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6
7 IN THE UNITED STATES DISTRICT COURT
8 FOR THE NORTHERN DISTRICT OF CALIFORNIA
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10 UNITED STATES OF AMERICA,

11 Plaintiff,

12 v.

13 CANNABIS CULTIVATOR'S CLUB, et al.,

14 Defendants.
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18 AND RELATED ACTIONS.
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No. C 98-00085 CRB
C 98-00086 CRB
C 98-00087 CRB
C 98-00088 CRB
C 98 00089 CRB
C 98 00245 CRB

**DECLARATION OF JAMES D.
MCCLELLAND**

1 I, JAMES D. McCLELLAND, declare:

2 1. I am the Chief Financial Officer (“CFO”) of the Oakland Cannabis Buyers’
3 Cooperative (the “Cooperative” or “OCBC”). I am also a board member. As a board member and
4 CFO of the Cooperative, I am familiar with the policies and procedures of the OCBC. I have
5 personal knowledge of the facts stated herein, and if called as a witness, I could and would testify
6 competently as to them.

7 2. I graduated from Arkansas Technical College in 1985. After graduation, I was an
8 account manager at Electronic Data Systems Corporation for approximately eleven years. During
9 this time I was in charge of implementing computer systems in banks and other financial institutions.
10 I became a board member and Chief Financial Officer of the Oakland Cannabis Buyers’ Cooperative
11 in 1997.

12 3. The goal of the Cooperative is to provide seriously ill patients with a safe and reliable
13 source of medical cannabis products and plants. Our cooperative is open to all patients with a
14 verifiable letter of diagnosis and recommendation or approval from a doctor for medical cannabis
15 use. A complete Mission Statement is attached hereto as Exhibit 1.

16 4. The Cooperative consists of one class of patient-members. According to the
17 Cooperative’s Bylaws, to qualify for membership an applicant must comply with the Protocols of the
18 Oakland Cannabis Buyers’ Cooperative. A copy of the OCBC Bylaws and Articles of Incorporation
19 is attached hereto as Exhibit 2.

20 5. Before a patient is accepted for membership into the Cooperative, he or she must
21 complete an extensive screening process. This process is described in detail in the Oakland Cannabis
22 Buyers’ Cooperative Protocols (“Protocols”), a copy of which is attached hereto as Exhibit 3.

23 6. First, all applicants must satisfy the threshold requirement of providing authorization
24 from a treating physician assenting to cannabis therapy for one or more medical conditions listed on
25 the Medicinal Cannabis User Initial Questionnaire (Exhibit C to the Protocols). Upon acceptance of
26 the doctor’s note by Intake staff, the prospective member undergoes an extensive screening process to
27 determine whether the applicant meets the Medical Admissions Criteria (Exhibit D to the Protocols).

1 Each applicant must fill out and submit the Cooperative Information Form (Exhibit E to the
2 Protocols).

3 7. If, upon screening by the Cooperative Intake staff member the applicant does not
4 qualify for membership, he or she will be denied membership to the Cooperative.

5 8. If the applicant does appear to qualify for membership, a staff nurse must
6 independently verify the physician's approval of cannabis use. It is the OCBC's policy and practice
7 that an applicant not be admitted to membership in the Cooperative unless and until the applicant's
8 physician's approval is verified by the staff nurse.

9 9. The Cooperative schedules a staff nurse to be on duty throughout every weekday
10 business hour of the Cooperative. No new applicants are admitted on weekends.

11 10. Soon after an applicant is admitted to membership in the Cooperative, he or she is
12 issued a laminated membership card. A copy of a membership card is attached as Exhibit J to the
13 Protocols. Each time a patient-member comes to the Cooperative he or she must present this
14 membership card along with secondary valid photo identification.

15 11. Each time a patient-member comes to the Cooperative to receive medicine, the
16 patient-member must pass three separate security check-points. At each of the check-points the
17 member must present two forms of identification described in paragraph 10. First, the member must
18 present identification to a security guard at the front door to the Cooperative. Second, a second
19 security guard examines the member's identification at the member room door leading into the sales
20 area of the Cooperative. Finally, a Cooperative staff member always checks the patient-member's
21 identification again at the point of sale.

22 12. As a board member and CFO of the Cooperative, I have reviewed and am generally
23 familiar with the medical circumstances that have led Cooperative members to seek medical
24 cannabis. Many patient-members of the Cooperative have no reasonable legal alternative to
25 obtaining medical cannabis through the Cooperative. Although every patient's experience is unique,
26 some general comments apply to many patients. Some Cooperative members have tried other legal
27 medications and treatments to alleviate their conditions but these other medications and treatments do
28 not work for them. For other members, other medications have intolerable negative side effects they

1 have chosen not to endure. Some members' experiences with other legal drugs is that, while they are
2 somewhat effective, they are not nearly as effective at relieving their symptoms as medical cannabis.

3 13. Patient-members of the Cooperative suffer from debilitating and often deadly diseases,
4 including HIV and/or AIDS, cancer, arthritis, multiple sclerosis, and glaucoma. Medical cannabis
5 provides relief to patient-members as a pain reliever, an appetite stimulant, an anti-nauseant, and an
6 anti-convulsant. Medical cannabis relieves intraocular eye pressure in patient-members who suffer
7 from glaucoma.

8 14. Some of the patient-members who suffer from AIDS-related "wasting syndrome" or
9 who have cancer and are undergoing chemotherapy may need medical cannabis in order to survive.
10 Supplying medical cannabis to these patient-members is necessary to avert imminent and often life-
11 threatening harm. Other drugs either do not work for these patients at all (or they are not nearly as
12 effective as medical cannabis) or they cause severe adverse side effects that medical cannabis does
13 not cause. Many of these patient-members have no reasonable alternative to medical cannabis.

14 15. The patient-members who suffer from multiple sclerosis or quadriplegia experience
15 debilitating spasticity and/or constant pain. Other drugs either do not work for these patients at all (or
16 they are not nearly as effective as medical cannabis) or they cause severe adverse side effects that
17 medical cannabis does not cause. Many of these patient-members have no reasonable alternative to
18 medical cannabis.

19 16. Some of the patient-members who suffer from glaucoma risk going blind if they are
20 prevented from receiving medical cannabis.

21 17. Many patient-members' lives may be endangered if they were forced to try to obtain
22 cannabis from criminal street dealers. This is because both the act of purchasing from street dealers
23 is inherently dangerous and because impurities in marijuana purchased on the street may be harmful
24 to their fragile health. In fact, some patient-members may choose to forego their medication if they
25 have no choice but to turn to street dealers for cannabis.

26 18. The patient-members of the Cooperative are joint participants in a cooperative effort
27 to obtain and share medical cannabis. Patient-members of the Cooperative jointly acquire marijuana
28 for medical purposes to be shared among themselves and not with anyone else. No third persons are

1 involved other than “primary caregivers” who are responsible for the housing, health, or safety of the
2 patient. Any payment made to the Cooperative constitutes reimbursement for administrative
3 expenses and operations which all patient-members who utilize the services of the Cooperative agree
4 to share. Attached hereto as Exhibit 4 is a true and correct copy of the Oakland Cannabis Buyers’
5 Cooperative Statement Of Conditions under which each and every member agrees to receive their
6 medicine.

7 19. The Cooperative prohibits the smoking of cannabis on its premises; therefore, patient-
8 members who smoke medical cannabis cannot immediately consume their medicine in the presence
9 of other patient-members.

10 20. Last month, the City of Oakland designated the Oakland Cannabis Buyers’
11 Cooperative to administer the City’s Medical Cannabis Distribution Program. Attached hereto as
12 Exhibit 5 is a true and correct copy of this designation along with supporting documents which
13 helped satisfy the City of Oakland that the Cooperative is a bona fide corporation safely and lawfully
14 engaged in activities benefiting the citizens of Oakland.

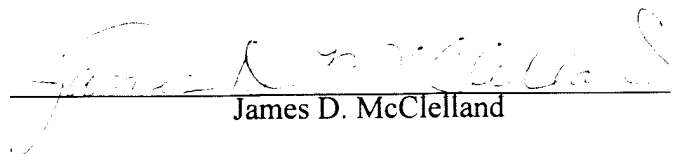
15 21. I understand and believe that currently the federal government will not enroll any
16 additional patients in any federal program studying the medical use of cannabis.

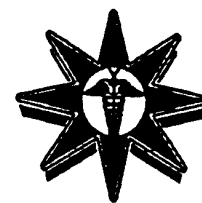
17 22. I understand and believe that currently pending are petitions to reschedule medical
18 cannabis from Schedule I to Schedule II of the Controlled Substances Act, but that none of these
19 petitions have yet been granted.

20 I declare under penalty of perjury under the laws of the State of California that the foregoing
21 is true and correct.

22 Executed this 1st th day of September at Oakland, California.

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James D. McClelland



Mission Statement

The goal of the Oakland Cannabis Buyers' Cooperative (OCBC) is to provide seriously ill patients with a safe and reliable source of medical cannabis products and plants. Our cooperative is open to all patients with a verifiable letter of diagnosis and recommendation or approval for medical cannabis use.

The City of Oakland has enacted an Ordinance to provide immunity for medical cannabis provider associations so that patients can safely obtain their medicine. The Cooperative is dedicated to reducing the harm these patients encounter due to the prohibition of cannabis. This includes alleviating the fear of arrest, as well as negating problems associated with purchasing cannabis on the illicit market.

OCBC's headquarters is a multi-faceted facility, accessible to people with disabilities. We provide a professional atmosphere for patients to procure cannabis, with trained member advocates on hand to offer advice and assistance. We also offer self-help services such as support groups for a wide variety of medical conditions, massage therapy and cultivation meetings to teach Members how to grow their own medicine. The Cooperative once a month has a buffet dinner for all Members and caregivers. Seasonally the Cooperative is involved with activities such as Softball and Bowling. In addition, OCBC provides information on a variety of topics, including AIDS prevention and treatment, safe sex, and cannabis reform in general.

The Oakland CBC currently operates under the auspices of California Proposition 215 now Health and Safety Code Section 11362.5 and Oakland City Council Resolution Numbered 72379 C.M.S. and 72516 C.M.S.

Resolution 72516, passed in March 1996, makes the enforcement of medical cannabis laws the lowest priority for the City of Oakland. Furthermore, the City has appointed a working group to oversee OCBC functions and to determine the most effective means to protect and assist seriously ill patients. Most recently the City has enacted Ordinance Number 12076 setting up a medical cannabis distribution program, which the Oakland Cannabis Buyers' Cooperative hopes to fulfill.

EXHIBIT 2

AAS

State of California



2000456

SECRETARY OF STATE

I, *BILL JONES*, Secretary of State of the State of California, hereby certify:

That the annexed transcript has been compared with the corporate record on file in this office, of which it purports to be a copy, and that same is full, true and correct.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this

FEB 5 1997



Bill Jones

Secretary of State

2000456

ENDORSED FILED
in the office of the Secretary of State
of the State of California

FEB - 2 1997

GILL JONES, Secretary of State

ARTICLES OF INCORPORATION
OF
OCB COOPERATIVE INC.

Article 1. The name of this Corporation is: OCB Cooperative Inc.

Article 2. This Cooperative is a cooperative corporation organized under the California Consumer Cooperative Corporation Law. The purpose of this Cooperative is to engage in any lawful act or activity for which a Cooperative may be organized under such law.

Article 3. The name and address in the state of California of this Cooperative initial agent for service of process is Jeff W. Jones
1755 Broadway, Oakland, CA 94612

Article 4. The voting rights of each Member of the Cooperative are equal, and each Member is entitled to one vote. The proprietary interests of each Member of the Corporation are unequal, and the rules by which the proprietary interests are determined shall be prescribed in the Bylaws of the Corporation.

Article 5. The names and post office addresses of Directors who shall serve until the first annual meeting are:

Name	Address
Jeff Jones	1755 Broadway, Oakland CA., 94612
Matt Quirk	P.O. Box 70401, Oakland CA., 94612
J. D. Mc Clelland	P.O. Box 70401, Oakland CA., 94612
Tim Sidwell	375 Van Buren, Oakland CA., 94610
Helen Reading	P.O. Box 70401, Oakland CA., 94612
Barbara Johnson	P.O. Box 70401, Oakland CA., 94612
Paul Scott	P.O. Box 70401, Oakland CA., 94612

IN WITNESS WHEREOF, the undersigned, being the incorporators and the initial Directors of this Cooperative, have executed those Articles of Incorporation on February 4, 1997.

