CITY OF WOODBURY

CANNABIS LICENSE APPLICATION

Applications will be received by the City of Woodbury on a rolling basis. The City will begin reviewing completed applications on March 1, 2022.

Applications are to be delivered to the City of Woodbury at the offices of the Woodbury City Clerk, located at 33 Delaware St., Woodbury NJ 08096.

Applicants shall submit an original and one paper copy of the application as well as a digital copy on a flash drive. The application shall be in a sealed envelope, clearly marked on the outside with the words "Woodbury Cannabis License Application" and the name and address of the applicant. Applicants shall not use plastic covers or sheets for their applications. Binders are also discouraged.

Applicant shall include a check made payable to the City of Woodbury for the appropriate application fee amount listed in Item 16 of the application form.

Applicants shall assume full responsibility for the delivery of their application to the offices of the City Clerk.

CITY OF WOODBURY
CANNABIS LICENSE APPLICATION

A. This license application is subject to the provisions and exceptions set forth in the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq. and as such the application is considered public information.

B. A license application shall be deemed incomplete, and shall not be processed, until all documents and application fees are submitted. Once the City of Woodbury has determined the application is complete, it will notify the Applicant. The City will begin reviewing completed applications on March 1, 2022.

C. The City of Woodbury may approve or deny an application for a municipal cannabis license at its sole discretion, consistent with all governing State Law, based on an evaluation of the benefits to the City of Woodbury.

1. Date of Application: March 3rd,2022

2. Applicant Information:

- Legal name of business registered to do business in the State of New Jersey: Atria Dispensary LLC
- Address: 28 West Lafayette Street, Trenton, NJ 08608-2002
- Email: brogers3120@gmail.com
- Phone: 267-532-7073
- Website (if any):
- Name of primary contact for the business: Brian Rogers
- Title: Chief Operating Officer
- Address: 3120 Welsh Road, Philadelphia, PA 19136
- Email: brogers3120@gmail.com
- Phone: 267-532-7073

- Trade name, alternate name or "doing business as" name of cannabis establishment: Atria Dispensary

3. Applicant must provide: *See Attached*

- New Jersey Business Registration Certificate
- Federal Tax Identification Number
- State Tax Identification Number

4. Does the Applicant operate an Alternative Treatment Center in Woodbury?

___ Yes – If yes, what is the name and address of the Alternative Treatment Center?

__**X**_ No –

5. Applicant Business Structure:

Attach proof of business structure such as articles of incorporation, by-laws, partnership agreements, and other documentation that supports the structure.

____ Corporation

____ Partnership

____ Limited Partnership

____ Individual

_**X**___ Other (Describe): Limited Liability Company

6. Business Ownership

Provide a complete list of every person with over 10% interest in the proposed cannabis business including the full name, title within the entity, date owner acquired interest in entity, the percentage of ownership interest, and financial interest in any other cannabis business. If an owner meets the criteria for social equity, minority, woman, disable veteran or microbusiness owner (see section M, N and O), indicate with a Yes.

	#1	#2	#3	#4
Name	Jean-Ellen Rogers	Brian Rogers	Danielle Cohen	
Title	CEO	COO	Investor	

Date Ownership Acquired	02/11/2022	02/11/2022	02/11/2022	
Percentage of Ownership	50%	25%	10%	
Financial Interest in Another Cannabis	0%	0%	0%	
Establishment				
Social Equity Business Owner	No	No	No	
Minority Business Owner	No	No	No	
Woman Business Owner	**Yes**	No	**Yes**	
Disable Veteran Business Owner	No	No	No	
Micro-business Owner	No	No	No	

If any person above is listed as having an interest in another cannabis establishment, provide further information:

7. Has any person above had any cannabis license or permit revoked for a violation affecting public safety in New Jersey or a subdivision in the state within the preceding five (5) years?

____ Yes – If yes, provide further information.

__X__ No

8. Type of Municipal Cannabis License Requested:

____ Class I Cultivator

____ Class II Manufacturer

____ Class III Wholesaler

____ Class IV Distributor

_X___ Class V Retailer

____ Class VI Delivery

9. Has the Applicant secured a New Jersey cannabis license as of the date of this application?

____ Yes – If yes, provide a copy of the state cannabis license

_X___ No – If no, what is the status of the Applicant's state cannabis license application? Awaiting the opening of NJ State Recreational Dispensary Application Acceptance on March 15th, 2022.

