have their membership immediately terminated and may be subjected to criminal prosecution.
- * Be friendly and respectful to our neighbors. Do not double-park your car or park so as to block a neighbor's driveway. Obey all parking signs and regulations.
- * Do not allow your friends or acquaintances to wait in a vehicle or loiter near the premises when you come to our facility.
- * In the event of an emergency please follow the instructions of our staff.
- * Do not bring children into the facility.
- * We thank you for your continued cooperation! You are appreciated.

Signature: _____

Date: _____

CONTRACT CHARLES

209-818-4202

CB Lamb, Inc.
Patient Intake/Membership Application

Patient's Information

Last Name: _____
Middle Name: _____
First Name: _____
Home Address: _____
Address 2: _____
City, State, Zip: _____
Date of Birth: _____
CA Driver's License/ ID card No.: _____ Exp. Date: _____
E-mail Address: _____
Do you have a Medical Marijuana Identification Card issued by the County Health Dept.? No ☐ Yes ☐
If yes, Card No.: _____ Exp. Date: _____ Name of County issuing card: _____

Physician's Information

Physician's Name: _____
Address: _____
City, State, Zip: _____
Phone Number: (____) _____
Medical License No. _____
Clinic or Facility Name, Address and Phone Number (if different than Physician): _____

[For Office Use Only]

Verification of Doctor's Recommendation

Patient received by: _____
Physician contacted by: _____
Verified: ☐ Not Verified: ☐
Date: _____ Time: _____

[For Office Use Only]

Verification of Physician's CA Medical License

Checked by: _____
Physician's License No.: _____
Verified: ☐ Not Verified: ☐
Date: _____ Time: _____

Verification of State Medical Marijuana Identification Card Does Patient have an MMIC issued by the County Health Department? Yes ☐ No ☐ Checked by: _____ Verified: ☐ Not Verified: ☐ Date: _____ Time: _____

To become a member of our collective, we need the following items to establish your eligibility as a qualified medical marijuana patient under California law, and to comply with the Attorney General guidelines for medical marijuana collectives and the membership requirements of our Collective:

- (1) A completed patient intake/membership application form;
- (2) Your written doctor's recommendation to use marijuana for the treatment of a serious medical condition;
- (3) Your Calif. driver's license or government-issued photo ID with date of birth and current residence address;
- (4) A signed patient membership agreement (*prints your name on page 2 and sign and date the agreement on page 4*);
- (5) A signed authorization for the limited use and disclosure of your medical information (*sign and date on page 5*); and
- (6) a signed acknowledgement and promise to follow our Facilities Guidelines (*sign and date on page 6*).

AGREEMENT

(Patient Membership Agreement)

I, _____, agree to all of the following terms and
[PRINT YOUR NAME]

conditions of membership of **CB Lamb, Inc.**, a nonprofit mutual benefit corporation organized under the California Nonprofit Mutual Benefit Corporation Law (referred to as the "Collective"). I understand that this Agreement is required to join the Collective, and I promise to abide by its terms and conditions at all times during my tenure as a member of the Collective. In consideration of the processing of my application, and of the rights, privileges and benefits of membership in the Collective, and for other good and valuable consideration the receipt of which is hereby acknowledged, I enter into this Agreement as of the date set forth next to my signature.

Terms, Conditions & Representations

1. I represent and warrant that all information, representations, records and other documents I provide to the Collective, and those provided on my behalf, to join the Collective, and as may be submitted in the future to maintain my membership and to receive medical marijuana cultivated by members of the Collective, are to the best of my knowledge and belief true, correct, complete and without any material omission.
2. I am a California resident, over 18 years of age, a qualified patient under California Law, and my doctor has recommended medical marijuana as appropriate treatment for my serious medical condition. Under the Compassionate Use Act of 1996 (California Health and Safety Code §11362.5) and the Medical Marijuana Program Act (California Health and Safety Code §§11362.7 *et seq.*), I may use, possess, cultivate and transport marijuana, for medical purposes only, within the State of California.
3. I understand that the Collective established itself in accordance with California Health and Safety Code section 11362.775 so that qualified patients, persons with an identification card, and their designated primary caregivers, may associate with each other in order to collectively cultivate marijuana and distribute it to members of the collective to use for medical purposes as authorized under California law. I agree to comply with (1) this Agreement, (2) rules, regulations, policies, and procedures adopted by the Collective's board of directors, (3) any lawful directions, instructions and requests from staff of the Collective in connection with the delivery of medical marijuana to me for my personal medical use, and (4) state and local laws relating to medical marijuana and medical marijuana collectives, as the same may be amended from time to time. I acknowledge and agree that all activities relating to the cultivation, transportation, possession, storage, allocation, acquisition, disbursement, provision and use of medicinal marijuana by or through the Collective and its members are conducted solely for the mutual benefit of members of the Collective. Any sale, gift, distribution or transfer of possession of medical marijuana by the Collective or its individual members to any person who is not a member of the Collective is strictly forbidden.
4. I understand that marijuana will be cultivated specifically for me based on my individual medical needs. As such, I authorize all members of the Collective to possess, cultivate, and transport medical marijuana on my behalf within the State of California.

