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.*

Corporate Name (List the proposed corporate name. Contact the California state board or agency that controls your profession to find out if your profession is authorized to be a corporation in California and if there are any specific corporate name style rules. Go to www.sos.ca.gov/business/be/name-availability.htm for general corporate name requirements and restrictions.)

① The name of the corporation is _____

Corporate Purpose (List the authorized profession.)

② The purpose of the corporation is to engage in the profession of _____ and any other lawful activities (other than the banking or trust company business) not prohibited to a corporation engaging in such profession by applicable laws and regulations. This corporation is a **professional corporation** within the meaning of California Corporations Code section 13400 et seq.

Service of Process (List a California resident or a California registered corporate agent that agrees to be your initial agent to accept service of process in case your corporation is sued. You may list any adult who lives in California. You may not list your own corporation as the agent. Do not list an address if the agent is a California registered corporate agent as the address for service of process is already on file.)

③ a. _____
Agent's Name

b. _____ CA _____
Agent's Street Address (if agent is not a corporation) - Do not list a P.O. Box *City (no abbreviations)* *State* *Zip*

Corporate Addresses

④ a. _____
Initial Street Address of Corporation - Do not list a P.O. Box *City (no abbreviations)* *State* *Zip*

b. _____
Initial Mailing Address of Corporation, if different from 4a *City (no abbreviations)* *State* *Zip*

Shares (List the number of shares the corporation is authorized to issue. Note: Before shares of stock are sold or issued, the corporation must comply with the Corporate Securities Law of 1968 administered by the California Department of Business Oversight. For more information, go to www.dbo.ca.gov or call the California Department of Business Oversight at (866) 275-2677.)

⑤ This corporation is authorized to issue only one class of shares of stock.
The total number of shares which this corporation is authorized to issue is _____.

This form must be signed by each incorporator. If you need more space, attach extra pages that are 1-sided and on standard letter-sized paper (8 1/2" x 11"). All attachments are made part of these articles of incorporation.

▶ _____ _____
Incorporator - Sign here *Print your name here*

Make check/money order payable to: **Secretary of State**	***By Mail***	***Drop-Off***
Upon filing, we will return one (1) uncertified copy of your filed document for free, and will certify the copy upon request and payment of a $5 certification fee.	Secretary of State Business Entities, P.O. Box 944260 Sacramento, CA 94244-2600	Secretary of State 1500 11th Street, 3rd Floor Sacramento, CA 95814

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

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

Clear Form Print Form

SAMPLE

DISPLAY CONSPICUOUSLY AT PLACE OF BUSINESS FOR WHICH ISSUED

CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION

SELLER'S PERMIT

May 16, 2019

ACCOUNT NUMBER

[redacted]

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

SAMPLE

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

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

Return to Dashboard

SECTION A ENROLLMENT INFORMATION:

Enter WDID for cultivation site: [redacted]

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** [redacted] is Enrolled Under Order Number:
[redacted]

Facility Enrollment Type and Discharger Name:
Enrollee - [redacted]

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 [redacted] is the 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.

[redacted]

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 [redacted] 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.

[redacted]

SAMPLE

[redacted]

From:
Sent:
To:
Subject:

[redacted]

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

The following application has been submitted:

Number: [redacted]
Name: [redacted]
Program Area: [redacted]
Applicant Organization: [redacted]
Applicant: [redacted]

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 CDFW Region Office 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:
https://EPIMS.wildlife.ca.gov

SAMPLE

19 LSA

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

[redacted]

GO ID: [redacted]
STATE ID: [redacted]

[redacted]

Item	Fee*
1602 Std < $5K	**$625.80**

Applicant Name: [redacted]
LSA Notification [redacted]
Project Name: [redacted]

Total: [redacted]

*Includes any applicable application fees, agent handling fees and license buyer surcharge.