10. Address of Proposed Woodbury Cannabis Establishment: 549 S Evergreen Ave, Woodbury, NJ 08096 (Currently in negotiation with owner for purchase of property.)

Provide proof the Applicant has or will have lawful possession of the proposed premises with a deed, lease, real estate contract contingent on successful licensing, or a binding letter of intent from the owner of the premises contingent on successful licensing.

If property is leased, provide name, address, email address and phone number for property owner or owner's agent.

NOTE: The proposed location shall meet all requirements set forth in Chapter 202, Zoning, of the Code Book of the City of Woodbury.

11. Has the Applicant secured a Zoning Review of the proposed location affirming that the proposed cannabis establishment is a permitted use in the location above?

_X__ Yes – If yes, provide a copy of the approval. (Was approved verbally by John Leech on 03/08/22 for use as a Class 5 Dispensary)

____ No – If no, what is the status of the Applicant's Zoning Review.

If the Zoning Review determined that the proposed cannabis operation is not a permitted use in the location above, has the Applicant secured approval for the cannabis operation from the Woodbury Planning Board or Woodbury Zoning Board of Adjustment?

____ Yes

____ No

12. Evaluation Criteria:

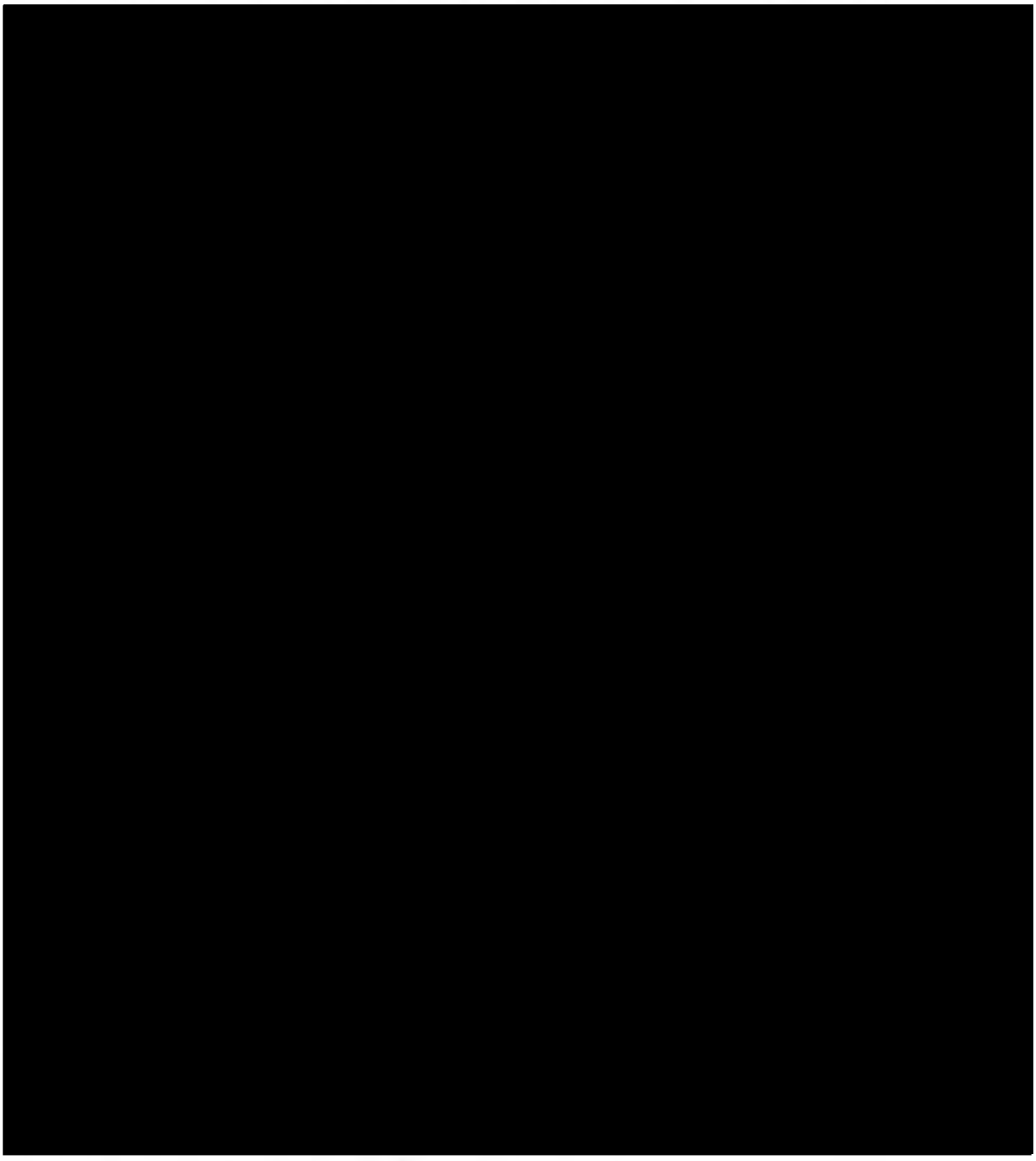
The following are to be answered in paragraph form in an attached document, using the number that corresponds to each criterion. Responses are to be word limited as indicated below.