Tim Sidwell
Director

Mattew J Quirk
Director

J. D. McClelland
Director

Paul Scott
Director

Barbara Johnson
Director

Helen Reading
Director

Jeffrey W. Jones
Director

DECLARATION

We are the persons whose names are subscribed below. We collectively are all of the incorporators of this Cooperative and all of the initial Directors named In the Articles of Incorporation, and we have executed these Articles of Incorporation. The foregoing Articles of Incorporation are our act and deed, jointly and severally.

Executed February 1997, at Oakland, California. We, and each of us, declare that the foregoing is true and correct.

Tim Sidwell
Director

Tom De McClellan
Director

Barbara Johnson
Director

Jeffrey W Jones
Director

Matthew J. Quirk
Director

Paul [Signature]
Director

Helene Reading
Director

**BYLAWS
OF
OCB COOPERATIVE, INC. d/b/a
OAKLAND CANNABIS BUYERS' COOPERATIVE**

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|---------|-------|---------------------------------------|
| ARTICLE | I. | MEMBERSHIP |
| ARTICLE | II. | SHARES |
| ARTICLE | III. | TERMINATION OF MEMBERSHIP |
| ARTICLE | IV. | MEMBERSHIP MEETINGS AND MEMBERS |
| ARTICLE | V. | DIRECTORS |
| ARTICLE | VI. | OFFICERS |
| ARTICLE | VII. | CORPORATE RECORDS AND REPORTS |
| ARTICLE | VIII. | INSPECTION RIGHTS |
| ARTICLE | IX. | SURPLUS ALLOCATIONS AND DISTRIBUTIONS |
| ARTICLE | X. | BYLAW CHANGES |
-
- | | | |
|---------|----|--|
| ARTICLE | I: | MEMBERSHIP |
| | | 1.01. Classification of Members |
| | | 1.02. Membership Qualifications |
| | | 1.03. Membership Application |
| | | 1.04. Acceptance of Members |
| | | 1.05. Transfers Prohibited |
| | | 1.06. Membership Fee |
| | | 1.07. Bylaws and Articles to Prospective members |
| | | 1.08. Shareholders and Members |
-
- | | | |
|---------|-----|---|
| ARTICLE | II. | SHARES |
| | | 2.01 Share Issuance |
| | | 2.02 Share Ownership |
| | | 2.03 Share Certificates and Disclosure Document |
| | | 2.04 Prohibition on Transfer of Shares |
| | | 2.05 Partial Withdrawal |
| | | 2.06 Insolvency Delay |
| | | 2.07 Unclaimed Equity Interests |
-
- | | | |
|---------|------|-----------------------------------|
| ARTICLE | III. | TERMINATION OF MEMBERSHIP |
| | | 3.01. Voluntary Withdrawal |
| | | 3.02. Death and Dissolution |
| | | 3.03 Suspension Pending Expulsion |
| | | 3.04 Settlement of Share Interest |
-
- | | | |
|---------|-----|--|
| ARTICLE | IV. | MEMBERSHIP MEETINGS AND MEMBERS |
| | | 4.01. Location |
| | | 4.02. Regular Annual Meetings |
| | | 4.03. Special Meetings |
| | | 4.04 Time for Notice of Meetings |
| | | 4.05. Method of Giving Notice |
| | | 4.06. Record Date for Notice |
| | | 4.07. Contents of Notice |
| | | 4.08. Waivers, Consents, and Approvals |
| | | 4.09. Quorum at Meeting |
| | | 4.10. Loss of Quorum at Meeting |
| | | 4.11 Adjournment for Lack of Quorum |
| | | 4.12 Adjourned Meetings |

- 4.13. Voting of Memberships
- 4.14. Use of Written Ballots at Meetings
- 4.15. Contents of Written Ballot Use at Meeting
- 4.16. Action by Ballot Without Meeting
- 4.17. Written Ballot Used Without Meeting
- 4.18. Solicitation of Written Ballots
- 4.19. Withholding Vote
- 4.20. Appointment Inspectors of Election
- 4.21. Duties of Inspectors of Election

ARTICLE

V.

DIRECTORS

- 5.01. Number
- 5.02. Qualifications
- 5.03. Nomination
- 5.04. Election
- 5.05. Terms of Office
- 5.06. Compensation
- 5.07. Call of Meetings
- 5.08. Place of Meetings
- 5.09. Presence at Meetings
- 5.10. Regular Meetings
- 5.11. Special Meetings; Notice
- 5.12. Quorum at Meetings
- 5.13. Acts of Board at Meetings
- 5.14. Adjournment of Meetings
- 5.15. Action Without Meeting
- 5.16. Executive Committees
- 5.17. Resignation of Directors
- 5.18. Removal of Directors
- 5.19. Cause of Vacancies on Board
- 5.20. Declaration of Vacancies
- 5.21. Filling Vacancies on Board

ARTICLE

VI.

OFFICERS

- 6.01. Titles
- 6.02. Appointment and Resignation

ARTICLE

VII.

CORPORATE RECORDS AND REPORTS

- 7.01. Required Records
- 7.02. Annual Report
- 7.03. Annual State of Transactions and Indemnification's

ARTICLE

VIII.

INSPECTION RIGHTS

- 8.01. Articles and Bylaws
- 8.02. Books and Records
- 8.03. Inspection of Membership List

ARTICLE	IX.	SURPLUS ALLOCATIONS AND DISTRIBUTIONS
		9.01. Fiscal Year
		9.02. Surplus Defined
		9.03. Allocations and Distributions of Surplus
ARTICLE	X.	BYLAW CHANGES
		10.01. Bylaw Changes by the Board
		10.02. Bylaw Changes by the Members

ARTICLE I

MEMBERSHIP

Section 1.01. **Classification of Members.**

The Cooperative shall have one (1) class of Members.

Section 1.02 **Membership Qualifications.**

Any individual, may become and remain a Member of this Cooperative by:

- (a) Complying with Protocols of the Oakland Cannabis Buyers' Cooperative;
- (b) Complying with such uniform conditions as may be prescribed by the Board of Directors; and
- (c) Making full payment of any non-refundable Membership fee as set forth in Section 1.06;

Section 1.03. **Membership Application.**

Any individual eligible for and desiring admission to Membership in the Cooperative shall file a written application for admission in whatever form and containing whatever information the Board of Directors shall prescribe.

Section 1.04. **Acceptance of Members.**

Applications for Membership shall be reviewed by the Membership Committee duly authorized by resolution to admit Members. The application shall be accepted unless rejected in writing within thirty (30) days for reasons satisfactory to the Committee. If accepted, the applicant shall be admitted to membership and shall be allowed to vote and hold office. If rejected, the applicant shall be entitled to a refund of any amounts paid for Membership fees. There shall be no discrimination of any kind.

Section 1.05. Transfers Prohibited.

No Member may transfer his or her Membership or any right arising therefrom.

Section 1.06. Membership Fee

A one time non-refundable Membership card fee, in an amount set from time to time by the Committee, may be charged to and collected from each Member upon qualifying for the Cooperative. This fee may be waived in case of financial need and on approval from the Membership Committee.

Section 1.07. Bylaws and Articles to Prospective Members.

Each prospective member, upon request for membership, shall upon request receive a copy of the Articles of Incorporation, Bylaws and Disclosure Document of the Cooperative.

Section 1.08 Shareholders and Members.

"Shareholder" and " Member" and their plurals shall be synonymous terms throughout these Bylaws.

ARTICLE II.

SHARES

Section 2.01. Share Issuance.

Shares may be issued for money paid in an amount as is determined from time to time by the Board and as share dividends, patronage refunds, or other changes affecting outstanding shares.

Section 2.02. Share Ownership

Share ownership entitles a Member to only one (1) vote in the affairs of the Cooperative, irrespective of the total number of shares a Member owns, and to all the rights of the Membership as described by stature, the Articles, and these Bylaws. Pursuant to subsection (b) of Bylaw Section 9.03, the Directors may declare noncumulative dividends on shares not to exceed any maximum rate established by statute.

Section 2.03. Share Certificates and Disclosure Document.

- (a) The Cooperative may issue, but is not required to issue, share certificates. In the event that share certificates are issued, the certificates shall state the information required to be contained in the Disclosure Document described in subsection (b). Nothing in this section shall restrict the Cooperative from issuing identity cards or similar devices to Members which serve to identify Members qualifying to use facilities or services of the Cooperative
- (b) Except as provided in subsection (e), prior to issuing a share, the Cooperative shall provide the purchaser of a share with a Disclosure Document. The Disclosure Document may be a prospectus, offering circular, brochure, or similar document, a specimen copy of the share certificate, or a receipt which the Cooperative proposes to issue. The Disclosure Document shall contain the information required by Section 12401 of the California Corporations Code.
- (c) If the Articles of Incorporation or Bylaws are amended so that any statement required by subsection

(a) of this Bylaws Section on outstanding share certificates is no longer accurate, the Board may cancel the outstanding certificates and issue in their place new certificates conforming to the Articles of Incorporation or Bylaws amendments.

- (d) When new share certificates are issued in accordance with subsection (c) of this Bylaw Section, the Board may order holders of outstanding certificates within a reasonable time fixed by the Board. The Board may further provide that the holder of the certificate to be surrendered shall not be entitled to exercise any of the rights of Membership until the certificate is surrendered, but such rights shall be suspended only after notice of the order is given to the holder of the certificate and only until the certificate is surrendered.
- (e) The Cooperative shall issue a share certificate, receipt, or written advice of purchase to anyone purchasing a share upon the Member's first purchase of a share. No Disclosure Document need be provided to an existing Member prior to the purchase of additional shares if the Member has previously been provided with a Disclosure Document which is accurate and correct as of the date of the purchase of additional shares

Section 2.04. Prohibition on Transfer of Shares

No shares of this Cooperative may be assigned or transferred. Any attempted assignment or transfer shall be wholly void and shall confer no rights on the intended assignee of transferee.

Section 2.05 Partial Withdrawal.

A Member having a monetary amount in his or her share account in excess of a monetary amount to be determined from time to time by the board may cause the Cooperative to purchase his or her excess share amount upon written request to the Directors. Subject to Bylaw Section 2.06, the Directors must, within one (1) year of such request, pay the amount the Member requests in cash or other property or both. The exact form of payment is within the discretion of the Directors.

Section 2.06 Insolvency Delay.

The Cooperative shall delay the purchase of shares as described in Bylaw Sections 2.05 and 3.04 if the Cooperative, in making such purchase is, or as a result thereof would be, likely to be unable to meet its liabilities (except those whose payment is otherwise adequately provided for) as they mature.

Section 2.07 Unclaimed Equity Interests

Any share of a Member, together with any accrued and unpaid dividends and patronage distributions related to that Member, that would otherwise escheat to the State of California as unclaimed personal property shall instead become property of the Cooperative if the Cooperative gives at least 60 days prior notice of the proposed transfer to the affected Member by (1) first-class or second-class mail to the last address of the Member shown on the Corporation's records, and (2) by publication in a newsletter of general circulation in the county in which the Cooperative has its principal office. No shares or amounts shall become the property of the Cooperative under this section if written notice objecting to the transfer is received by the Cooperative from the affected Member prior to the date of the proposed transfer.

ARTICLE III.

TERMINATION OF MEMBERSHIP

Section 3.01 **Voluntary Withdrawal**

A member shall have the right to resign from the Cooperative and terminate his or her Membership by filing with the Secretary of the Cooperative a written notice of resignation. The resignation shall become effective immediately without any action on the part of the Cooperative.

Section 3.02 **Death or Dissolution**

A Membership shall immediately terminate upon the death of a Member or the dissolution of a Member which is an organization .

