## ARTS-PC

## Articles of Incorporation of a **Professional Corporation**

To form a professional corporation in California, you can fill out this form or prepare your own document, and submit for filing along with:

- A \$100 filing fee.
- A separate, non-refundable \$15 service fee also must be included, if you drop off the completed form or document.

Important! Corporations in California may have to pay a minimum \$800 yearly tax to the California Franchise Tax Board. For more information, go to https://www.ftb.ca.gov.

Note: Before submitting the completed form, you should consult with a private attorney for advice about your specific business needs.

This Space For Office Use Only

For questions about this form, go to www.sos.ca.gov/business/be/filing-tips.htm.

(1)	The	e name of the corporation is				
		•				
Corpo	orate	Purpose (List the authorized profession.)				
2	The	e purpose of the corporation is to engage in	the profession of			
	eng	d any other lawful activities (other than the gaging in such profession by applicabl poration within the meaning of California	e laws and regula	tions. This corporation		
proces	s in ce	Process (List a California resident or a California ase your corporation is sued. You may list any adult ldress if the agent is a California registered corporate	who lives in California. Y	ou may not list your own o	orporation	
3	a.					
		Agent's Name				
	b.	Agent's Street Address (if agent is not a corporation			CA	
			- Do not list a P.O. Sox	City (no abbreviations)	State	Zip
Corp	orate	Addresses				
4	a.	Initial Street Address of Corporation - Do not list a P			_	
			O Bay	Gity (no abbreviations)	State	Zip
		miller Street Address or Corporation - Do not list a P				20
	b.	Initial Mailing Address of Corporation, if different from		City (no abbreviations)	State	Zip
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By Mail

Secretary of State

Business Entities, P.O. Box 944260

Sacramento, CA 94244-2600

Corporations Code §§ 200-202 et seq. and 13400 et seq., Revenue and Taxation Code § 23153. ARTS-PC (REV 03/2014)

Make check/money order payable to: Secretary of State

payment of a \$5 certification fee.

Upon filing, we will return one (1) uncertified copy of your filed

document for free, and will certify the copy upon request and

2014 California Secretary of State www.sos.ca.gov/business/be

Drop-Off

Secretary of State

1500 11th Street, 3rd Floor

Sacramento, CA 95814

## CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION **SELLER'S PERMIT** May 16, 2019 ACCOUNT NUMBER Office of Control: Santa Rosa Office NOTICE TO PERMITTEE: You are required to obey all Federal and State laws that regulate or control your business. This permit does not allow you to do otherwise. IS HEREBY AUTHORIZED PURSUANT TO SALES AND USE TAX LAW TO ENGAGE IN THE BUSINESS OF SELLING TANGIBLE PERSONAL PROPERTY AT THE ABOVE LOCATION. THIS PERMIT IS VALID ONLY AT THE ABOVE ADDRESS. THIS PERMIT IS VALID UNTIL REVOKED OR CANCELED AND IS NOT TRANSFERABLE. IF YOU SELL YOUR BUSINESS OR DROP OUT OF A PARTNERSHIP, NOTIFY US OR YOU COULD BE RESPONSIBLE FOR SALES AND USE TAXES OWED BY THE NEW OPERATOR OF THE BUSINESS. Not valid at any other address For general tax questions, please call our Customer Service Center at 1-800-400-7115 (TTY:711). For information on your rights, contact the Taxpayers' Rights Advocate Office at 1-888-324-2798 or 1-916-324-2798. CDTFA-442-R REV. 18 (5-18)

### A MESSAGE TO OUR NEW PERMIT HOLDER

As a seller, you have rights and responsibilities under the Sales and Use Tax Law. In order to assist you in your endeavor and to better understand the law, we offer the following sources of help:

- Visiting our website at www.cdtfa.ca.gov
- Visiting an office
- Attending a Basic Sales and Use Tax Law class offered at one of our offices
- Sending your questions in writing to any one of our offices
- Calling our toll-free Customer Service Center at 1-800-400-7115 (TTY:711)

As a seller, you have the right to issue resale certificates for merchandise that you intend to resell. You also have the responsibility of not misusing resale certificates. While the sales tax is imposed upon the retailer,

- You have the right to seek reimbursement of the tax from your customer.
- You are responsible for filing and paying your sales and use tax returns timely
- You have the right to be treated in a fair and equitable manner by the employees of the California Department of Tax and Fee Administration (CDTFA)
- You are responsible for following the regulations set forth by the CDTFA

As a seller, you are expected to maintain the normal books and records of a prudent businessperson. You are required to maintain these books and records for no less than four years, and make them available for inspection by a CDTFA representative when requested. You are also required to know and charge the correct sales or use tax rate, including any local and district taxes. The tax rate applicable to your sales or use may not necessarily correspond to the tax rate of your business address displayed on this permit. You are also expected to notify us if you are buying, selling, adding a location, or discontinuing your business, adding or dropping a partner, officer, or member, or when you are moving any or all of your business locations. If it becomes necessary to surrender this permit, you should only do so by mailing it to a CDTFA office, or giving it to a CDTFA representative.