1. Describe qualifications and experience of the Applicants/owners in operating in highly regulated industries in New Jersey or another state, including cannabis, healthcare, pharmaceutical manufacturing, and retail pharmacies. (Response not to exceed 2,500 words).

2. Describe plans for the storage of products, physical security, video surveillance, security personnel and visitor management. (Response not to exceed 2,500 words).

   Areas to consider:
   - Inventory control
   - Delivery and shipping procedures
   - On-site security guards and their responsibilities
   - General description of security cameras and alarms
   - Estimated number of customers/visitors per day

- Customer/visitor check in procedures and access to sales area
- Off-street parking arrangements for employees and customers/visitors
- Procedures and training for all fire and medical emergencies and hazardous situations
- Sample of signage that it is illegal to sell to anyone 21 years and under and that the store will check ID upon purchase
- Procedure for handling a customer exhibiting alcohol and/or substance abuse



[redacted]

3. Describe experience conducting or supporting or plans to conduct institutional review board-approved research involving human subjects that is related to medical cannabis or substance abuse, where the value of past or ongoing clinical research with IRB approval shall outweigh plans to conduct such research, whether the applicant has had any assurance accepted by the U.S. Department of Health & Human Services indicating the applicant's commitment to complying with 45 CFR Part 46 (five percent), and whether the applicant has a research collaboration or partnership agreement in effect with an accredited U.S. school of medicine or osteopathic medicine with experience conducting cannabis-related research (Response not to exceed 2,500 words).

[redacted]

4. Describe experience as a responsible employer or a commitment to being a responsible employer. Examples are providing employee health care insurance, providing paid family leave and/or paying a $15 minimum wage. If the Applicant is a party to a collective bargaining agreement for at least one year prior to the Woodbury application, the Applicant will receive evaluation points and no further response is needed. (Response not to exceed 1,500 words).

[redacted]

[redacted]

5. Describe environmental impact and sustainability plan: whether the applicant entity or its parent company has any recognitions from or registrations with federal or New Jersey state environmental regulators for innovation in sustainability (three percent); and whether the applicant entity or its parent company holds any certification under international standards demonstrating the applicant has an effective environmental management system or has a designated sustainability officer to conduct internal audits to assess the effective implementation of an environmental management system (Response not to exceed 500 words):

[redacted]

6. Describe ties to the host community, demonstrated by at least one owner's proof of residency in Woodbury for five or more years or at least one owner's continuous ownership of a business based in Woodbury for five or more years in the past ten years. If applicable, provide deed and/or lease of home or business location with indication of how many years in Woodbury (Response not to exceed 500 words).

[redacted]

7. Describe a demonstrated commitment to diversity in its ownership composition and hiring practices. If applicable, provide evidence of ownership composition or hiring practices that have increased or will increase diversity with regarding to race, culture, gender and sexual identity (Response not to exceed 1,500 words)..

[redacted]

[redacted]

13. Proposed Hours of Operation.

- Monday: 10:00am – 7:00pm
- Tuesday: 10:00am – 7:00pm
- Wednesday: 10:00am – 7:00pm
- Thursday: 10:00am – 7:00pm
- Friday: 10:00am – 7:00pm
- Saturday: 10:00am – 7:00pm
- Sunday: Closed

14. Affirmative Action, Anti-Discrimination and Fair Employment.

1. Provide an affidavit and documentary proof of compliance with all state and local laws regarding affirmative action, anti-discrimination and fair employment practices.