Section 3.03 **Expulsion**

(a) A Member may for failure to comply with the Bylaws, rules or regulations of the Cooperative, for failure to patronize the Cooperative during the immediately preceding fiscal year of the Cooperative in the amount of at least \$1.00, or for any other justifiable reason, be expelled from the Cooperative by resolution adopted by a two-thirds (2/3) vote of all the Directors. Expulsion shall become effective immediately unless the Board shall, in the resolution, fix another time. On expulsion, the name of the Member expelled shall be stricken from the Membership register and all of his of her rights shall cease except as provided in Section 3.04.

(b) Prior to expulsion of a Member, the Board shall give such Member at least fifteen (15) days notice prior thereto and the reasons therefor. Such Member shall have the opportunity to be heard, orally or in writing, not less than five (5) days before the effective date of expulsion by the Board.

(c) The notice required pursuant to subsection (b) of this Bylaw Section may be given by any method reasonably calculated to provide actual notice. Any notice given by mail must be given by first-class or registered mail sent to the last known address of the Member shown on the Cooperative's records.

Section 3.04 **Settlement of Share Interest**

If a Membership is terminated for any reason set forth in this Article of the Bylaws, the share interest held by the Member shall be purchased by the Cooperative, subject to Section 2.06 of these Bylaws, within one (1) year of the date of termination of the extent of the paid-up value of the Member's shares on such date. The Board, in so settling the Member's share interest, shall have the right to set off any and all indebtedness of the Member to the Cooperative. The paid-up value of the Member's share interest is the monetary amount of such interest (including fractional shares) that the Member has been issued in accordance with Bylaw Section 2.01.

ARTICLE IV.

MEMBERSHIP MEETINGS AND MEMBERS

Section 4.01. **Location.**

Meetings of Members shall be held at the principal office of the Cooperative, or at such other place that may be designated by the Board of Directors, with notice as provided in this article.

Section 4.02. **Regular Annual Meetings.**

A regular meeting of Members shall be held annually on the first Saturday in June at 1:00 p.m. for the purpose of transacting any proper business, including the election of Directors, that may come before the meeting.

Section 4.03. **Special Meetings.**

Special meetings of Members for any purpose may be called by the Board of Directors, Executive Director, Coordinator, Chief of Finance, Financial Secretary, Secretary, the or by five percent or more of the Members.

Section 4.04. **Time for Notice of Meetings.**

Whenever members are required or permitted to take action at a meeting, a written notice of the meeting shall be given not less than 10 nor more than 90 days before the date of the meeting to each member who is entitled to vote on the record date for notice of the meeting. In the case of a specially called meeting of members, within 20 days after receipt of a written request, the Secretary shall cause notice to be given to the members entitled to vote that a meeting will be held at a time fixed by the Committee not less than 15 nor more than 90 days after receipt of the request

Section 4.05. **Method of Giving Notice.**

Notice shall be given either personally, or by mail or other written communication to the address of a member appearing on the books of the Cooperative or provided by the member. If no address appears or is given, notice shall be given at the principal office of the Cooperative.

Section 4.06. **Record Date for Notice.**

The record date for determining the members entitled to notice of any meeting of Members is 30 days before the date of the meeting.

Section 4.07. **Contents of Notice.**

The notice shall state the place, date, and time of the meeting. The notice of a regular meeting shall state any matters that the Board, at the time of giving notice, intends to present for action by the Members. The notice of a special meeting shall state the general nature of the business to be transacted. The notice of any meeting at which Directors are to be elected shall include the names of all nominees at the time of giving notice.

Section 4.08. Waivers, Consents, and Approvals.

The transactions of a meeting, whether or not validly called and noticed, are valid if a quorum is present and each of the absent Members who is entitled to vote, either before or after the meeting, signs a written waiver of notice, a consent to the holding of the meeting, or an approval of the minutes of the meeting. All waivers, consents, and approvals shall be filed with the Cooperative records or made a part of the minutes of the meeting.

A Member's attendance at a meeting shall constitute a waiver of notice of and presence at the meeting, unless the member objects at the beginning of the meeting. However, attendance at a meeting is not a waiver of any right to object to the consideration of matters required to be included in the notice but not included, if an objection is made at the meeting.

Section 4.09. Quorum at Meeting.

The lesser of 250 Members or members representing 5 percent of the voting power shall constitute a quorum at a meeting of members. Any Bylaws amendment to increase the quorum may be adopted only by approval of the Members. When a quorum is present, the affirmative vote of the majority of the voting power represented at the meeting and entitled to vote shall be the act of the Members, unless provided otherwise by these Bylaws or the law. The only matters that may be voted upon at any regular meeting actually attended by less than one-third of the voting power are matters notice of the general nature of which was given pursuant to Section 4.04 of these Bylaws.

Section 4.10. Loss of Quorum at Meeting.

The Members present at a duly called or held meeting at which a quorum is present may continue to transact business until adjournment, notwithstanding the withdrawal of enough Members to leave less than a quorum, if the action taken, other than adjournment, is approved by at least a majority of the Members required to constitute a quorum.

Section 4.11. Adjournment for Lack of Quorum.

In the absence of a quorum, any meeting of Members may be adjourned by the vote of a majority of the votes represented in person, but no other business may be transacted except as provided in Section 4.10 of these Bylaws.

Section 4.12. Adjourned Meetings.

The Cooperative may, transact any business at an adjourned meeting that could have been transacted at the original meeting. When a meeting is adjourned to another time or place, no notice is required if the time and place are announced at the original

meeting. If the adjournment is for more than 45 days or if a new record date is fixed, a notice of the adjourned meeting shall be given to each Member of record entitled to vote at the meeting.

Section 4.13. Voting of Memberships.

- (a) Each member of the Cooperative is entitled to one vote on each matter submitted to a vote of the Members.
- (b) If a Membership stands of record in the names of two or more persons, whether fiduciaries, Members of a partnership, joint tenants, tenants in common, husband and wife as community property, tenants by the entirety, persons entitled to vote under an agreement, or otherwise, or if two or more persons have the same fiduciary relationship respecting the same Membership, unless the Secretary is given written notice to the contrary and furnished with a copy of the instrument or order appointing them or creating the relationship, the vote of one joint holder will bind all, when only one votes, and the vote of the majority will bind all, when more than one joint holder votes
- (c) The record date for determining the Members entitled to vote at a meeting or cast written ballots is 20 days before the date of the meeting or the day on which the first ballot is mailed or solicited.
- (d) Cumulative voting shall not be permitted for any purpose
- (e) Voting by proxy shall not be permitted for any purpose.

Section 4.14. Use of Written Ballots at Meetings.

A combination of written ballot and personal voting may be used at any regular or special meeting of Members, and may be used for the election of Directors. Prior to the meeting, the Board may authorize distribution of a written ballot to every Member entitled to vote. The ballots shall be distributed in a manner consistent with the provisions of Section 4.05, 4.17(b), and 4.19 of these Bylaws. When ballots are distributed, the number of Members voting at the meeting by written ballot shall be deemed present at the meeting for purposes of determining a quorum but only with respect to the proposed actions referred to in the ballots.

Section 4.15. Contents of Written Ballot Used at Meeting.

Any written ballot used at a meeting shall set forth the proposed action to be taken, provide an opportunity to specify approval or disapproval of the proposed action, and state that unless revoked by the Member voting in person, the ballot will be counted if received by the Cooperative on or before the time of the meeting.

Section 4.16. Action by Ballot Without Meeting.

Any action that may be taken at any regular or special meeting, including election of Directors, may be taken without a meeting through distribution of a written ballot to every member entitled to vote on the matter. The Secretary shall cause a vote to be taken by written ballot on any action or recommendation so requested in writing by at least 5% of the Members.

Section 4.17. Written Ballot Used Without Meeting.

- (a) Any ballot used without a meeting shall set forth the proposed action, provide an opportunity to specify approval or disapproval of any proposal, and provide a reasonable time within which to return the ballot to the Cooperative.
- (b) The form of written ballot distributed shall afford an opportunity to specify a choice between approval and disapproval of each matter or group of related matters intended, at the time of distribution, to be acted on by the ballot. The form must also provide that whenever the person solicited specifies choice with respect to any matter, the vote will be cast in accordance with that choice.
- (c) Approval by written ballot shall be valid only when the number of votes cast by ballot within the time period specified equals or exceeds the quorum required to be present at a meeting authorizing the action, and the number of approvals equals or exceeds the number of votes that would be required to approve at a meeting at which the total number of votes cast was the same as the number of votes cast by ballot.

Section 4.18. Solicitation of Written Ballots.

Ballots shall be solicited in a manner consistent with Sections 4.05, 4.17(b), and 4.19 of these Bylaws. The solicitations shall indicate the number of responses needed to meet the quorum requirement and specify the time by which the ballot must be received to be counted. Ballots other than for the election of Directors shall state the percentage of approvals necessary to pass the measure.

Section 4.19. Withholding Vote.

Any written ballot on which the Member has marked "withhold" (or otherwise indicated that the authority to vote in the Directors is withheld) shall not be used for voting in that election.

Section 4.20. Appointment of Inspectors of Election.

In advance of any meeting of Members, the Board may appoint inspectors of election to act at the meeting and any adjournment. If inspectors are not appointed or if any appointed persons fail to appear or refuse to act, the chairperson of the meeting may, and, on the request of any Member, shall, appoint inspectors at the meeting.

Section 4.21. Duties of Inspectors of Election.

The inspectors shall determine the number of Memberships outstanding and the voting power of each, the number represented at the meeting, and the existence of a quorum. They shall receive votes, ballots, and consents, hear and determine all challenges and questions regarding the right to vote, count and tabulate all votes and consents, determine when the polls will close, and determine the result. They may do those acts which are proper to conduct the election or vote with fairness to all Members. The inspectors shall perform these duties impartially in good faith, to the best of their ability; and as expeditiously as is practical.

ARTICLE V.

DIRECTORS

Section 5.01. Number.

The Cooperative shall have Seven (7) Directors, collectively known as the Board of Directors.

Section 5.02 Qualification

The Directors of the Cooperative shall be shall be Members of the Cooperative and residents of California.

Section 5.03. Nomination.

- (a) The Board of Directors shall prescribe reasonable nomination and election procedures for the election procedures for the election of Directors given the nature, size, and operations of the Cooperative. The procedures shall include: (1) a reasonable means of nominating persons for election as Directors, (2) a reasonable opportunity for a nominee to communicate the nominee's qualifications and the reasons for the nominee's candidacy to the Members, (3) a reasonable opportunity for all nominees to solicit votes, (4) a reasonable opportunity for all the Members to choose among the nominees.
- (b) When the Cooperative distributes any material soliciting a vote for any nominee for director in any publication owned or controlled by the Cooperative, it shall make available to each other nominee, in the same material, an equal amount of space with equal prominence to be used by the nominee for a purpose reasonably related to the election

Section 5.04. Election.

The Directors shall be elected at the annual meetings or by written ballot in accordance with Sections 4.16-4.19 of these Bylaws. The candidates receiving the highest number of votes up to the number of Directors to be elected shall be elected.

Section 5.05. Terms of Office.

The terms of office for Directors shall be one (1) year. Each Director shall hold office until the expiration of the term for which elected and until the election and qualification of a successor.

Section 5.06. Compensation.

The Directors shall serve without compensation except that they shall be paid their actual and necessary expenses incurred in serving the Cooperative.

Section 5.07. Call of Meetings.

Meetings of the Board may be called by the any officer, or any two Directors.

Section 5.08. Place of Meetings.

Meetings of the Board may be held at any place designated in the notice of the meeting, or, if not stated in a notice, by resolution of the Board.

Section 5.09. Presence at Meetings.

Directors may participate at meetings of the Board through the use of conference telephone or other communications equipment, as long as all participating Directors can hear one another. Participation by communications equipment constitutes presence at the meeting.

Section 5.10. Regular Meetings.

Regular meetings of the Board shall be held, without call or notice, immediately following the annual meeting of Members, as set forth in Section 4.02 of these Bylaws, and one regular meeting shall be held during each calendar quarter of the year.

Section 5.11. Special Meetings; Notice.