----- End of Document [redacted] -----

SAMPLE

CALIFORNIA DEPARTMENT OF FISH and WILDLIFE

Application

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

[redacted]

Region 1

Status: Submitted

Submitted Date: 12/27/2018 12:33 PM

Applicant Information

Registered EPIMS User:

First Name* [redacted]

Title:

Email:*

Address:*

*

Phone:* [redacted]

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: [redacted]

Email: [redacted]

Phone:

- [redacted]

SAMPLE

ENVIROSTOR

293 Seminary Avenue Ukiah, CA 95482

Map Address

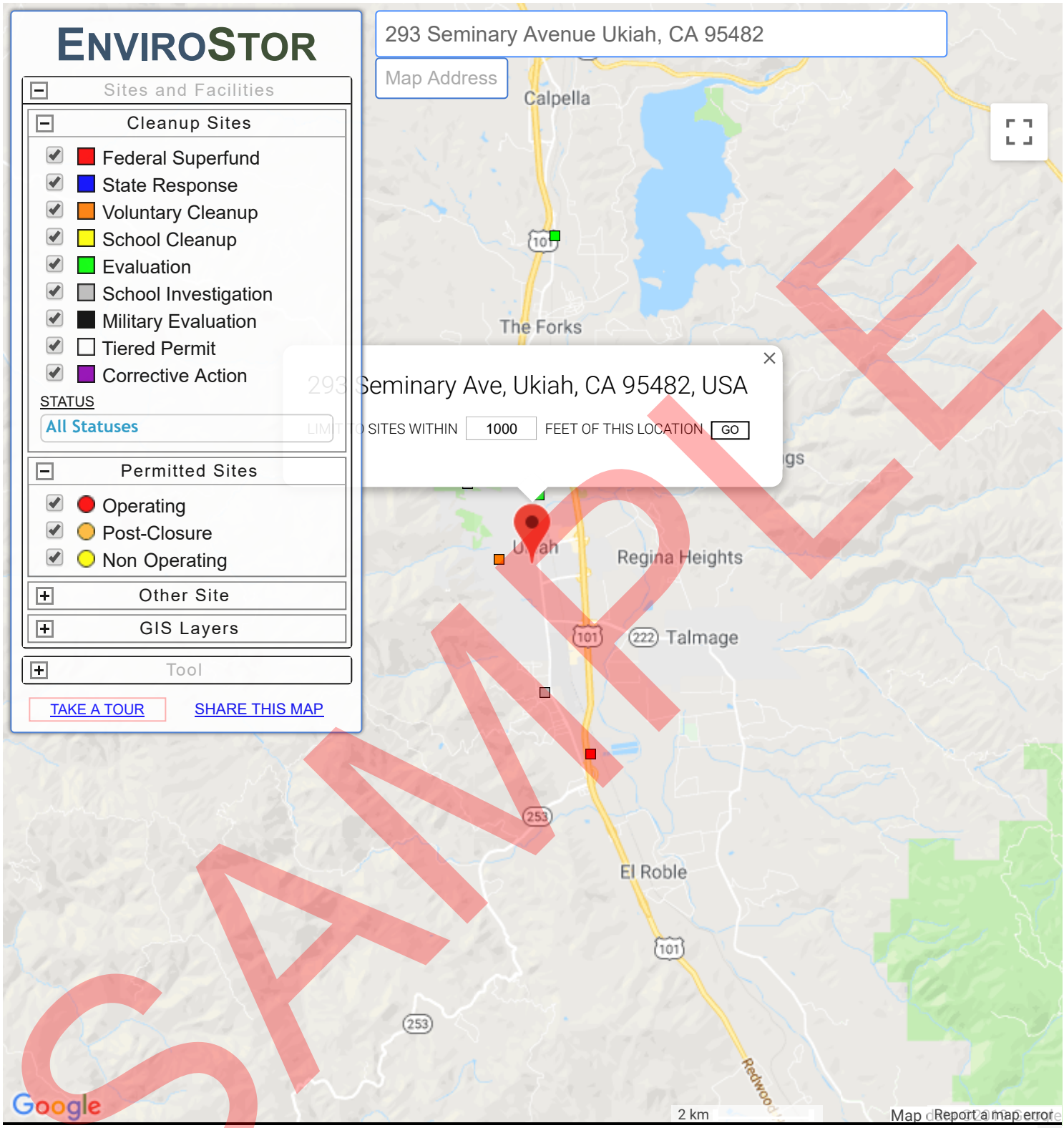
- Sites and Facilities
  - Cleanup Sites
    - Federal Superfund
    - State Response
    - Voluntary Cleanup
    - School Cleanup
    - Evaluation
    - School Investigation
    - Military Evaluation
    - Tiered Permit
    - Corrective Action