   Please see attached.

2. Provide a certified statement under oath there will be no discrimination based on race, color, religion (creed), gender, gender expression, gender identity, age, national origin (ancestry), disability, marital status, sexual orientation or military status in any of the Applicant's activities or operations.

   Please see attached certified oaths.

15. Financial Information.

1. Describe the financial capability of the Applicant to open and operate a cannabis establishment and the sources of funds to do so.

   [redacted]

2. Provide name, address, email address, phone number and age of each person/entity with a non-ownership financial interest in the cannabis establishment, which shall include an investment, loan or any other type of equity.

Non-ownership investors of Atria Dispensary LLC are as follows:

- **Mark Daley,** 17 Twin Oak Drive, Levittown, PA 19056, email: [redacted] Tele: [redacted] Age: 57yo
- **Elwood Tenney,** 659 Friar Drive, Yardley, PA 19067, email: [redacted] Tele [redacted] Age: 69yo
- **Richard Gelade,** 17 Glen Olden Rd, Yardley, PA 19067, email: [redacted] Tele: [redacted] Age: 74yo

16. Initial Application Fee.

Applicant has attached an application fee as described below:

__	Class I Cultivator	$10,000
__	Class 2 Manufacturer	$10,000
__	Class 3 Wholesaler	$10,000
__	Class 4 Distributor	$10,000
X	Class 5 Retailer	$10,000
__	Class 6 Delivery	$ 5,000

17. Acknowledgment of Provisions of Woodbury Ordinance No. 2354-22 to Regulate Cannabis Businesses in the City of Woodbury.

The undersigned, on behalf of the cannabis license applicant, Brian W. Rogers, declares under penalty of perjury that I have read and understand the provisions of Woodbury Ordinance No. 2354-22, and that the operation of this cannabis establishment must adhere to all the requirements of Woodbury's Municipal Code and all other applicable state and local laws and all regulations promulgated thereunder.

I understand that I am the responsible party for any violation(s) of the cannabis establishment that may arise.

I understand and acknowledge that a license issued based on false or misleading statements provided in this application will be deemed invalid and subject to revocation.

I understand that the City of Woodbury Mayor and Council may approve or deny an application for a municipal cannabis license at its sole discretion, consistent with all governing State Law, based on an evaluation of the benefits to the City of Woodbury.

I declare under penalty of perjury under the laws of the State of New Jersey that the foregoing statements are true and correct.

Brian Rogers
Signature

3/9/22
Date

Brian Rogers
Print Name

3/9/22
Date

Owner/Chief Operating Officer
Title

3/9/22
Date

I:\WOODBURY CITY\Cannabis\Documents\022322 Revised Cannabis License Application.docx

View Employee Information Report (AA302 Initial Form)

Section A - Company Identification

1. FID Number or SSN: [redacted] 2. Type of Business: RETAIL 3. Total NO. Employees in the Entire Company: 3

4. Company Name: Atria Dispensary LLC

5. Street: 28 W Lafayette Street City: Trenton County: MERCER

State: NJ Zip Code: 08608

6. Name of Parent or Affiliated Company (if none, so indicate):

City: State: Zip Code:

7. Company Type: Single-Establishmen 8. State the Number of Establishements in NJ location: 0

9. Total Number of employees at establishment which has been awarded the contract: 3

10. Public Agency Awarding Contract: City:

County: State: Zip Code:

Section B - Employment Data

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories.

Job Categories	MALE Black	MALE Hispanic	MALE Asian	MALE Native	MALE Non-MIN	MALE Two or More Races	MALE Other
Officals / Managers	0	0	0	0	1	0	1
Professionals	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0
Office & Clerical	0	0	0	0	0	0	0
Craftworkers (Skilled)	0	0	0	0	0	0	0
Operatives (Semi-skilled)	0	0	0	0	0	0	0
Laborers (Unskilled)	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0
Temporary & Part-Time Employees	0	0	0	0	0	0	0
TOTAL	0	0	0	0	1	0	1