Special meetings shall be held on four day's notice by first-class mail or 48 hours notice delivered personally or by telephone or telegraph. Notice of regular or special meetings need not be given to any Director who signs a waiver of notice, a written consent to holding the meeting, or an approval of the minutes (either before or after the meeting), or who attends the meeting without protesting, prior thereto or at its commencement, the lack of notice to that Director. All waivers consents, and approvals shall be filed with the corporate records or made a part of the minutes of the meeting.

Section 5.12. Quorum at Meetings.

A majority of the authorized number of Directors constitutes a quorum for the transaction of business.

Section 5.13. Acts of Board at Meetings.

Unless provided otherwise in the Articles of Incorporation, these Bylaws, or by law every act or decision done or made by a majority of the Directors present at a duly held meeting at which a quorum is present is the act of the Board. A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of Directors, if any action taken is approved by at least a majority of the required quorum for the meeting or a greater number required by the Articles, Bylaws, or by-law.

Section 5.14. Adjournment of Meetings.

A majority of the Directors present, whether or not a quorum is present, may adjourn to another time and place. If the meeting is adjourned for more than 24 hours, notice of the adjournment shall be given prior to the time of the adjourned meeting to the Directors who were not present at the time of adjournment.

Section 5.15. Action Without Meeting.

Any action required or permitted to be taken by the Board may be taken without a meeting if all Directors individually or collectively consent in writing to the action. The consents shall be filed with the minutes of the proceedings of the Board. Action by written consent has the same force and effect as a unanimous vote of the Directors.

Section 5.16. Executive Committees.

(a) The Board may create one or more committees to serve at its pleasure by resolution adopted by a majority of the number of Directors then in office when a quorum is present. Each committee shall consist of two or more Directors, appointed by a majority vote of the Directors then in office.

(b) Any committee, to the extent provided in the resolution of the Board, shall have all the authority of the Board, except with respect to the following actions:

- (1) The approval of any action for which the approval of the Members or a majority of all Members is required by law;
- (2) The filling of vacancies on the Board or in any committee that has the authority of the Board;
- (3) The amendment or repeal of Bylaws or the adoption of new Bylaws;
- (4) The amendment or repeal of any resolution of the Board;
- (5) The appointment of committees of the Board or their Members;
- (6) The expenditure of corporate funds to support a nominee for Director after there are more people nominated for Director than can be elected.

Section 5.17. Resignation of Directors.

Any Director may resign effective upon written notice to the Executive Director, the Secretary, or the Board of Directors, unless the notice specifies a later time for the effectiveness of the resignation. If a resignation is effective at a future time, a successor may be elected to take office when the resignation becomes effective.

Section 5.18. Removal of Directors.

Any or all Directors may be removed without cause by the Members. The removal shall be approved or ratified by the affirmative vote of a majority of all the votes represented and voting at a duly held meeting at which a quorum is present or by written ballot, or by the affirmative vote or written ballot of any greater proportion of the votes as required in these Bylaws or by law.

Section 5.19. Cause of Vacancies on Board.

Vacancies on the Board of Directors shall exist on the death, resignation, or removal of any Director, whenever the authorized number of Directors is increased; whenever the Board declares an office vacant pursuant to Section 5.20 of these Bylaws; and on the failure of the Members to elect the full number of Directors authorized.

Section 5.20. **Declaration of Vacancies.**

The Board may declare vacant the office of any Director whose eligibility for election has ceased, who has been declared of unsound mind by a final order of court, or who has not attended 2 or more consecutive regular or special meetings of the Board.

Section 5.21. **Filling Vacancies on Board.**

Except for vacancies created by removal of a Director pursuant to Section 5.18 of these Bylaws, vacancies may be filled by a majority of the Directors then in office, whether or not less than a quorum, or by a sole remaining Director. Vacancies created by the removal of a Director may be approved only by approval of the Members pursuant to Section 12224 of the Corporations Code. The Members may elect a Director at any time to fill any vacancy not filled by the Directors.

ARTICLE VI.

OFFICERS

Section 6.01. **Titles.**

The officers of the Cooperative shall be a Executive Director, Coordinator, a Secretary, Chief Operating Officer, a Chief Financial Officer, and any other officer with the titles and duties as determined by the Board and as may be necessary to enable it to sign instruments. The same person may hold any number of offices.

Section 6.02. **Appointment and Resignation.**

The officers shall be chosen by the Board and serve at the pleasure of the Board, Any officer may resign at any time on written notice to the Cooperative.

ARTICLE VII.

CORPORATE RECORDS AND REPORTS

Section 7.01. **Required Records.**

The Cooperative shall keep adequate and correct books and records of account and minutes of the proceedings of its members, Board, and committees of the Board. It shall also keep a record of the members, including the names, addresses. The minutes shall be kept in written form. Other books and records shall be kept either in written form or in any other form capable of being converted into written form.

Section 7.02. Annual Report

- (a) For fiscal years in which the Cooperative has, at any time, more than 25 Members, the Cooperative shall notify each Member yearly of the Member right to inspect the annual financial report. The annual report shall be prepared no later than 120 days after the close of the Cooperative fiscal year.
- (b) The annual report shall contain in appropriate detail all of the following: (1) a balance sheet as of the end of the fiscal year, an income statement, and statement of changes in financial position for the fiscal year; and (2) the statement required by Section 7.03 of these Bylaws.
- (c) The annual report shall be accompanied by any pertinent report by independent accountants, or, if there is no such report, by the certificate of an authorized officer of the Cooperative that the statements were prepared without audit from the books and records of the Cooperative.

Section 7.03. Annual Statement of Transactions and Indemnifications.

In addition to the annual report described in Section 7.02, the Cooperative shall furnish annually to its Members and Directors a statement of the transactions and indemnifications to interested persons as required by law. If the Cooperative does not issue an annual report pursuant to Section 7.02 of these Bylaws, the statement shall be mailed or delivered to Members within 120 days after the close of the fiscal year.

ARTICLE VIII.

INSPECTION RIGHTS

Section 8.01. Articles and Bylaws.

The Cooperative shall keep at its principal office the original or a copy of its Articles and Bylaws as amended to date, which shall be open to inspection by the Members at all reasonable times during office hours.

Section 8.02. Books and Records.

The accounting books and records and minutes of proceedings of the Members, the Board, and committees of the Board shall be open to inspection on the written demand of any Member at any reasonable time, for a purpose reasonably related to that person's interests as a Member.

Every Director has the absolute right at any reasonable time to inspect and copy all books, records, and documents of every kind, and to inspect the physical properties of the Cooperative.

Section 8.03. Inspection of Membership List.

- (a) The Cooperative's Membership list shall remain confidential.
- (b) Subject to the Cooperative's right to set aside a Member's demand for inspection pursuant to Section 12601 of the Corporations Code and the power of the court

to limit inspection rights pursuant to Section 12602 of the Corporations code, and unless the Corporation provides a reasonable alternative pursuant to Section 8.03 (d) of these Bylaws, a Member may do either or both of the following:

- (1) Inspect and copy the record of all the Members' names, addresses, and voting rights, at reasonable times, on making a written demand five business days in advance which states the purpose for which the inspection rights are requested;
 - (2) Obtain from the Secretary, upon written demand and tender of a reasonable charge, a list of names, addresses, and voting rights of those Members entitled to vote for the election of Directors, as of the most recent record date for which it has been compiled, or as of a date specified by the member subsequent to the date of demand. The demand shall state the purpose for which the list is requested. The Member list shall be made available on or before the later of 10 business days after the demand is received or after the date specified as the date as of which the list is to be compile.
- (c) Any Member or Members possessing 5 percent or more of the voting power may demand the list for a purpose reasonably related to the Members interests as Members. The Cooperative may deny access if it reasonably believes that the information shall be used for another purpose or if it provides a reasonable alternative to Section 8.03(d) of these Bylaws.
- (d) The Cooperative may within ten days after receiving a demand, deliver a written offer of an alternative method of achieving the purpose identified in the demand without providing access to or a copy of the membership list. An alternative method which reasonably and in a timely manner accomplishes the proper purpose set forth in a demand made pursuant to Section 8.03(b) of these Bylaws shall be a reasonable alternative, unless the Cooperative fails to do the things which it offered to do within a reasonable time after acceptance of the offer. Any rejection of the offer shall be in writing and indicate the reasons the purposed alternative does not meet the proper purpose of the demand

ARTICLE IX.

SURPLUS ALLOCATIONS AND DISTRIBUTIONS

Section 9.01. Fiscal Year.

The fiscal year of the Cooperative shall end at the close of the business day on the last day of December of each year.

Section 9.02. Surplus Defined.

"Surplus" shall be defined as the excess of revenues and gains over expenses and losses for a fiscal year. Such surplus shall be determined in accordance with generally accepted accounting principles and shall be computed without regard to any patronage refunds, capital allocations, or income taxes. All surplus shall be reinvested in the Cooperative.

Section 9.03 **Allocations and Distributions of Surplus.**

- (a) Before any dividends or patronage refunds are distributed, any surplus should first be allocated to any deficit in Retained Earnings
- (b) After any deficit in Retained Earnings has been eliminated, the Directors may declare a dividend upon shares at a yearly rate not to exceed any maximum rate established by statute. No such dividends shall be cumulated.
- (c) The Directors may then uniformly distribute all the remaining surplus attributed to patronage of the Members of the Cooperative to such Members as described in the following paragraphs of this subsection of the Bylaws. For the purposes of this subsection of the Bylaws, the remaining patronage surplus shall be computed without regard to any gains or losses on the sale or other disposition of assets
 - 1) Any remaining patronage surplus attributed to the Members and to be distributed to them shall be distributed to them shall be the total remaining patronage surplus attributed to both Member and non-Member business (but reduced by dividends on shares and any allocations to eliminate a deficit in Retained Earnings) multiplied by the ratio of member patronage to total patronage.
 - 2) A member is entitled to patronage refund, if such is distributed, in the amount of the remaining patronage surplus, as determined by paragraph (1) of this subsection of the Bylaws, multiplied by the ratio of such Member's patronage with the Cooperative to the patronage of all Members.
- (d) Any dividends or patronage refunds declared under this bylaw Section may be in the form of shares, in whole or in part, subject to subsections (e) and (f) of the Bylaw Section.
- (e) If a member owns \$300.00 or more in shares as of the end of the fiscal year for which a distribution is made, such Member shall receive all of his or her dividends and patronage refunds in cash. The \$300.00 amount shall be known as a Member's "Fair Share".
- (f) If the cash payment to a Member for such Member's dividends and patronage refunds together would total less than one dollar (\$1.00), the Directors shall distribute such dividends and patronage refunds wholly in shares.
- (g) Each person who becomes a Member of this Cooperative consents to include in his or her gross income for federal income tax purposes the amount of any patronage refund paid to him or her by this Cooperative in money or by written notice of allocation (as defined in the Internal Revenue Code), except to the extent that such a patronage refund is not income to the Member because (i) it is attributable to the purchase of personal, living, or family items, or (ii) it should properly be treated as an adjustment to the tax basis of property previously purchased. The term "patronage refund," as used herein, shall have the same meaning as the term "patronage dividend," as used in the Internal Revenue Code.
- (h) For the purpose of allocating and distributing the surplus, the entire operations of the Cooperative shall be considered as a unit; provided that by resolution of the Board of Directors, the Cooperative may distribute patronage refunds on the basis of the business transacted by each of the departments or divisions into which the operations of the Cooperative shall be divided by the Board for the purpose of such allocations.

ARTICLE X.

BYLAW CHANGES

Section 10.01. Bylaw Changes by the Board.

These Bylaws shall initially be adopted by the Board. Thereafter, these Bylaws may be amended, or repealed by the Board unless the action would:

- (a) Materially and adversely affect the rights or obligations of Members as to voting, dissolution, distributions, property rights, or rights to repayment of contributed capital;
- (b) Increase or decrease the number of Members authorized in total or for any class;
- (c) Effect an exchange, reclassification or cancellation of all or part of the Memberships;
- (d) Authorize a new class of Memberships;
- (e) Change the number of Directors or establish a variable number of Directors;
- (f) Extend the term of a Director beyond that for which the Director was elected or increase the terms of the Directors;
- (g) Allow up to one-third (1/3) of the Directors to hold office by virtue of designation or selection rather than by election by the Members; and
- (h) Allow the Board to fill vacancies occurring in the Board by reason of the removal of Directors.