STATUS

All Statuses

- Permitted Sites
  - Operating
  - Post-Closure
  - Non Operating
- Other Site
- GIS Layers
- Tool

TAKE A TOUR SHARE THIS MAP



SAMPLE

SITES CURRENTLY VISIBLE ON MAP — 19 SITES LISTED — EXPORT THIS LIST TO EXCEL

PROJECT NAME	STATUS	PROJECT TYPE	ADDRESS	CITY
AN-LEE	REFER: RWQCB	EVALUATION	201 S MAIN ST	LAKEPORT
CO OF LAKE (AGRICULTURAL COMM)	CLOSED	NON-OPERATING	883 LAKEPORT BLVD	LAKEPORT
COAST WOOD PRESERVING	CERTIFIED / OPERATION & MAINTENANCE	FEDERAL SUPERFUND	PLANT RD & TAYLOR DR	UKIAH
DANIEL BROS STEEL & MACHINE WK	NO ACTION REQUIRED	EVALUATION	160 BRUSH STREET	UKIAH
DRBU SUDHANA CENTER	ACTIVE	VOLUNTARY CLEANUP	200-246 BARNES STREET	UKIAH
FORMER MONTGOMERY WARDS SCHOOL SITE	NO FURTHER ACTION	SCHOOL INVESTIGATION	1600-2000 STATE STREET	UKIAH
GEORGIA PACIFIC RESINS INC	REFER: RWQCB	CORRECTIVE ACTION	HOLLOW TREE ROAD	UKIAH

STATE OF CALIFORNIA - CALIFORNIA NATURAL RESOURCES AGENCY

EDMUND G. BROWN JR., *Governor*

DEPARTMENT OF WATER RESOURCES
NORTH CENTRAL REGION OFFICE
3500 INDUSTRIAL BOULEVARD
WEST SACRAMENTO, CA 95691

October 16, 2018

[redacted]

Dear [redacted]

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.

[redacted]

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

[redacted]

Groundwater Supply Assessment and
Special Studies Section

SAMPLE

[redacted]

June 25, 2019 WDID: [redacted]

[redacted]

Subject: Notice of Applicability - Waste Discharge Requirements Water Quality Order [redacted]

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 [redacted] (General Order – previously WQ [redacted] 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

Kason Grady

On Behalf Of

Water Boards

Matthias St. John
Executive Officer
North Coast Regional Water Quality Control Board

[redacted]

SAMPLE

CALIFORNIA
Water Boards

EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIQUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board

Cannabis General Order Application Number: [redacted]
Fee Payment Application Number: [redacted]
Self-Certifcation Date: [redacted]

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 [redacted]
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: [redacted]

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

SAMPLE

CALIFORNIA
Water Boards

GAVIN NEWSOM
GOVERNOR

JARED BLUMENFELD
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board

Notice of Receipt for Cannabis Small Irrigation Use Registration

Registration ID: [redacted]

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.

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SAMPLE

QUADRUPLICATE
Use of comply with local requirements

Notice of Intent No.
Local Permit No. or Date [redacted]

STATE OF CALIFORNIA
THE RESOURCES AGENCY
DEPARTMENT OF WATER RESOURCES

WATER WELL DRILLERS REPORT

Do not fill in

No. [redacted]

State Well No.
Other Well No. [redacted]

[redacted]

WELL LOCATION SKETCH

(3) TYPE OF WORK:
New Well ☒ Deepening ☐
Reconstruction ☐
Reconditioning ☐
Horizontal Well ☐
Destruction ☐ (Describe destruction materials and procedures in Item 12)

(4) PROPOSED USE:
Domestic ☒
Irrigation ☐
Industrial ☐
Test Well ☐
Stock ☐
Municipal ☐
Other ☐

[redacted]

(9) WELL SEAL:
Was surface sanitary seal provided? Yes ☒ No ☐ If yes, to depth 20' ft.
Were strata sealed against pollution? Yes ☐ No ☒ Interval ft.
Method of sealing concrete on gravel pack

(10) WATER LEVELS:
Depth of first water, if known ft.
Standing level after well completion 35' ft.