5. I agree not to distribute any marijuana to anyone who is not an active member of the Collective, and only to use the medical marijuana obtained from the Collective for my personal, legitimate, medical needs. I will not take my personal medical marijuana out of the State of California for any reason. I further agree that I will not share, sell, barter, trade, give, exchange, deliver or otherwise provide my medical marijuana to any other person.
6. The Collective is a nonprofit corporation the primary purposes of which are to facilitate the collaborative efforts of its patient and caregiver members – including the allocation of costs and revenues – to cultivate, process, transport, store and distribute medical marijuana to qualified patients who join the Collective, in accordance with California and local laws. As a member, I agree to pay a production fee for the medical marijuana grown on my behalf to ensure the Collective's continued operation, and that such payments are not in any way to be construed as a commercial sale. I further understand and agree that production fees are set at levels reasonably calculated to cover the Collective's direct and indirect overhead costs and operating expenses, including the amortization of startup costs, capital costs, and maintenance of reasonable reserves to cover contingencies and higher than anticipated overhead and operating expenditures. I understand and agree that, as a member, my proportional share of such costs and expenses is not susceptible to precise scientific calculation, and that the most fair and reasonable means of raising the revenues needed to operate the Collective, and of distributing the costs among the Collective's members, is for each member to pay a production fee based on the amount of medical marijuana cultivated for and obtained by the member from the Collective.
7. I authorize the Collective to possess the medical marijuana as described under this Agreement jointly with other Collective members under similar membership agreements. I agree the medical marijuana possessed by the Collective at any time is the collective property of every patient who is also under this membership agreement and the care of the Collective.
8. I agree to produce for inspection, copying and photographing my original, or true and correct copy, of my written doctor's recommendation or a valid medical marijuana identification card (MMIC) issued by the County Health Department to the Collective or any of its authorized employees or agents when I receive medical marijuana from the Collective.
9. I agree that any violation of the terms of this Agreement or any other rules, regulations and procedures established by the Collective's board of directors are grounds for immediate termination of membership, and that the Collective's management reserves the right to refuse to provide medical marijuana on any given day to any member for any reason or no reason whatsoever.
10. I agree to provide the Collective with all changes in my contact information, diagnosis, or primary physician immediately.
11. As a member of the Collective, I, my heirs, and those with me, expressly and forever disclaim the warranty of merchantability and the warranty of fitness for a particular purpose with respect to marijuana I obtain from or through the Collective.

12. I understand that marijuana may impair a person's ability to drive or operate machinery. I agree not to drive while under the influence of marijuana, or to use marijuana in any vehicle even if I am a passenger.

13. I agree not to loiter or use marijuana on or within 1000 feet of a school, playground, park, youth facility, child care facility, church or library (except that I may use marijuana for medical purposes within my own residence). I will not smoke marijuana at any location or under circumstances where smoking is prohibited by state law.

14. I, my heirs, and those with me expressly and forever waive any and all claims now known, or discovered at any time in the future due to, related to or arising from my use of marijuana or any other product/herb/food/oil/concentrate I may obtain from the Collective.