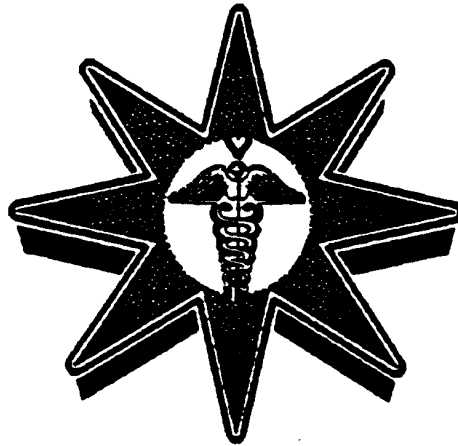
Section 10.02. Bylaw Changes by the Members.

Where the Board is denied the right to, amend or repeal the Bylaws pursuant to subsections (a) through (h) of Section 10.01 of these Bylaws, the Bylaws shall be amended or repealed by approval of the Members.

EXHIBIT 3

Oakland Cannabis Buyers' Cooperative

Protocols



Compassion

**Oakland Cannabis Buyers' Cooperative
Post Office Box 70401
Oakland, California 94612-0401
Tel. 510-832-5346
Fax 510-986-0534
Email ocbc@rxcbc.org
Web www.rxcbc.org**

March, 30 1998

Oakland Cannabis Buyers' Cooperative

Protocols

The Oakland Cannabis Buyers' Cooperative operates pursuant to and in accordance with the statewide mandate of Proposition 215 (Exhibit A) and Resolutions passed unanimously by the Oakland City Council and an Administrative Memorandum promulgated by the Chief of Police (Exhibit B). Its operating procedures have been consolidated as these Protocols.

I. Admission and Membership Requirements

A person seeking membership of the Oakland Cannabis Buyers' Cooperative must at the threshold provide a note from a treating physician assenting to cannabis therapy for a medical condition listed on the Medicinal Cannabis User Initial Questionnaire (Exhibit C). Upon acceptance of the note by Intake staff, the prospective member will undergo an extensive screening and such questioning as shall establish that the candidate meets the Medical Admissions Criteria (Exhibit D) including, without being limited to, the Oakland Cannabis Buyers' Cooperative Information Form (Exhibit E). If, upon the screening by Cooperative staff the candidate does not appear to qualify for membership, he or she will be denied membership with a statement of reasons for his/her being screened out. If the candidate appears to qualify for membership, Intake staff will give the candidate the Authorization for Release of Patient Status form (Exhibit F) and the Physician Statement (Exhibit G), with a request that the candidate's treating physician sign it. When the form is returned, the Intake staff will verify the physician's approval by independent telephone verification. Medical cannabis cultivators and manufactures are issued cultivation and manufacturing Certificates (Exhibit H), which the City Council has approved to aid the Police in recognizing agents of the Cooperative.

No person under the age of eighteen shall be admitted to membership without the written consent of parents, in addition to meeting all other requirements.

II. Responsibilities of Membership

All members must sign a Membership Agreement (Exhibit I), whereupon they will receive a Membership Card (Exhibit J). Members agree to conduct themselves discreetly, in accordance with the Statement of Safe Use of Cannabis (Exhibit K) and the Principles of Responsible Cannabis Use (Exhibit L).

III. Other Provisions

- A. Purpose. The purpose of the Oakland Cannabis Buyers' Cooperative is to help provide medicine for people who need it. Accordingly, it shall be operated as a not for profit organization.
- B. Privacy of members. The staff of the Cooperative shall take steps to protect the privacy and identity of members. However, neither the Cooperative nor its staff shall be liable for any breach thereof
- C. Changes. These Protocols, and all medical protocols, are subject to change without notice from time to time in the sole discretion of management.
- D. Cooperative operation.
 - a. No smoking of anything on premises.
 - b. Members shall observe additional house rules as same maybe posted by management.
 - c. Management may eject any person at any time.

Exhibits

- A. Proposition 215
- B. Oakland City Council Resolutions and Police Memorandum
- C. Medicinal Cannabis User Initial Questionnaire
- D. Medical Admissions Criteria
- E. Information Form
- F. Authorization for Release of Patient Status
- G. Physician Statement
- H. Cultivation and Manufacturing Certificates
- I. Membership Agreement
- J. Membership Card
- K. Statement of Safe Use of Cannabis
- L. Principles of Responsible Cannabis Use

THE CALIFORNIA MEDICAL MARIJUANA INITIATIVE

This initiative to permit medical use of marijuana will appear on the ballot November 5, 1996. The Attorney General of California has prepared the following title and summary of the chief purpose and points of the initiative.

MEDICAL USE OF MARIJUANA. INITIATIVE STATUTE. Provides that patients or defined caregivers, who possess or cultivate marijuana for medical treatment recommended by a physician, are exempt from general provisions of law which otherwise prohibit possession or cultivation of marijuana. Provides physicians shall not be punished or denied any right or privilege for recommending marijuana to a patient for medical purposes. Declares that the measure not be construed to supersede prohibitions of conduct endangering others nor to condone diversion of marijuana for nonmedical purposes. Contains severability clause. Summary of estimate by Legislative Analyst and Director of Finance of fiscal impact on state and local government: Because this measure restricts the use of marijuana to only those persons for whom it is prescribed by a licensed physician, it would probably have no significant state or local fiscal impact.

Initiative text:

SECTION 1. Section 11362.5 is added to the Health and Safety Code, to read:

11362.5. (a) This section shall be known and may be cited as the Compassionate Use Act of 1996.

(b)(1) The people of the State of California hereby find and declare that the purposes of the Compassionate Use Act of 1996 are as follows:

(A) To ensure that seriously ill Californians have the right to obtain and use marijuana for medical purposes where that medical use is deemed appropriate and has been recommended by a physician who has determined that the person's health would benefit from the use of marijuana in the treatment of cancer, anorexia, AIDS, chronic pain, spasticity, glaucoma, arthritis, migraine, or any other illness for which marijuana provides relief.

(B) To ensure that patients and their primary caregivers who obtain and use marijuana for medical purposes upon the recommendation of a physician are not subject to criminal prosecution or sanction.

(C) To encourage the federal and state governments to implement a plan to provide for the safe and affordable distribution of marijuana to all patients in medical need of marijuana.

(2) Nothing in this act shall be construed to supersede

legislation prohibiting persons from engaging in conduct that endangers others, nor to condone the diversion of marijuana for nonmedical purposes.

(c) Notwithstanding any other provision of law, no physician in this state shall be punished, or denied any right or privilege, for having recommended marijuana to a patient for medical purposes.

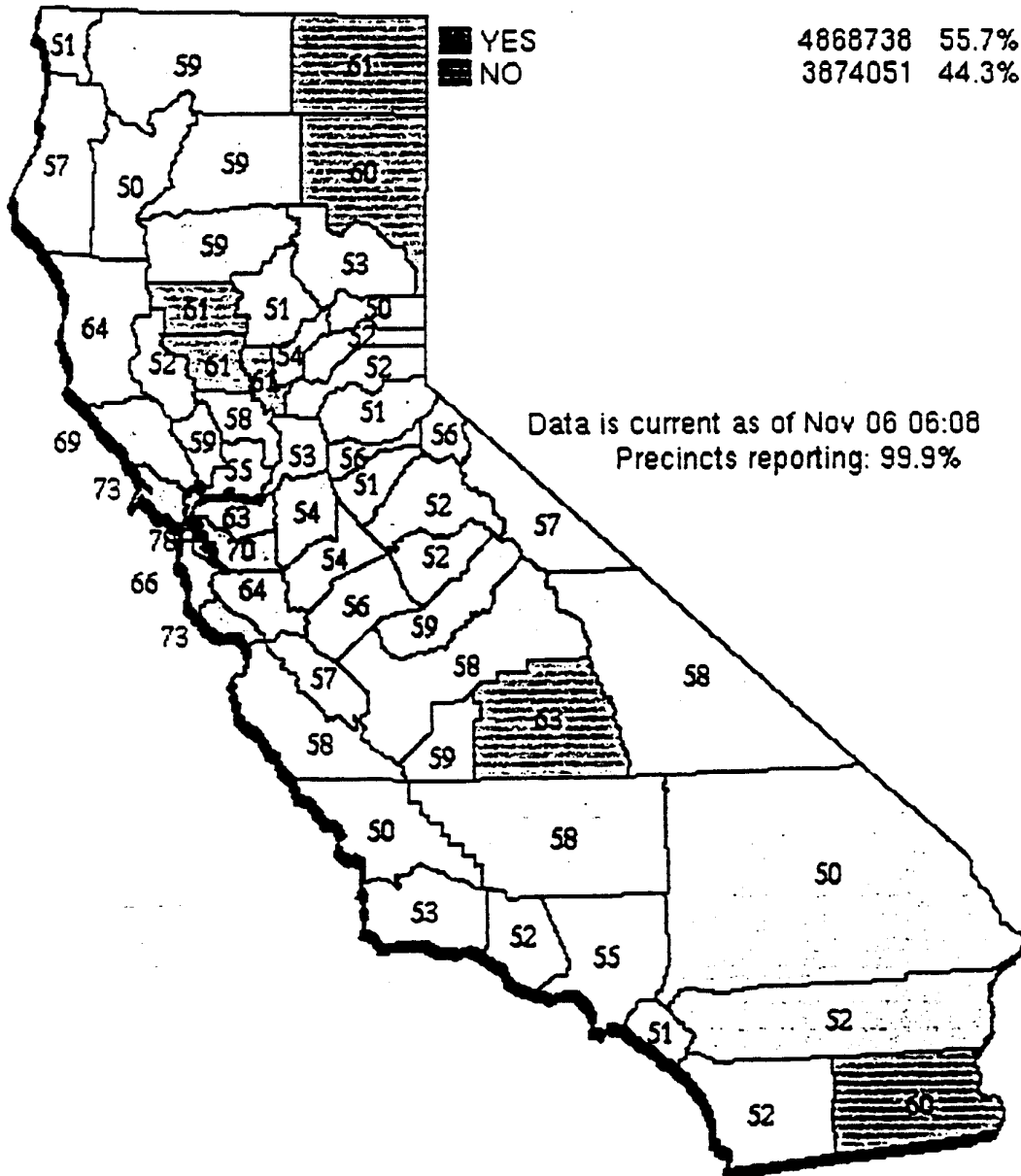
(d) Section 11357, relating to the possession of marijuana, and Section 11358, relating to the cultivation of marijuana, shall not apply to a patient, or to a patient's primary caregiver, who possesses or cultivates marijuana for the personal medical purposes of the patient upon the written or oral recommendation or approval of a physician.

(e) For the purposes of this section, "primary caregiver" means the individual designated by the person exempted under this act who has consistently assumed responsibility for the housing, health, or safety of that person.

SECTION 2. If any provision of this measure or the application thereof to any person or circumstance is held invalid, that invalidity shall not affect other provisions or applications of the measure which can be given effect without the invalid provision or application, and to this end the provisions of this measure are severable.

1996 General Election Returns for Proposition 215 - Marijuana

The number in each county indicates the percentage of the vote cast as indicated by the color.



RESOLUTION ENDORSING AB - 1529, "THE MEDICAL
MARIJUANA BILL" and the
"COMPASSIONATE USE INITIATIVE OF 1996"

WHEREAS, marijuana has been shown to alleviate nausea and pain associated with cancer and;

WHEREAS, marijuana has been shown to help people with AIDS to relieve stress and depression, eliminate nausea, reduce and manage pain and fight the "wasting away" syndrome by stimulating the appetite and;

WHEREAS, marijuana has been shown to control spasticity from multiple sclerosis and paralysis and;

WHEREAS, marijuana has been shown to arrest the advance of glaucoma and:

WHEREAS, marijuana has been shown to relieve the pain of arthritis and rheumatism and;

WHEREAS, marijuana has been shown to block epileptic seizures and help migraine headaches and;

WHEREAS, AB - 1529 and the "Compassionate Use Initiative of 1996" will not legalize the personal use of marijuana;

LET IT BE RESOLVED that the Oakland City Council endorses the passage of AB - 1529, "THE MEDICAL MARIJUANA BILL"; and let it be

FURTHER RESOLVED that the Oakland City Council endorses the "Compassionate Use Initiative of 1996".