(11) WELL TESTS:
Was well test made? Yes ☒ No ☐ If yes, by whom? Weeks
Type of test Pump ☐ Bailer ☒ Air lift ☐
Depth to water at start of test 35 ft. At end of test 45 ft
Discharge 6 gal/min after 2½ hours Water temperature cool
Chemical analysis made? Yes ☐ No ☒ If yes, by whom?
Was electric log made? Yes ☐ No ☒ If yes, attach copy to this report

(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)

[redacted]

Work started 5-16 19 83 Completed 5-18 19 83

WELL DRILLER'S STATEMENT:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.

SIGNED [redacted]
NAME
Address
City
License No.

DWR 188 (REV. 7-76) IF ADDITIONAL SPACE IS NEEDED, USE NEXT CONSECUTIVELY NUMBERED FORM

SAMPLE

CALIFORNIA DEPARTMENT OF FISH AND WILDLIFE
REGION 1 – NORTHERN REGION
619 Second Street
Eureka, CA 95501

STREAMBED ALTERATION AGREEMENT

[redacted]

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

RECITALS

WHEREAS, pursuant to Fish and Game Code (FGC) section 1602, the Permittee initially notified CDFW on [redacted] that the 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

[redacted]

PROJECT DESCRIPTION

[redacted]

SAMPLE

CALIFORNIA
Water Boards

EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIQUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board

Notice of Receipt and Invoice for Cannabis Small Irrigation Use Registration

Registration ID: [redacted]
Applicant Name: [redacted]
Mailing Address: [redacted]
Phone Number: [redacted]
Email Address: [redacted]

Dear [redacted]:

The State Water Resources Control Board (State Water Board), Division of Water Rights has received your registration on [redacted] and it was assigned registration number [redacted]. Your Cannabis Small Irrigation Use Registration for [redacted] will be processed once the filing fee is received.

Print out this confirmation page. You need to include a copy of the perforated portion of this page with your check, money order or cashier's check.

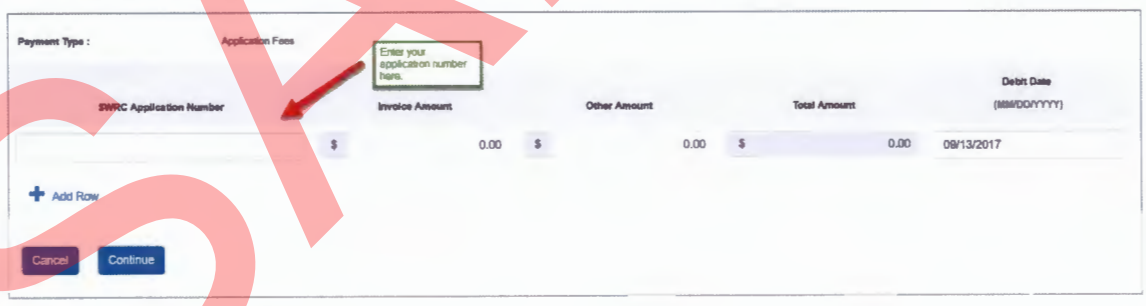
Amount Due: [redacted]
Your payment must be postmarked within [redacted]

REGISTRATION FILING FEE PAYMENT OPTIONS

The application registration filing fee can be paid with electronic fund transfers, checks, money orders, or cashier's checks.

ELECTRONIC PAYMENT/AUTOMATIC CLEARINGHOUSE (ACH)

If you are paying electronically, include your registration number when submitting your payment. Visit the SWRCB Make A Payment webpage. Scroll to the bottom of the page and enter your application number [redacted]



CASH AND CREDIT CARDS

Cash and credit cards are NOT accepted forms of payment for your Cannabis Small Irrigation Use Registration at this time.

CHECK, MONEY ORDER, AND CASHIER'S CHECK

Please mail a check, money order, or cashier's check for the [redacted] filing fee payable to the State Water Resources Control Board. Include the perforated portion of notice of this Receipt and Invoice when you submit your payment. Make sure your check, money order, or cashier's check includes your application number [redacted], registration number [redacted] name, and address. Along with your check, please include the perforated portion of this page and mail to:

SAMPLE