If you would like to know more about your rights as a taxpayer, or if you are unable to resolve an issue with CDTFA, please contact the Taxpayers' Rights Advocate Office for help by calling toll-free, 1-888-324-2798 or 1-916-324-2798. Their fax number is 1-916-323-3319.

Please post this permit at the address for which it was issued and at a location visible to your customers.

California Department of Tax and Fee Administration

Business Tax and Fee Division

## State Waterboard Online 2018 Cannabis Water Quality Monitoring & Reporting Program

You completed application on 03/01/2019 15:08:24

Return to Dashboard

## SECTION A ENROLLMENT INFORMATION:

Enter WDID for cultivation site:



It may take a few moments to retrieve the enrollment information associated with this WDID after you hit "Save and Continue."

## SECTION A ENROLLMENT INFORMATION:

WDID Number 1 is Enrolled Under Order Number:
· Since the second seco
Facility Enrollment Type and Discharger Name:
Enrollee -
If the Enrollment Type and Discharger Name above is blank or does not look to be associated with your cannabis cultivation
please confirm WDID number listed on the Notice of Applicability (NOA) issued by the
Regional Water Quality Control Board (RWQCB) or State Water Resource Control Board (SWRCB). You can re-enter the
WDID by going back to the previous screen.
If you have confirmed the WDID was entered exactly as shown on the NOA and the fields are still blank you will need to
contact the RWQCB or SWRCB that issued the NOA

Welcome to the Cannabis Cultivation General Order Annual Monitoring Report Portal. This online tool allows dischargers, also referred to as cannabis cultivators, or representative to electronically submit the Annual Monitoring Report as required by the State Water Resources Control Board Order

General Waste Discharge Requirements and Waiver of Waste Discharge Requirements for Discharges, of Waste Associated with Cannabis Cultivation Activities (Cannabis Cultivation General Order). This online portal fulfills the requirement in Attachment B of the Cannabis Cultivation General Order.

The portal consists of the following sections:

Section A: Site Enrollment Information

Section B: Facility Status information for Tier 1 and Tier 2 dischargers characterized as low, moderate, or high risk

Section C: Site Maintenance Status for Tier 1 and Tier 2 dischargers characterized as moderate or high risk

Section D: Storm Water Runoff Monitoring for Tier 1 and Tier 2 dischargers that are characterized as moderate or high risk

Section E: Self Certification of information provided

Questions that are marked with a 🌟 symbol are mandatory and must be answered in the application.

At anytime you can close the window and return at a later date to continue at your last saved page.

Click 'Save and Continue' below to continue.

From:			
Sent:			
To:			
Subject:			

\*\*\*\* Do Not Respond to This Email \*\*\*\*

The following application has been submitted:

Number:
Name:
Program Area:
Applicant Organization:
Applicant:

Applications transmitted to CDFW on non-business days or after business hours, will be received and processed the following business day.

Please note that this email **does not** authorize your Project or Activities. This email **does not** constitute verification that a Lake or Streamed Alteration Agreement is not required.

If you have questions, please contact the <u>CDFW Region Office</u> where the project is located. Please refer to the Application number referenced above.

If this change requires your attention, you may log into EPIMS at the following location: <a href="https://EPIMS.wildlife.ca.gov">https://EPIMS.wildlife.ca.gov</a>



STATE OF CALIFORNIA
DEPARTMENT OF FISH AND WILDLIFE
LSA PAYMENT RECEIPT
Not a license

GO ID:
STATE ID:

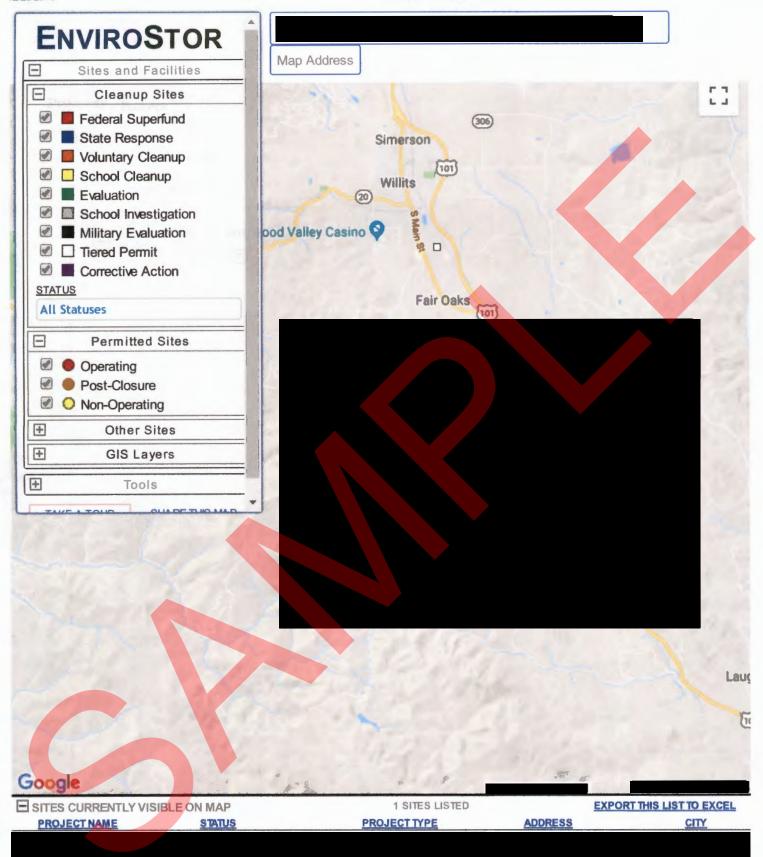




## **Application**

## 01446 - Standard Agreement for Cannabis Cultivation - Region 1 - Final Application

Region 1  Status: Submitted Submitted Date: 12/27/2018 12:33 PM  Applicant Information  Registered EPIMS User: First Name* Title: Email:* Address:*  Phone:*  Region of interest:* Region 1  You may include additional contact information, i.e., consultant/business associate/translator. Contact Name: Email: Phone:	77					
Status: Submitted Date: 12/27/2018 12:33 PM  Applicant Information  Registered EPIMS User: First Name* Title: Email:* Address:*  Phone:*  Identify the CDFW Region where most of your activities will take place. Region of interest: Region 1  You may include additional contact information, i.e., consultant/business associate/translator. Contact Name: Email:						
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### **DEPARTMENT OF WATER RESOURCES**

NORTH CENTRAL REGION OFFICE 3500 INDUSTRIAL BOULEVARD WEST SACRAMENTO, CA 95691



October 16, 2018



Dear

This is in regards to your request for a well completion report you submitted. DWR has performed a search of our records for the following location and has found no well completion reports.



If you need additional information or have any questions, please contact



Groundwater Supply Assessment and Special Studies Section





June 25, 2019

WDID:



Subject: Notice of Applicability - Waste Discharge Requirements Water Quality

Order

The attached Notice of Applicability provides notice that the requirements of the State Water Board Cannabis Cultivation Policy- Principles and Guidelines for Cannabis Cultivation (Policy), and the General Waste Discharge Requirements and Waiver of Waste Discharge Requirements for Discharges of Waste Associated with Cannabis Cultivation Activities, Order (General Order – previously WQ with updates and revisions effective April 16, 2019) are applicable to the site as described below. Based on the information provided, the Discharger self-certifies the cannabis cultivation activities are consistent with the requirements of the State Water Board Policy and General Order.

Please direct all submittals, discharge notifications, and questions regarding compliance and enforcement to the North Coast Regional Water Quality Control Board Cannabis Program at (707) 576-2676 or northcoast.cannabis@waterboards.ca.gov.

Sincerely,

2019.06.27 12:28:52 PDT

Water Boards

Matthias St. John Executive Officer

On Behalf Of

Kason Grady

North Coast Regional Water Quality Control Board

VALERIE L. QUINTO, CHAIR | MATTHIAS ST. JOHN, EXECUTIVE OFFICER





#### State Water Resources Control Board

Cannabis General Order Application Number: Fee Payment Application Number:

Self-Certification Date:

## NOTICE OF RECEIPT

STATE WATER RESOURCES CONTROL BOARD ORDER WQ 2017-0023-DWQ

GENERAL WASTE DISCHARGE REQUIREMENTS AND WAIVER OF WASTE DISCHARGE REQUIREMENTS FOR DISCHARGES OF

WASTE ASSOCIATED WITH CANNABIS CULTIVATION ACTIVITIES

Your application for coverage under the Cannabis General Order has been received.

Your application for

Risk site with an application fee due.

## **CDFA License**

For dischargers seeking a cultivation license from CDFA, this Notice of Receipt is insufficient. Upon payment of your application fee (see Fee Payment section) and submittal of Native American tribal authorization (if needed; see Native American Tribe Authorization section below), you will receive a separate Notice of Applicability (NOA) to be used for obtaining a CDFA license.