I certify that the foregoing is a full, true and correct copy of a Resolution passed by the City Council of the City of Oakland, California on

December 12, 1995

CEDA FLOYD
City Clerk and Clerk of the Council

Per *Margie Sosa* Deputy

OAKLAND CITY COUNCIL
72516
RESOLUTION NO. _____ C. M. S.

INTRODUCED BY COUNCILMEMBER _____

RESOLUTION ENDORSING H.R. 2618, SUPPORTING THE ACTIVITIES OF THE OAKLAND CANNABIS BUYER'S CLUB AND DECLARING THAT THE INVESTIGATION AND ARREST OF INDIVIDUALS INVOLVED WITH THE MEDICAL USE OF MARIJUANA SHALL BE A LOW PRIORITY FOR THE CITY OF OAKLAND

WHEREAS, marijuana has been shown to help alleviate pain and discomfort in people suffering from a variety of illnesses including AIDS, cancer, glaucoma, and multiple sclerosis; and,

WHEREAS, marijuana has alleviated the suffering of people with chronic illnesses when no other medications have been effective; and,

WHEREAS, the use of marijuana is presently unlawful even under the supervision of physician; and

WHEREAS, the illegal purchase of marijuana by people already suffering with chronic illnesses subjects them to further suffering in the form of potential arrest and prosecution; and

WHEREAS, Representative Barney Frank (MA) and local co-sponsors Representative Ronald Dellums and Pete Stark have introduced H.R. 2618 which would allow physicians to prescribe marijuana for medical purposes and would insure the production of marijuana to meet the need for medical use; and

WHEREAS, the Oakland Cannabis Buyer's Club provides a way for patients needing to purchase marijuana for medical use to do so with greater ease and less risk of arrest and prosecution; and

WHEREAS, the City of Oakland wishes to declare its desire not to expend City resources in any investigation, detention, arrest or prosecution arising out of alleged violations of state and federal law regarding the distribution of marijuana for compassionate medical use; and

WHEREAS, the Oakland City Council passed Resolution 72379 C.M.S. endorsing state legislation AB 1529, "The Medical Marijuana Bill" and the "Compassionate Use Initiative of 1996;" now, therefore, be it

RESOLVED: That the Oakland City Council endorses of the passage of H.R. 2618; and be it further

RESOLVED: That the Oakland City Council authorizes the City Manager to instruct the City's federal lobbyists to work in support of H.R. 2618; and be it further

RESOLVED: That, the Mayor and City Council hereby declare that it shall be the policy of the City of Oakland that the investigation and arrest of members of the Oakland Cannabis Buyers' Club for purchasing, selling and distributing marijuana for medical purposes shall be a low priority; and be it further

RESOLVED: That, the Mayor and City Council hereby declare that it shall be the policy of the City of Oakland that the investigation and arrest of persons for planting, cultivating, purchasing, and/or possessing marijuana shall be a low priority for the City of Oakland if such persons have been medically diagnosed as suffering from an illness or injury, the symptoms of which may be alleviated by the medicinal use of marijuana; and be it further

RESOLVED: That, the Mayor and City Council hereby declare that it shall be the policy of the City of Oakland that the investigation and arrest of persons for cultivating, purchasing, possessing and/or distributing marijuana shall be a low priority for the City of Oakland if such persons purchase or possess marijuana for, and/or distribute marijuana to patients, whose physicians have determined that they are suffering physical pain that may be alleviated by the medicinal use of marijuana; and be it further

RESOLVED: That, the Mayor and City Council call upon the Alameda County District Attorney to cease prosecution of persons involved in the medical use of marijuana; and be it further

RESOLVED: That if any provision of this resolution is declared by a court of competent jurisdiction to be contrary to any statute, regulation or judicial decision, or its applicability to any agency, person or circumstances is held invalid, the validity of the remainder of this resolution and its applicability to any other agency, person or circumstance shall not be affected.

IN COUNCIL, OAKLAND, CALIFORNIA, MAR 12 1996, 19 _____

PASSED BY THE FOLLOWING VOTE:

AYES- BAYTON, CHANG, DE LA FUENTE, JORDAN, MILEY, RUSSO, SPEES, WOODS-JONES, and PRESIDENT HARRIS - 7

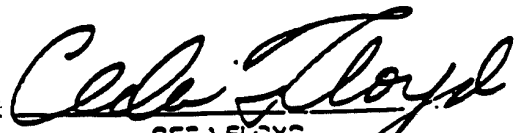
NOES-NONE

ABSENT-NONE

ABSTENTION-NONE

Excused - Jordan/Woods-Jones - 2

ATTEST:


CEDA FLOYD
City Clerk and Clerk of the Council
of the City of Oakland, California

OAKLAND CITY COUNCIL
RESOLUTION No. 72881 C. M. S.

INTRODUCED BY COUNCILMEMBER _____


BJP:trc

**RESOLUTION ESTABLISHING A WORKING GROUP TO
DISCUSS AND MAKE RECOMMENDATIONS TO THE CITY
COUNCIL REGARDING THE MEDICAL MARIJUANA
POLICY OF THE CITY OF OAKLAND**

WHEREAS, marijuana has been shown to help alleviate pain and discomfort in people suffering from a variety of illnesses including AIDS, cancer, glaucoma, and multiple sclerosis; and

WHEREAS, marijuana has alleviated the suffering of people with chronic illnesses when no other medications have been effective; and

WHEREAS, the use of marijuana is currently unlawful even under the supervision of a physician, and

WHEREAS, the illegal purchase of marijuana by people already suffering chronic illnesses subjects them to further suffering in the form of potential arrest and prosecution; and

WHEREAS, the Oakland Cannabis Buyers Club provides a way for patients needing to purchase marijuana for medical use to do so with greater ease and less risk of arrest and prosecution; and

WHEREAS, the Oakland City Council passed Resolution 72516 C.M.S., supporting the activities of the Oakland Cannabis Buyers Club and declaring it to be the policy of the City of Oakland that the arrest of individuals involved with the medical use of marijuana shall be a "low priority" for the City of Oakland; and

WHEREAS, to the extent permitted by applicable law, the City of Oakland wishes not to expend any City resources, including but not limited to those of the Oakland Police Department, in any investigation, detention, arrest, and/or prosecution arising out of alleged violations of state or federal law regarding the cultivation, distribution, sale, purchase, and/or possession of marijuana for medicinal purposes; now therefore, be it

RESOLVED: that a Working Group be established to discuss and make recommendation to the City Council regarding refinement of the City's medical marijuana policy, and be it

FURTHER RESOLVED: that said Working Group shall consist of representatives designated by the City Manager and interested members of the public; and be it

FURTHER RESOLVED: that said Working Group shall consider legislative and administrative methods to insure enforcement of and compliance with the City's medical marijuana policy; and be it

FURTHER RESOLVED: that said Working Group shall consider the feasibility of any other matters pertaining to the City's medical marijuana policy; and be it

FURTHER RESOLVED: that said Working Group shall report to the Public Safety, Health, Human Services and the Family Committee no later than October 1, 1996, concerning the results of its discussions and any recommendations regarding the refinement of the City's medical marijuana policy.

I certify that the foregoing is a full, true and correct copy of a Resolution passed by the City Council of the City of Oakland, California on

July 30, 1996

CEDA FLOYD
City Clerk and Clerk of the Council

Per Margie Sosa Deputy

OAKLAND CITY COUNCIL



RESOLUTION NO. 73555 C.M.S.

RESOLUTION SUPPORTING MEDICAL MARIJUANA ACTIVITIES IN THE CITY OF OAKLAND AND DECLARING THAT THE INVESTIGATION AND/OR ARREST OF INDIVIDUALS INVOLVED WITH THE CULTIVATION, MANUFACTURE, AND/OR TRANSPORTATION OF MEDICAL MARIJUANA PRODUCTS SHALL BE A LOW PRIORITY FOR THE CITY OF OAKLAND

WHEREAS, on November 5, 1996, the voters of California passed Proposition 215, the Compassionate Use Act of 1996, by a YES vote of 55.7 percent, and the residents of Oakland voted YES for Proposition 215 by an overwhelming 79.3 percent; and

WHEREAS, marijuana had been shown to help alleviate pain and discomfort in people suffering from a variety of illnesses including AIDS, cancer, glaucoma, and multiple sclerosis when no other medications have been effective; and

WHEREAS, cultivation of medicinal strains of marijuana, the manufacture of medical cannabis products such as oral preparations, and the transportation of marijuana and cannabis products for medical purposes may remain illegal notwithstanding the passage of Proposition 215; and

WHEREAS, there is a need to ensure that patients have access to a safe and affordable supply of medical grade marijuana and cannabis products; and

WHEREAS, the Oakland City Council passed Resolution 72379 C.M.S. endorsing the Compassionate Use Act of 1996 and similar measures; and

WHEREAS, the Oakland City Council passed Resolution 72516 C.M.S. supporting the activities of the Oakland Cannabis Buyers Club and declaring it to be the policy of the City of Oakland that the investigation and arrest of certain individuals involved with the medical use of marijuana shall be a low priority for the City of Oakland; and

WHEREAS, the Oakland City Council passed Resolution 72881 C.M.S. establishing a Working Group to make recommendations regarding the City's medical marijuana policy; and

WHEREAS, to the extent permitted by applicable law, the City of Oakland wishes not to expend any City resources, including but not limited to those of the Oakland Police Department, in any investigation, detention, arrest, and/or prosecution arising out of alleged violations of state or federal law regarding the cultivation, manufacture, or transportation of marijuana or cannabis products for medical purposes; now therefore, be it

RESOLVED: that the Mayor and City Council hereby declare that it shall be the policy of the City of Oakland that the investigation, detention, arrest, or prosecution of a person and/or that person's primary caregiver for the cultivation, manufacture, or transportation of marijuana or cannabis products shall be a low priority for the City of Oakland if such person has been medically diagnosed as suffering from a serious illness or injury, the symptoms of which may be alleviated by the medicinal use of marijuana and such cultivation, manufacture and/or transportation of marijuana or cannabis products is for the personal medical use of such person upon the written or oral recommendation or approval of a physician; and, be it further

RESOLVED: that the Mayor and City Council hereby declare that it shall be the policy of the City of Oakland that investigation, detention, arrest, and/or prosecution of persons for the cultivation, manufacture or transportation of marijuana or cannabis products shall be a low priority for the City of Oakland if such persons cultivate, manufacture, or transport marijuana or cannabis products for patients whose physicians have determined that they are suffering from a serious illness or injury, the symptoms of which may be alleviated by the medicinal use of marijuana and have recommended or approved medical marijuana use for such patients; and be it further

RESOLVED: that the Mayor and City Council call upon the Alameda County District Attorney not to prosecute persons involved with the possession, purchase, distribution, cultivation, manufacture or transportation of marijuana or cannabis products for medical use; and be it further

RESOLVED: that if any provision of this Resolution is declared by a court of competent jurisdiction to be contrary to any statute, regulation, or judicial decision, or its applicability to any agency, person, or circumstance is held invalid, the validity of the remainder of this resolution and its applicability to any other agency, person, or circumstances shall not be affected.

IN COUNCIL, OAKLAND, CALIFORNIA, JUN 03 1997, 19


PASSED BY THE FOLLOWING VOTE:

AYES- BRUNNER, CHANG, DE LA FUENTE, MILEY, NADEL, REID, RUSSO, SPEES, and
PRESIDENT HARRIS - 9

NOES- None

ABSENT- None

ABSTENTION- None

ATTEST: 
CEDA FLOYD
City Clerk and Clerk of the Council
of the City of Oakland, California

OAKLAND CITY COUNCIL



RESOLUTION No. 74039 C.M.S.