15. I, my heirs and those with me expressly and forever release the Collective, its officers, directors, members, landlords, operators, managers, employees, agents, growers, providers, wholesalers, and vendors, from and against any and all lawsuits, alter-ego lawsuits, demands, charges, or claims whether for personal injury, wrongful death, or any other form of injury or damages, with references to the strength, potency, purity, toxicity, storage or handling, appropriateness for your condition of any marijuana and related products I may obtain from the Collective, or any other thing, matter, occurrence, damage, or injury, further, that I knowingly waive the provisions of California Civil Code section 1542 which states in pertinent part that "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

16. WARNING: Federal drug laws, as interpreted by the United States Supreme Court, do not recognize an exception for the medical use of marijuana, even when recommended by a licensed physician. Patients who use marijuana for medical purposes accept the risk that compliance with state and local laws, and with this Agreement, may not protect you from possible federal prosecution.

17. WARNING: It is the responsibility of every patient to keep all medicine, including medical marijuana, far away from children. Use common sense. Keep your medicine under lock and key so nobody, especially children, can get to it. Any deviation from this rule is done at the sole risk and responsibility of the patient.

I hereby affirm that I read, understand and agree to the terms and conditions of this membership agreement without reservation.

Patient's signature: _____ Date: _____

AUTHORIZATION

I, _____, hereby authorize the use and disclosure of the medical information contained in the medical recommendation of my physician for medical marijuana, for the purposes of confirming that (1) I am a qualified patient under Health and Safety Code §§11362.5 and 11362.7 *et seq.*, (2) the recommendation is a true and correct copy of the record contained in my medical records maintained by the physician's office, and (3) I am a member of the nonprofit medical marijuana patients collective, **CB Lamb, Inc.**, and have authorized the collective and its members to cultivate, process, transport, and store medical marijuana on my behalf, and to distribute medical marijuana to me and other qualified patients and caregivers who join the Collective. This authorization shall apply to the following:

1. **CB Lamb, Inc.**
Address: _____
City, State, _____
Phone Number: (_____) _____
2. Physician's Name: _____
Address: _____
City, State, _____
Phone Number: (_____) _____

I understand that by signing this authorization:

- I authorize the use and disclosure of my individually identifiable personal information as described above for the purposes listed.
- I have the right to withdraw permission for the release of my information. If I sign this authorization to use and disclose information, I can revoke that authorization at any time except if you have already acted because of my permission. The revocation must be made in writing and will not affect information that has already been used or disclosed.
- I have the right to inspect and receive a copy of this authorization.
- I am signing this authorization voluntarily. I have had an opportunity to review this form, and confirm that it accurately reflects my wishes.
- I further understand that a person to whom records and information are disclosed pursuant to this authorization may not further use or disclose the information without my permission.
- The collective's policy on privacy is to not disclose the name or identity of any patient other than in the course of confirmation of the recommendation from my physician regarding the medical use of marijuana and as may be necessary to establish that the cultivation, processing, transportation, storage and dispensing of medical marijuana to me is authorized under California medical marijuana laws. This authorization shall terminate on the expiration of my medical recommendation unless terminated sooner in writing by me.

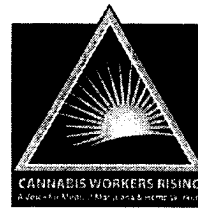
Date: _____

Signature: _____

Print Name: _____



Jacques Loveall
President
International Vice President



Neutrality and Card Check Agreement

Jack's Greenhouse Assn ("the Employer") and the United Food and Commercial Workers Union, 8-Golden State ("the Union") hereby agree to the following terms:

1. Neutrality and Non-Disparagement. The Employer agrees to remain neutral. Neutrality means that the Employer and its agents will not oppose Union representation or hinder Union organizing efforts. The Union waives the right to strike or picket the Employer during the term of this Agreement provided the Employer remains in full compliance with the terms herein. Additionally, neither party will act or communicate in a negative, derogatory, or demeaning way, or engage in any conduct or delaying tactics that might interfere with the employees' right to choose Union representation.
2. Access. In accordance with applicable law and regulations, accredited Union representatives will be allowed onto the Employer's premises during working hours to speak with employees, or at a mutually agreeable alternative location if the Employer's security protocol makes use of its premises difficult. The Employer will cooperate with the Union in making arrangements to permit these conversations to be held in areas where the employees will be able to speak to the Union representatives without monitoring by the Employer.
3. Meeting. At the Union's request, the Employer will conduct a meeting on a mutually agreeable date(s) and time(s) with all of its employees. At the meeting, the Employer will tell the employees that it is neutral, does not object to their talking to and supporting the Union, and will negotiate a Collective Bargaining Agreement (CBA) with the Union if a majority of the covered employees designate the Union as their collective bargaining representative. Union representatives will attend the meeting and, after the Employer has introduced them and left the meeting, shall be afforded adequate time to talk with the employees about the Union.
4. Appropriate Bargaining Unit. All current full-time and regular part-time employees employed by the Employer in the Union's jurisdiction who are eligible to join the unit under applicable law. If the Employer operates more than one location, an appropriate unit can be each separate location, a combination of some but not all locations or all locations. The Union is free to organize any such unit and the Employer shall recognize the Union in such unit or units as requested by the Union.
5. Contact information. At the Union's request, the Employer shall furnish to the Union the names, job classifications, home addresses, home telephone numbers, and home email addresses, if known, of all the Employer's current full-time and regular part-time employees, consistent with applicable law and regulations. The Employer shall give the Union updated information upon request of the Union.
6. Recognition and Bargaining. When a mutually agreed upon third party confirms that a majority of the bargaining unit has authorized the Union to represent them for the purpose of collective bargaining, the Employer will recognize the Union as the exclusive representative of its employees. The Employer and the Union will comply with all requirements necessary to obtain certification of the Union as the exclusive bargaining representative of the employees. Within twenty (20) days from the date of recognition, the

parties will begin good faith bargaining for a CBA covering the employees. If the parties have not reached agreement on a CBA after ninety (90) days, either party may refer all open contract issues to binding interest arbitration pursuant to Paragraph 7 herein.

7. Arbitration. The parties agree that final and binding arbitration will be the exclusive remedy for any alleged violations of this Agreement and any dispute or claim arising from or relating to the interpretation or application of any provision of this Agreement. Unless they promptly agree on an arbitrator, the parties will proceed to expedited arbitration using the American Arbitration Association's rules and procedures. The arbitrator is authorized to compel the attendance of witnesses and the production of documents at the arbitration hearing, and to award appropriate monetary, injunctive and declaratory relief. In the case of an interest arbitration, the arbitrator shall have authority to accept the last, best final proposal of either the Employer or the Union. The parties agree not to challenge the arbitrator's decision in court.
8. Successorship, affiliated companies and subcontractors. This agreement shall be binding on the parties' successors and assigns, including all purchasers of the Employer's assets or business, and in the event of a merger. This Agreement is also binding on any and all corporations, partnerships, organizations, and sole proprietorships affiliated with or related to the Employer. If the Employer intends to subcontract any work performed by bargaining unit employees, the Employer agrees to require the subcontractor, in writing, to comply with this agreement.
9. Governing Law and Severability. The parties agree that their rights under this Agreement shall be exercised in accordance with the applicable state laws. Further, the parties agree that this Agreement and any CBA they may enter into will remain binding and valid regardless of whether the National Labor Relations Board asserts jurisdiction over the Employer's operations. In addition, the parties agree that if any provision of this Agreement is held illegal, void, or invalid under any applicable law, it may be changed to make it legal, valid, and binding, and that the remaining provisions of this Agreement will remain binding and enforceable according to their terms and the parties' intent.
10. Term of Agreement. This Agreement is effective for a three (3) year term, from 2/26/16, through 2/26/19, or the last date on which the Employer recognizes the Union as the collective bargaining representative of its employees and the parties conclude agreement on a CBA, and may be extended by mutual agreement of the parties.

Jacks Greenhouse Association
Employer

92 Hoffman Ave Merced, CA
Address 95341

209 726-0429
Phone

Snow Bonocaren
Signed: President

2/26/16
Date

United Food & Commercial Workers International Union
8-Golden State

Union

2200 Professional Drive, Roseville, CA 95661

Address

916-786-0588

Phone

Jacques Loveall
Signed: Jacques Loveall, President

2/26/16
Date

Green Style Analytics

ID: 30461

Affordable- Reliable-Convenient

CBD, THC and CBN Profiles for:

Sample: Fruit Punch

Sample Weight (mg): 102

Tested for: Jack's Greenhouse Assn
Central Valley

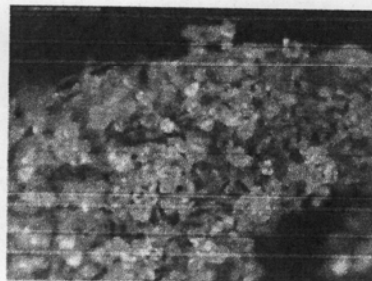
Date: 4/3/2016

CBD 0.06 %

THC 17.02 %

CBN 0.16 %

CBD:THC Ratio 0.00



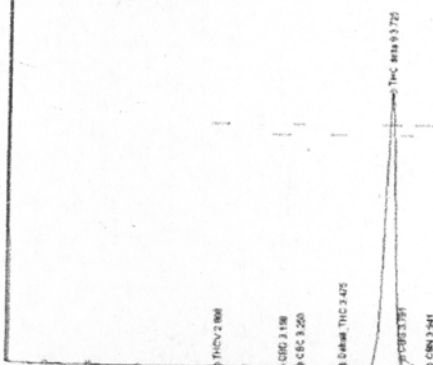
Notes:

Grown:

Dominant Species

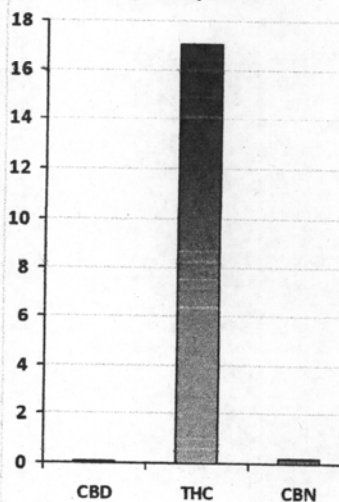
☒ UV & Visual Scan For Mold: Pass

Comments: Minor Russet Mites on Sample



	Retention	Area	Height	Percentage of weight
CBD	3.16	1.00	0.31	0.06 %
THC	3.73	244.37	63.60	17.02 %
CBN	3.94	2.39	0.74	0.16 %

Potency Comparison



Green Style Analytics
1000 Lincoln Rd., Ste H #213
Yuba City, CA 95991
530-671-7300
info@greenstyleconsulting.com

Green Style Analytics

ID: 30460

Affordable- Reliable-Convenient

CBD, THC and CBN Profiles for:

Sample: King Louis VIII

Sample Weight (mg): 102

Tested for: Jack's Greenhouse Assn
Central Valley

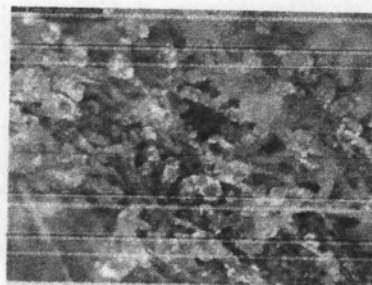
Date: 4/3/2016

CBD 0.02 %

CBD:THC Ratio 0.00

THC 15.54 %

CBN 0.11 %



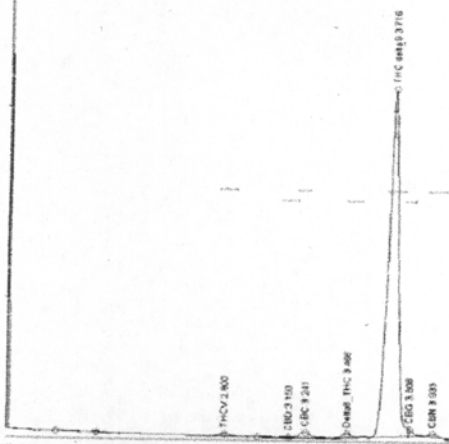
Notes:

Grown:

Dominant Species

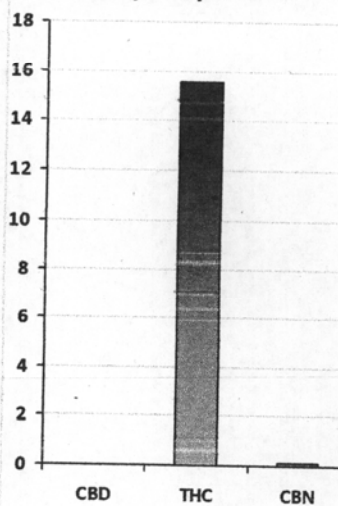
☒ UV & Visual Scan For Mold: Pass

Comments:



	Retention	Area	Height	Percentage of weight
CBD	3.15	0.34	0.13	0.02 %
THC	3.72	223.08	58.44	15.54 %
CBN	3.93	1.55	0.46	0.11 %

Potency Comparison



Green Style Analytics
1000 Lincoln Rd., Ste H #213
Yuba City, CA 95991
530-671-7300
info@greenstyleconsulting.com

Green Style Analytics

ID: 30515

Affordable- Reliable-Convenient

CBD, THC and CBN Profiles for:

Sample: Northern Lights

Sample Weight (mg): 100

Tested for: Jack's Greenhouse Assn
Central Valley

Date: 4/7/2016



CBD 0.03 %

CBD:THC Ratio 0.00

THC 14.06 %

CBN 0.19 %

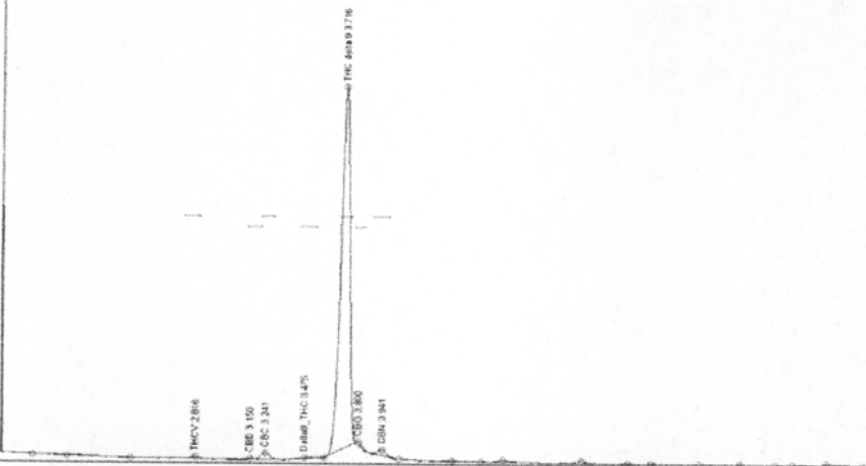
Notes:

Grown:

Dominant Species

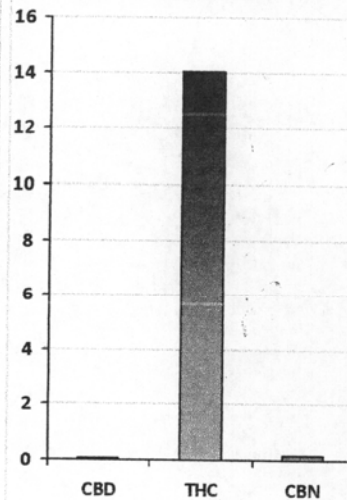
☒ UV & Visual Scan For Mold: Pass

Comments:



	Retention	Area	Height	Percentage of weight
CBD	3.15	0.48	0.14	0.03 %
THC	3.72	202.41	54.97	14.06 %
CBN	3.94	2.78	0.84	0.19 %

Potency Comparison



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1000 Lincoln Rd., Ste H #213
Yuba City, CA 95991
530-671-7300
info@greenstyleconsulting.com

Green Style Analytics

ID: 30534

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CBD, THC and CBN Profiles for:

