



Albany's Canna Kitchen & Research, LLC and ACKR Clinic, LLC Letter of Understanding and Intent

(Please use INK Only)

Attendees Name: _____ Phone: _____

Address: _____

Drivers License #: _____ State: _____ EXP: _____ D.O.B.: _____

Check all that apply:

- I am: Patient Caregiver Grower Adult Use (21+)
- Employed by a Cannabis business: _____
(Company name and Position, Including self employed)
- Seeking to enter the Cannabis Industry: Medical Recreational N/A (please check)

What is your current level of canna-cooking knowledge: _____

Please Read and Initial the following:

_____ I understand that the information obtained through the consult is protected by the Uniform Trade Secrets Act and The Economic Espionage Act of 1996 and any violations of these protections are and will be punishable by law.

_____ After attending a consultation, or event, with ACK&R, I will not open a business that is like or similar to Albany's Canna Kitchen & Research, LLC. A dispensary is not the same; a business that processes Smokeless Cannabis Remedies and/or a Smokeless Cannabis Remedies Consulting Business is the same. Nor will I open an OMMP Clinic or take any business ideas shared.

_____ If, at any time, I determine that I intend to gain reimbursements and/or to make a profit with Smokeless Cannabis Remedies:

_____ I understand that it is my responsibility to update Rhea Graham with any business changes, including but not limited to: business status, intention change, contact information change, ownership change, etc, within 30 days of change.



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_____ I agree to submit financial information to Rhea Graham, including but not limited to tax returns and bank statements, for the documentation in support of our financial arrangement as outlined in this 'Letter of Understanding and Intent' Agreement.

_____ I agree to be subject to signing a new contract if my intentions within this document are found to be different than what I am found actually implementing.

_____ I understand that there are licensing requirements for the sale of Cannabis and I agree to not participate in unlawful sales of Cannabis or Cannabis products and I do not hold ACK&R, LLC, ACKR Clinic, LLC, Rhea Graham, or the employees of the afore mentioned, liable for any illegal activities that I may be found in.

_____ I understand that this is a legal document and enforceable in a court of law.

Financial Consideration Agreement:

_____ I agree to compensate Rhea Graham (Owner of ACK&R, LLC and ACKR Clinic, LLC) a residual income of 3% of my and/or my business's monthly sales. I will provide ACK&R, LLC a monthly statement of my sales on the last day of each month, with my payment made no later than the 5th of the following month. I understand that a late payment fee of \$30 will be added to my account if my payments are made after 12:01 am on the 6th of the month. I understand that I am in breach of contract if I do not uphold the agreements I have made in this contract and may be subject to legal actions.

_____ At no time will I contact customers or vendors of ACK&R or ACKR Clinic in an attempt to take their business or change their relationship with or view of ACK&R or the ACKR Clinic.

_____ I will not ever disclose equipment or proprietary techniques that are used by ACK&R to process Smokeless Cannabis Remedies that are not widely known processes and techniques.

_____ I will not take photographs, video recordings, or the like of any area in ACK&R or the ACKR Clinic.

_____ I will remember and put into practice the motto, "Who you see here, what you hear here, let it stay here, when you leave here".



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My intentions for attending a consultation are: (Please check all that apply)

- Personal use
 Me & Patients without Reimbursement
 To open a Company
 Research
 To make a living
 Me & Patients with Reimbursement
 Employment Related

(To be signed before a notary)

Attendees Signature

Owner Signature

Attendees Name

Rhea Graham- Owner

Date signed

Date signed

In the State of _____ County of _____

Signed before me on _____ (date)

by _____ (name(s) of individual(s)).

Signature of notarial officer : _____

My commission expires: _____

Stamp