**RESOLUTION CALLING UPON FEDERAL AUTHORITIES TO
DESIST THEIR EFFORTS TO TERMINATE THE OPERATIONS
OF THE OAKLAND CANNABIS BUYERS' COOPERATIVE**

WHEREAS, in November 1996 the voters of the State of California passed Proposition 215, the Compassionate Use Act of 1996, to "ensure that seriously ill Californians have the right to obtain and use marijuana for medical purposes" by a YES vote of 55.7 percent, and the residents of Oakland voted YES for Proposition 215 by an overwhelming 79.3 percent; and

WHEREAS, the City Council of the City of Oakland finds that many of its City residents are suffering from life-threatening or serious illnesses whose painful symptoms are alleviated by the ingestion of cannabis; and

WHEREAS, the City of Oakland has repeatedly expressed its support for access to a safe and affordable supply of marijuana for medicinal purposes and the operations of the Oakland Cannabis Buyers' Cooperative in Resolution Nos. 72379 C.M.S., 72516 C.M.S., 72881 C.M.S., and 73555 C.M.S.; and

WHEREAS, the City Council finds that the Oakland Cannabis Buyers' Cooperative has served the aforementioned residents with a well-organized, safe, and responsible opportunity to obtain cannabis in furtherance of a course of medical treatment; and

WHEREAS, federal law enforcement authorities have threatened to disrupt and prevent ill Oakland residents' access to cannabis by filing suit to enjoin the Oakland Cannabis Buyers' Cooperative from supplying medical marijuana and to shut down its operations; and

WHEREAS, the federal law enforcement policy impairs public safety by encouraging a market for street narcotic peddlers to sell cannabis to Oakland's ill citizens; now therefore be it

RESOLVED: the Mayor and the Oakland City Council urge the federal government to desist from any and all actions that pose obstacles to access to cannabis for Oakland residents whose physicians have determined that their health will benefit from the use of marijuana and recommended medical marijuana use for such residents; and be it

FURTHER RESOLVED: the Mayor and the Oakland City Council endorse Senator John Vasconcello's call for a statewide summit on the distribution of medical marijuana; and be it

FURTHER RESOLVED: the Mayor and the Oakland City Council urge the Alameda County Board of Supervisors to declare a state of medical emergency; and be it

FURTHER RESOLVED: the Mayor and the Oakland City Council express their support of the furtherance of medical marijuana research; and be it

FURTHER RESOLVED: copies of this resolution shall be forwarded to Senators Boxer and Feinstein and Congressman Ron Dellums urging the federal policy-makers to dismiss current lawsuits impacting California's cannabis buyers' clubs and cooperatives.

*I certify that the foregoing is a full, true and correct copy
of a Resolution passed by the City Council of the City of
Oakland, California on*

January 27, 1998

CEDA FLOYD

City Clerk and Clerk of the Council

Per *[Signature]* Deputy

ADMINISTRATIVE MEMO
Oakland Police Department

TO	BUREAU COMMANDERS (BFO)	DATE	11 Dec 96	NUMBER	.	DUE DATE	-
SUBJECT	MEDICINAL USE OF MARIJUANA						

The City Council has adopted a resolution in support of the medicinal use of marijuana as a means of alleviating pain and discomfort for individuals suffering from medical illnesses.

In accordance with the subsequent directive of the City Manager to handle medicinal marijuana activity (in violation of Health and Safety Code 11357, relating to the possession of marijuana, and 11358, relating to the cultivation of marijuana) as a low priority, the following procedures will be implemented immediately:

- Citizen calls for service requesting police intervention at sites where such activity is occurring shall be assigned a "D" priority by Communications Division staff.
- At both field and dispatch levels, every effort shall be made to obtain and record the identity of the reporting citizen(s).
- Field units receiving a dispatched assignment or initiating a contact with persons purportedly involved in the use of marijuana for medicinal purposes shall summon a command-level officer to the scene if an enforcement action (citation or arrest) for the 11357 H&S or 11358 H&S violation is intended.
- The command officer shall evaluate the facts and exercise the discretion and decision-making required to resolve the incident, in accordance with the low-priority policy.
- If an enforcement action is to be taken, the command officer shall promptly notify his/her Bureau Commander and provide him with a written summary of the incident and a copy of all pertinent documents.

- Incidents involving persons who wish to make citizen arrests for the law violation shall be handled in the normal manner.
- Discretion to arrest will be left with the officer and commander at the scene, based upon the facts presented to them at the time. The marijuana should be turned in as evidence for follow-up investigation by the Vice/Narcotics Section.

There are varied and opposing views—professional, legal and medical in nature—regarding the practice of medicinal use of marijuana as a means of alleviating symptoms and controlling chronic pain of patients with specific medical conditions.

Nevertheless, the recent passage of Proposition 215 by California voters has now created law. Federal and state officials are reviewing the initiative and may issue guidelines in the near future. In the interim, the Department will continue its participation on a City working group to identify and resolve local implementation issues. As agreements are reached or decisions made, additional procedural guidelines will be set forth in Departmental publications or communications.

Interim training to all commanders in general and BFO commanders in particular shall be provided over the next 3-4 weeks by Lieutenant Peterson.



Joseph Samuels, Jr.
Chief of Police

CITY OF OAKLAND

Memorandum

TO: Bureau of Field Operations
ATTN: Command Staff
FROM: Vice/Narcotics Section
DATE: 12 Dec 96

RE: Medicinal Marijuana Enforcement

Attached is a copy of an administrative memorandum you will be receiving shortly outlining Chief's Samuels' guidelines for the enforcement of Proposition 215. It is similar to the guidelines dealing with the needle exchange issue. The primary people you will come into contact with will be members of the Oakland Cannabis Buyer's Club (CBC) who are working with us (to the extent they can) to find a way to make this thing work until the issue is settled in the courts.

Clients of the CBC are being issued new photo identification cards with a 24-hour number to contact to verify they are medicinal members. The City's working group has agreed to accept these new cards as a legitimate means of verifying identification if the person has no driver's license, etc. You may come into contact with older ID cards until the transition is complete; these more than likely will be valid. I would assume non-CBC members will claim in some fashion to be medicinal marijuana users; they may, or may not, have some form of doctor verification.

In evaluating whether an arrest should be made, you should consider the intent of Proposition 215 and the City Council's resolution supporting it and setting a low priority on enforcement. Each case should be decided on its own merits.

It is requested the identification cards not be seized without a valid need. All information on the card should be listed on the report. The marijuana should be seized and turned into criminalistics. All such incidents require a report in addition to any citation which may be issued. Follow-up responsibility for verifying the medicinal use will rest with the Vice/Narcotics charging officers. The DA will make charging decisions. Ultimately, a court order will have to be initiated by the patient/suspect if no charges are filed.

I realize this is confusing; feel free to call me anytime, day or night. I will try to provide some guidance based upon what I know about the issue.



Peter A. Peterson
Lieutenant of Police
Vice/Narcotics Section

Medicinal Cannabis User Initial Questionnaire

Today's Date _____ ©1996 Tod MBarry Draft 9 9-12

Identifying Data

Last name _____, First name _____ Middle Initial _____
Address _____ City _____ State _____ Zip _____
Res Ph _____ - _____ - _____ Work Ph _____ - _____ - _____ ext _____ Fax _____ - _____ - _____
Birthdate (MMDDYY) _____ SS# _____ - _____ - _____ Sex M _ F _ Ethnic Wh _ B _ Hisp _ Or _ NatAm _
Other _____ Education _____ Occupation(s) _____ Unemployed _ Disabled _
Marital Status: Single _ Mar _ Sep _ Div _ W _ Living situation: Alone _ Couple _ Group _ Apartment _
House _ Institution _ Homeless _
Health Insurance None _ Medicaid _ Medicare _ Workers Compensation _ Other health plan _
(specify) _____ ID Number _____ Group Number _____
Address _____ City _____ State _____ Zip _____ Phone _____ - _____ - _____ x _____
Referred by: Self _ Name _____ Institution _____
Address _____ City _____ State _____ Zip _____
Phone _____ - _____ - _____ x _____ Fax _____ - _____ - _____ Pager _____ - _____ - _____

Chief Complaint(s) circle and rank in importance: example: AIDS related illness 1 anorexia 2

- | | | | | |
|---------------------------|--------------------|------------------------------|----------------------------|---|
| 1. Alcoholism | 14. Cron's disease | 30. Chronic Fatigue Syndrome | 44. Tourette's syndrome | 58. Other Pain (specify source) _____ |
| 2. Alcohol Abuse | 15. Gastritis | 31. Epilepsy | 45. Glaucoma | 59. External Use _____ |
| 3. Sedative/Opiate Habit | 16. Pancreatitis | 32. Delirium Tremens | 46. Menstrual cramps | 60. Drug Side Effect control (specify) _____ |
| 4. Cocaine or Speed Habit | 17. Hepatitis | 33. Dementia | 47. Labor pains | 61. Decrease Use of Other Drugs (specify) _____ |
| 5. Nicotine Habit | 18. Peptic Ulcer | 34. Multiple Sclerosis | 48. Migraine | 62. Substitute for Other Drugs (specify) _____ |
| 6. AIDS related illness | 19. Antibiotic | 35. Huntington's Chorea | 49. Meniere's Disease | 63. Other _____ |
| 7. Cancer & cancer Rx | 20. Asthma | 36. Cerebral Palsy | 50. Hypertension | |
| 8. Anorexia | 21. Sinusitis | 37. Brain Trauma | 51. Itching | |
| 9. Nausea | 22. Cough | 38. Spinal Cord Injury | 52. Hiccough | |
| 10. Vomiting | 23. Anxiety | 39. Muscle spasm | 53. Arthritis | |
| 11. Diarrhea | 24. Panic attacks | 40. Parkinson's disease | 54. Carpal Tunnel Syndrome | |
| 12. Irritable bowel | 25. Insomnia | 41. Tremor | 55. Lupus, scleroderma | |
| 13. Colitis | 26. Mania | 42. Periphal neuropathy | 56. Amyloidosis | |
| | 27. Depression | 43. Tic doloroux | 57. Conjunctivitis | |
| | 28. Lethargy | | | |
| | 29. Weakness | | | |

Chief Complaint _____ ICD9-CM Diagnoses _____

History of Present Illness: (date of onset, course) _____

Past Medical History: (Allergies & adverse drug reactions): _____

Family Medical History: _____

Social History: _____ Drug law arrests/convictions: None _ Yes (specify) _____

Cannabis type preferred: Sinsemilla _ Mexican _ Hashish _ No preference Other _____

Age or date Use Begun: _____ Marinol ®(dronabinol) 2.5 mg _ 5 mg _ 10 mg _ result (+) _ (0) _ (-) _

Route: Oral _ Inhaled: Joint _ Pipe _ Water Pipe _ Vaporizer _ Other (specify): _____

Frequency: Monthly _ Weekly _ Semiweekly _ Daily _ Twice a day _ 3 x a day _ 4 x a day _ more _

Other drugs using- Rx and Over the Counter _____

Has your physician discussed your use of cannabis with you? Yes _ No _ Discussed any non prescribed psychoactive drugs? (including alcohol and tobacco) Yes _ No _ Remarks _____

Completed by: _____

Ex. D

Medical Admissions Criteria to Cannabis Buyers' Cooperative Tod H. Mikuriya, M.D. Medical Coordinator

Because of the vacuum of clinical knowledge about the therapeutic applications of cannabis caused by cannabis prohibition a widespread condition of ignorance exists. While it is acknowledged that there exists a range of illnesses on the dimension of seriousness objectively, there is none to the person afflicted who is seeking relief. Exclusion because the condition does not appear on a list developed by a group of non-medical politicians or bureaucrats merely perpetuate this clinical ignorance. Therefore the medical criteria are to be inclusive limited only by contemporary classifications of illness.

Medical Criteria

Persons shall have a verified specific diagnosis by a licensed physician that is included within the latest revision of the International Classification of Diseases ICD-9. Or the Diagnostic Statistical Manual DSM-IV vague statements about conditions, disorders, or syndromes without specific information or not recognized by either ICD-9 or DSM-IV are not acceptable.

Mental Disorders Admissions Protocol

Since the inception of Cannabis Buyers' Cooperatives some have expressed concern about the possibility of adverse effects on individuals suffering from emotional or mental disorders.