TOTAL MALE COUNT: 1

Job Categories	FEMALE Black	FEMALE Hispanic	FEMALE Asian	FEMALE Native	FEMALE Non-MIN	FEMALE Two or More Races	FEMALE Other
Officals / Managers	0	0	0	0	2	0	2
Professionals	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0
Office & Clerical	0	0	0	0	0	0	0
Craftworkers (Skilled)	0	0	0	0	0	0	0
Operatives (Semi-skilled)	0	0	0	0	0	0	0
Laborers (Unskilled)	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0
Temporary & Part-Time Employees	0	0	0	0	0	0	0
TOTAL	0	0	0	0	2	0	2

TOTAL FEMALE COUNT: 2

12. How Was Information as to Race or Ethnic Group in Section B Obtained: Visual Survey

13. Date of Payroll Period Used From: To:

Section C - Personal Identification

14. Contact Name: Brian Rogers 15. Title: Member 16. Contact Email: brogers3120@gmail.com

17. Address: 28 W Lafayette Street City: Trenton State: NJ Zip Code: 08608

18. Phone Number: 2675327073 Phone Extenion:

Return Search Submission

NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF FORMATION

ATRIA DISPENSARY LLC
0450767913

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 02/11/2022 and was assigned identification number 0450767913. Following are the articles that constitute its original certificate.

1. **Name:**
   ATRIA DISPENSARY LLC
2. **Registered Agent:**
   RICHARD B. GELADE, ESQ.
3. **Registered Office:**
   28 WEST LAFAYETTE STREET
   TRENTON, NEW JERSEY 08608-2002
4. **Business Purpose:**
   CONDUCT CLASS 5 CANNABIS RETAILER PERSONAL USE BUSINESS AND ALL PERMITTED RELATED ACTIVITIES UNDER THE CREAMM ACT
5. **Duration:**
   PERPETUAL
6. **Effective Date of this Filing is:**
   02/11/2022
7. **Members/Managers:**
   DANIELLE COHEN
   11 CATLETT COURT
   MANALAPAN, NEW JERSEY 07726

   JEAN-ELLEN ROGERS
   3120 WELSH ROAD
   PHILADELPHIA, PENNSYLVANIA 19136

   BRIAN ROGERS
   3120 WELSH ROAD
   PHILADELPHA, PENNSYLVANIA 19136
8. **Main Business Address:**
   28 WEST LAFAYETTE STREET
   TRENTON, NEW JERSEY 08608-2002

Signatures:

RICHARD GELADE
AUTHORIZED REPRESENTATIVE

Continued on next page ...

NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF FORMATION

ATRIA DISPENSARY LLC
0450767913

Certificate Number: 4163220532
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal 11th day of February, 2022

Elizabeth Maher Muoio
State Treasurer

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 02-11-2022

Employer Identification Number: [redacted]

Form: SS-4

Number of this notice: CP 575 A

ATRIA DISPENSARY LLC
JEAN-ELLEN ROGERS MBR
28 W LAFAYETTE ST
TRENTON, NJ 08608

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN [redacted]. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 941	04/30/2023
Form 940	01/31/2024
Form 1065	03/15/2023

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:
If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S, U.S. Income Tax Return for an S Corporation, must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, Election by a Small Business Corporation.

(IRS USE ONLY) 575A 02-11-2022 ATRI B 9999999999 SS-4

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents or other payroll service providers, are available to assist you. Visit www.irs.gov/mefbusproviders for a list of companies that offer IRS e-file for business products and services.

IMPORTANT REMINDERS:

* Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.

* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.

* Refer to this EIN on your tax-related correspondence and documents.

* Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is ATRI. You will need to provide this information along with your EIN, if you file your returns electronically.

Safeguard your EIN by referring to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business.

You can get any of the forms or publications mentioned in this letter by visiting our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter.

Thank you for your cooperation.

(IRS USE ONLY) 575A 02-11-2022 ATRI B 9999999999 SS-4

Keep this part for your records. CP 575 A (Rev. 7-2007)

Return this part with any correspondence
so we may identify your account. Please
correct any errors in your name or address.

CP 575 A

9999999999

Your Telephone Number Best Time to Call
( ) -
_____ _____

DATE OF THIS NOTICE: 02-11-2022
EMPLOYER IDENTIFICATION NUMBER: [redacted]
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

ATRIA DISPENSARY LLC
JEAN-ELIEN ROGERS MBR
28 W LAFAYETTE ST
TRENTON, NJ 08608

Oath for Woodbury Application Section 14, Part 2:

I, Jean-Ellen Rogers, having been duly appointed and commissioned a Notary Public in and for the State of New Jersey do solemnly swear that as an owner/officer of Atria Dispensary will guarantee there will be no discrimination based on race, color, religion (creed), gender, gender expression, gender identity, age, national origin (ancestry), disability, marital status, sexual orientation or military status in any of Atria Dispensary's activities or operations.