Sample: **Mango Kush**

Sample Weight (mg): **102**

Tested for: **Jack's Greenhouse Assn.**

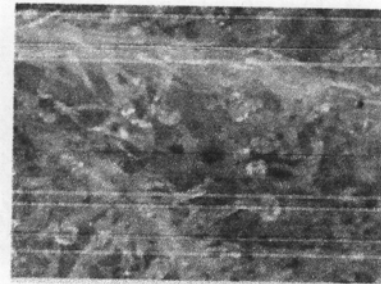
Date: **4/14/2016**

CBD **0.02 %**

THC **12.64 %**

CBN **0.18 %**

CBD:THC Ratio **0.00**
Total Cannabinoids **12.84**



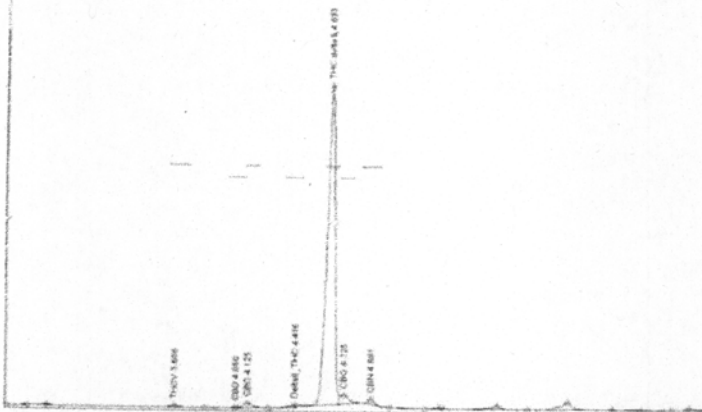
Notes:

Grown: **Outdoor**

Dominant Species **Indica**

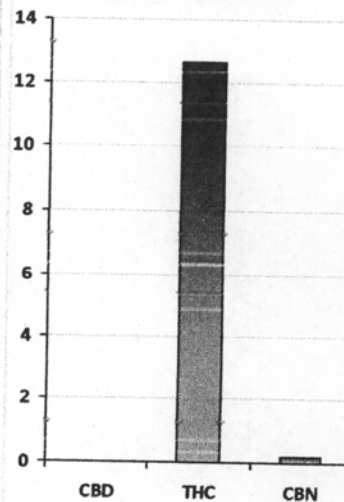
☒ UV & Visual Scan For Mold: **Pass**

Comments:



	Retention	Area	Height	Percentage of weight
CBD	4.05	0.32	0.11	0.02 %
THC	4.63	182.12	53.43	12.64 %
CBN	4.89	2.66	0.84	0.18 %

Potency Comparison



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1000 Lincoln Rd., Ste H #213
Yuba City, CA 95991
530-671-7300
info@greenstyleconsulting.com

Green Style Analytics

ID: 30535

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CBD, THC and CBN Profiles for:

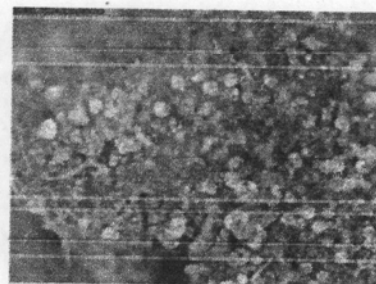
Sample: Tahoe OG

Sample Weight (mg): 101

Tested for: Jack's Greenhouse Assn

Date: 4/14/2016

CBD	0.01 %	CBD:THC Ratio 0.00 Total Cannabinoids 1.40
THC	1.38 %	
CBN	0.02 %	



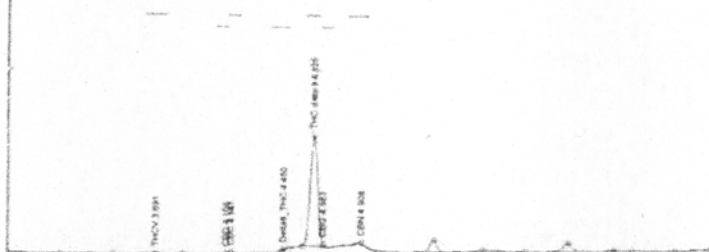
Notes:

Grown: Outdoor

Dominant Species Indica

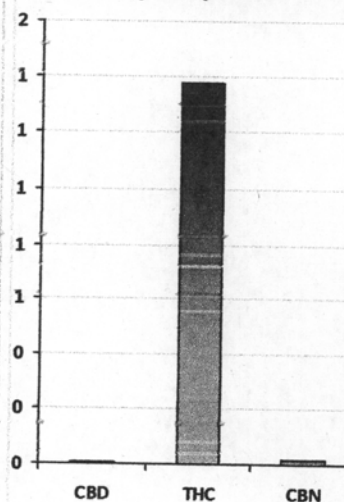
☒ UV & Visual Scan For Mold: Pass

Comments: Major Russet Mites and immature Trichomes



	Retention	Area	Height	Percentage of weight
CBD	4.11	0.09	0.04	0.01 %
THC	4.63	19.62	6.59	1.38 %
CBN	4.91	0.27	0.12	0.02 %

Potency Comparison



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