## Fee Payment

Within 30 calendar days of submitting your application, you must pay an application fee in order for your application to be complete.

Your fee category is:

The application fee can be paid using electronic funds transfer, a check, money order, or cashier check.

- If you are paying via electronic funds transfer, visit the following website: http://www.waterboards.ca.gov/make\_a\_payment/. Include
  your Fee Payment Application Number when submitting your payment. Your Fee Payment Application Number can be found at the
  top right-hand corner of this Notice.
- If you are paying with a check, money order, or cashier check, make the check payable to the "State Water Resources Control Board", write the Fee Payment Application Number on the check, money order, or cashier check, and submit the payment to the following address:

State Water Resources Control Board

ATTN: Water Quality Fees - Cannabis General Order

PO Box 1888

Sacramento, CA 95812-1888.

#### Instructions for Paying Application Fees by Cash:

All cash payments must be submitted directly to the State Water Resources Control Board (State Water Board), not the Regional Water Quality Control Board. The State Water Board prefers that payments be made by check or money order. Money orders are available in





#### **State Water Resources Control Board**

# Notice of Receipt for Cannabis Small Irrigation Use Registration

Registration ID:

#### THIS NOTICE OF RECEIPT IS NOT A WATER RIGHT

Based on the response provided for your cannabis cultivation water source, you do not need to file for a Small Irrigation Use Registration. You may use your existing water source for cannabis cultivation. Be aware - you may still need coverage under the Cannabis General Order. Even if you do not need a water right for your project, you are still required to comply with the Cannabis Cultivation Policy and all other state and local requirements that pertain to your water source. The Cannabis Cultivation Policy has additional requirements for your diversions including groundwater wells, and discharges.

If you feel you have reached this page in error, please contact the Cannabis Registration Unit at cannabisreg@waterboards.ca.gov or 916-319-9427.

E. JOAQUIN ESQUIVEL, CHAIR | EILEEN SOBECK, EXECUTIVE DIRECTOR

1001 | Street, Sacramento, CA 95814 | Mailing Address: P.O. Box 100, Sacramento, CA 95812-0100 | www.waterboards.ca.gov

© 2019 - State Water Resources Control Board

## QUADRUPLICATE Use of comply with local requirements

Notice of Intent No .\_

STATE OF CALIFORNIA

THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES
WATER WELL DRILLERS REPORT

Do	no '	fi	u ·	in
----	------	----	-----	----

No.
State Well No.

Lacar remit No. of Date		Other Well No
		(12) WELL LOG: Total depth 75 ft. Depth of completed well 75 ft. from ft. to ft. Formation (Describe by color, character, size or material)
	(3) TYPE OF WORK:	
	New Well T Deepening	
	Reconstruction	
the second secon	Reconditioning	*
	Horizontal Well	
	Destruction [ (Describe destruction materials and procedures in Item 12)	-
The second of	(4) PROPOSED USE:	***
	Domestic	-
	Irrigation	. 44
	Industrial	4-
	Test Well	
	Stock	-
WELL LOCATION SKETCH	Municipal Other	
Walla Eddinion Salardii	ouler a	
		_
		_
		No. 1
		-
		PV
(9) WELL SEAL:		ng.
	If yes, to depth 20° ft.	
	Intervalft.	
Method of sealing concrete on gray	vel pack	Work started 5-16 19 83 Completed 5-18 19 83
(10) WATER LEVELS:		WELL DRILLER'S STATEMENT:
Depth of first water, if known	ft.	This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Standing level after well completion	ft.	
(11) WELL TESTS: Was well test made? Yes No If yes, by Type of test  No Bailer  Bailer	whom? Weeks	NAME.
Depth to water at start of test 35 ft.	At end of test 45 ft	NAME
Discharge 6 gal/min after 22 hours	Water temperature COOl	Address
Chemical analysis made? Yes [] No [X If yes, by		City
	ch copy to this report	License No

## CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE

REGION 1 – NORTHERN REGION 619 Second Street Eureka, CA 95501





This Lake or Streambed Alteration Agreement (Agreement) is entered into between the California Department of Fish and Wildlife (CDFW) and

#### RECITALS

WHEREAS, pursuant to Fish and Game Code (FGC) section 1602, the Permittee initially notified CDFW on Permittee intends to complete the project described herein.

WHEREAS, pursuant to FGC section 1603, CDFW has determined that the project could substantially adversely affect existing fish or wildlife resources and has included measures in the Agreement necessary to protect those resources.

WHEREAS, the Permittee has reviewed the Agreement and accepts its terms and conditions, including the measures to protect fish and wildlife resources.

NOW THEREFORE, the Permittee agrees to complete the project in accordance with the Agreement.

## PROJECT LOCATION



### PROJECT DESCRIPTION