Jean-Ellen Rogers 03/09/2022

State of Texas

County of collin

Sworn to and subscribed before me on 03/09/2022 by Jean-Ellen Rogers.

NOTARY PUBLIC STATE OF TEXAS

Turkessa Roundtree

ID NUMBER
131532233
COMMISSION EXPIRES
April 16, 2022

Notary Public, State of Texas

Commission Expiration 04/16/2022

Notarized online using audio-video communication

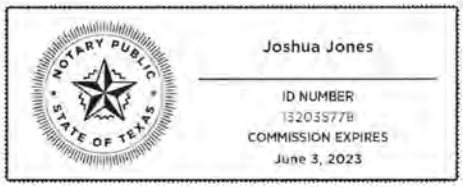
Oath for Woodbury Application Section 14, Part 2:

I, Brian Rogers, having been duly appointed and commissioned a Notary Public in and for the State of New Jersey do solemnly swear that as an owner/officer of Atria Dispensary will guarantee there will be no discrimination based on race, color, religion (creed), gender, gender expression, gender identity, age, national origin (ancestry), disability, marital status, sexual orientation or military status in any of Atria Dispensary's activities or operations.

Brian Rogers

Brian Rogers

State of Texas
County of Harris
Sworn to and subscribed before me on 03/09/2022 by Brian Rogers.



Notarized online using audio-video communication

Oath for Woodbury Application Section 14, Part 2:

I, Danielle Cohen, having been duly appointed and commissioned a Notary Public in and for the State of New Jersey do solemnly swear that as an owner/officer of Atria Dispensary will guarantee there will be no discrimination based on race, color, religion (creed), gender, gender expression, gender identity, age, national origin (ancestry), disability, marital status, sexual orientation or military status in any of Atria Dispensary's activities or operations.

ALL-PURPOSE ACKNOWLEDGMENT

State/Commonwealth of VIRGINIA)
)
☐ City ☑ County of Loudoun County)

On 03/09/2022 (Date) before me, Nicholas Jermarel Bouknight (Notary Name),

personally appeared Danielle Cohen
Name(s) of Signer(s)

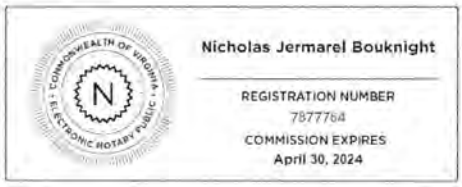
❑ personally known to me -- **OR** --

❑ proved to me on the basis of the oath of _____ -- **OR** --
Name of Credible Witness

☑ proved to me on the basis of satisfactory evidence: driver_license
Type of ID Presented

to be the individual(s) whose name(s) is (are) subscribed to the within instrument, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and by proper authority, and that by his/her/their signature(s) on the instrument, the individual(s), or the person(s) or entity upon behalf of which the individual(s) acted, executed the instrument for the purposes and consideration therein stated.

WITNESS my hand and official seal.



Notary Public Signature: Nicholas Jermarel Bouknight

Notary Name: Nicholas Jermarel Bouknight

Notary Commission Number: 7877764

Notary Commission Expires: 04/30/2024

Notarized online using audio-video communication

DESCRIPTION OF ATTACHED DOCUMENT

Title or Type of Document: Letter

Document Date: 03/09/2022 Number of Pages (w/ certificate): 4

Signer(s) Other Than Named Above: N/A

Capacity(ies) Claimed by Signer(s)

Signer's Name: Danielle Cohen

❑ Corporate Officer Title: _____
❑ Partner – ❑ Limited ❑ General
☑ Individual ❑ Attorney in Fact
❑ Trustee ❑ Guardian of Conservator
❑ Other: _____

Signer Is Representing: Self

Capacity(ies) Claimed by Signer(s)

Signer's Name: N/A

❑ Corporate Officer Title: _____
❑ Partner – ❑ Limited ❑ General
❑ Individual ❑ Attorney in Fact
❑ Trustee ❑ Guardian of Conservator
❑ Other: _____

Signer Is Representing: N/A