

Affidavit of Compliance in Growing of Marihuana

STATE OF Michigan
COUNTY OF Jackson
TOWNSHIP OF Leoni

The undersigned, _____, being duly sworn, hereby deposes and says:

- All operations will be conducted in conformance with the MMMA, the Medical Marihuana Facilities Licensing Act or other applicable state laws;
- In conducting said operations, we will not cultivate more than the permitted number of Marihuana Plants per the Michigan Medical Marihuana Act, as amended, and the Medical Marihuana Facilities Licensing Act on the premises at any one time;

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: _____

By: _____

Its: _____

STATE OF MICHIGAN
COUNTY OF JACKSON

The foregoing instrument was acknowledged before me this ____ day of _____, 201__, by _____. Said _____ is personally known to me or has produced _____ as identification.

Signature of Notary Public
State of Michigan
Commission Number: _____
My Commission Expires: _____