In clinical interviews I have conducted with members and patients in my psychiatric practice it is my impression that while many definitely benefit from cannabis there are others for whom use of cannabis is contraindicated.

The Cannabis Buyers' Cooperative Protocols seek to both address these concerns and study more fully the effects of cannabis on emotional and mental disorders.

All persons seeking membership in the Cooperative for treatment of conditions listed in DSM-IV or emotional or mental conditions listed in ICD-9 shall be reviewed by mental health professional after verification by intake staff.

Individuals in whom the use of cannabis is or has been problematic shall be excluded. This group includes persons suffering from cannabis related disorders.

Additionally, other emotional and mental conditions may be worsened by the use of cannabis. Some persons are involved in treatment requiring abstinence from cannabis especially those involved in twelve step recovery programs.

Cases where verification or suitability for the program is in dispute shall be reviewed by a panel of volunteer psychiatrists who will make final determination.

Adverse Effects of Cannabis

As with any drug, cannabis is a tool. There will always be individuals that experience adverse consequences from any drug use. The abuse of cannabis had been recognized for millennia. These problems were described by O'Shaughnessey during his observations in India in 1839 which included references in the Persian medical literature. With widespread non medical use of the drug for the past thirty years, psychiatrists have developed classifications of cannabis presented in the latest Diagnostic and Statistical Manual, Revision IV (DSM-IV).

Intoxication/Overdose

Overdose is most common by the oral route since the time from taking the drug until the experience of effects begin is from one to three or more hours. Inexperienced and ignorant first time users will have an unforgettable experience.

The effects of overdose have been numerous described in general, clinical, and scientific literature. Cannabis overdose comprises the majority of listings in the Surgeon General's list, 19th century precursor of the Indicus Medicus. American literary accounts in books: FitzHugh Ludlows Hashish Eater and an essay on Hashish by Victor Robinson M.D are expressly devoted to cannabis. Descriptions of experience with the drug as part of travel to areas of indigenous use may be found in English and European literature over the past three centuries. Scientific and medical descriptions of effects of cannabis overdose have been numerous extensive. Before and after its removal in 1937.

The effects of overdose are from the stimulation and sedation of the central nervous system. Stimulation with a flooding of ideas and images that are vivid and rapidly changing. Attention and concentration are markedly impaired. Time perception is significantly altered with minutes seeming like hours. There may be distortion of spatial perception. Secondary physical effects, aside from a speeding up of the heart rate is generally no more than that associated with mild to moderate exercise.

Cannabis-Induced Disorders **292.89 Cannabis Intoxication**

- A. Recent use of cannabis.
- B. Clinically significant maladaptive behavior or psychological changes (e.g. impaired motor coordination, euphoria, anxiety, sensation of slowed time, impaired judgment, social withdrawal) that developed during, or shortly after, cannabis use.
- C. Two (or more) of the following signs, developing within 2 hours of cannabis use: (1) conjunctivae injection (2) increased appetite (3) dry mouth (4) tachycardia.
- D. The symptoms are not due to a general medical condition and are not better accounted for by another mental disorder.

E. Specify if:

With Perceptual Disturbances: This specifier may be noted when hallucinations with intact reality testing or auditory, visual, or tactile illusions occur in the absence of delirium. Intact reality testing means that the person knows that the hallucinations are induced by the substance and do not represent external reality. When hallucinations occur in the absence of intact reality testing, a diagnosis of Substance-Induced Psychotic Disorder, with Hallucinations should be considered.

292.81 Cannabis Intoxication Delirium

292.11 Cannabis-Induced Psychotic Disorder, With Delusions Specify if with onset during intoxication.

292.89 Cannabis-Induced Anxiety Disorder, Specify if: with onset during Intoxication.

Continuing or chronic use.

Use or abuse? Cannabis, like any other drug, is a tool. Properly utilized with realistic expectations and awareness of its properties, cannabis is a safe and effective medicine. Improperly used with unrealistic expectations and ignorance, adverse effects may result. The onset of unwanted effects may be obvious or insidious. The general etiology is some emotional discomfort for which cannabis is taken to relieve producing undesirable consequences from using the drug itself.

Paranoia and delusional thinking are not uncommon effects of cannabis both acute and chronically. In the acute experience it appears to be from the perceptual distortions of space, time and feelings of detachment.

In chronic use paranoid and delusional thinking appear to be the consequences of the suppression of feelings, the dulling of feelings may alienate the cannabis users from others by diminishing empathetic capabilities. This emotional insensitivity then results in conflict through misperception. Misperception results from the dulling of affect that is important contextual collateral information source. An effective relief of emotional distress then becomes an impediment to relationships with the cannabis user. Feelings are an integral dimension of social perception that convey important contextual information. Cannabis, as an effective sedative and antidepressant, has this undesirable side effect when misused. The relief afforded by the drug may be paid for by complications caused by avoiding dealing with the causes of the emotional pain as well as diminished functioning while under its influence.

Cognitive impairment by continuing or overuse of cannabis creates a form of mild dementia that may persist for up to several weeks after discontinuing the drug.

Individuals sensitive to the drug report a persistent "hangover" that diminishes the ability to pay attention and concentrate. The onset may be insidious, subtle, and gradual. This condition is reversible with abstinence from cannabis.

304.30 Cannabis Dependence

A maladaptive pattern of cannabis use, leading to clinically significant impairment or distress, as manifested by three (or more) of the following, occurring at any time in the same 12 month period:

- (1) tolerance, as defined by either of the following:
 - (a) a need for markedly increased amounts of the substance to achieve intoxication or desired effect.
 - (b) markedly diminished by either of the following:
- (2) withdrawal, as manifested by either of the following:
 - (a) the characteristic withdrawal syndrome for the substance.
 - (b) the same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms.
- (3) cannabis is often taken in larger amounts or over a longer period than was intended.
- (4) there is a persistent desire or unsuccessful efforts to cut down or control cannabis use.
- (5) a great deal of time is spent in activities necessary to obtain cannabis (e.g. visiting multiple dealers or driving long distances), use the substance (e.g. chain smoking) or recover from its effects
- (6) important social, occupational, or recreational activities are given up or reduced because of cannabis use
- (7) cannabis use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

305.20 Cannabis Abuse

A. Maladaptive pattern of cannabis use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12 month period:

- 1) recurrent cannabis use resulting in a failure to fulfill major role obligations at work, school, or home (e.g. repeated absences or poor work performance related to substance use; cannabis related absences, suspensions, or expulsions from school; neglect of children or household)
- 2) recurrent cannabis use in situations in which it is physically hazardous (e.g. driving an automobile or operating a machine when impaired by cannabis use)
- 3) recurrent cannabis related legal problems (e.g. arrests for cannabis related disorderly conduct)

- 4) continued cannabis use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g. arguments with spouse about consequences of intoxication, forgotten promises)
- B. The symptoms have never met the criteria for Cannabis Dependence for this class of substance.

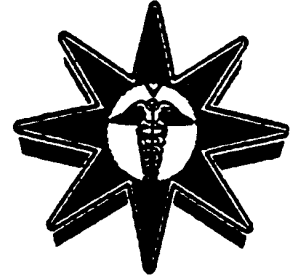
232.9 Cannabis Related Disorder not Otherwise Specified

The Cannabis Related not Otherwise Specified category is for disorders associated with the use of cannabis that are not classifiable as one of the disorders listed above.

Ex. E

OAKLAND CANNABIS BUYERS' COOPERATIVE

INFORMATION FORM
(Please print clearly)



Compassion

Name _____

Street Address _____ Apt. Number _____

City _____, State _____ Zip Code _____

Phone Number (____) _____ Date of Birth _____

Driver License # _____ State _____ Gender (M or F) _____

Caregiver _____ DL# _____ DOB _____

Physician's Name _____ DX # _____

Address, City, State _____ PHD# _____

Phone (____) _____

Specific Diagnosis _____

_____ ICD9 CODE _____

Medication(s) _____

How do you use cannabis? Smoke hi grade ___ smoke lo grade ___ edibles ___ tincture ___

Are you politically active? _____

Member Signature

Date

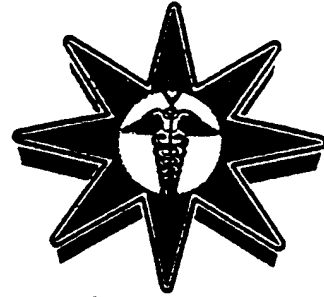
Intake By

Member #

Ex. F

**OAKLAND CANNABIS BUYERS'
COOPERATIVE**

**Authorization for Release of Patient Status
(Please print clearly)**



Compassion

I, _____ hereby authorize my treating physician,
print patient name

Dr. _____ to release to the Oakland Cannabis
print physician name
Buyers' Cooperative, my current patient status.

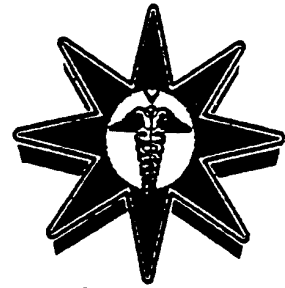
Member/ patient signature

Date _____

Membership number _____

Ex. G

**Health and Safety Code 11362.5
PHYSICIAN'S STATEMENT**



Compassion

This certifies that _____ is a patient under my
print patient's name

medical care and supervision for the treatment of _____.

Diagnosis

I have discussed the medical benefits and risks of cannabis use with the patient as a treatment for these medical conditions. I recommend cannabis use for my patient.

If my patient chooses to use cannabis therapeutically, I will continue to monitor his/her medical condition and to provide advice on his/her progress.

I understand that I may be contacted to verify the information in this letter. My patient authorizes me to discuss their medical condition and the contents of this letter, for verification purposes only. I am a physician licensed to practice medicine in the state of California.

Patient's Signature

Physician's Signature

Date

Physician's Name (print)

N.P./P.A. Signature (optional)

Physician CA License No.

N.P./P.A. Name (optional-print)

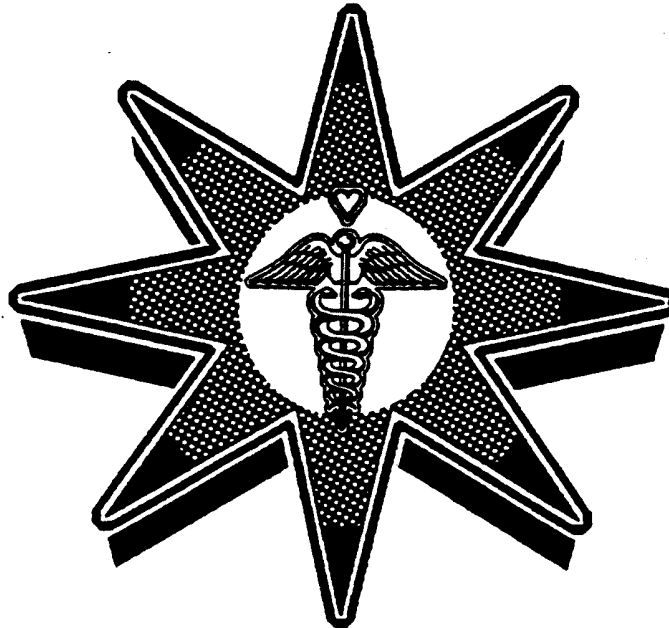
(street)

(City)

() _____
Phone Number

Oakland Cannabis buyers' Cooperative

Ex. H



Compassion

Officer- This crop of medical herb is being grown in its entirety for my personal medical use, and is intended to be free of toxic chemical, fungus, and mold contamination. This crop is safe for use by people with HIV/AIDS and other patients. Any excess will be given to the Oakland Cannabis Buyers' Cooperative. Thank you for your courage and care. If there are any questions regarding this garden please call 1-888-304-1260 (law enforcement use only).

Name, Grower
Oakland Cannabis Buyers' Cooperative

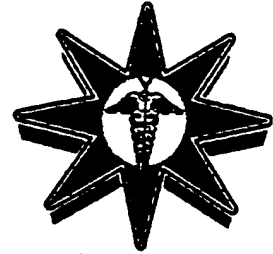
Jeffrey W. Jones
Agent of Oakland Cannabis Buyers' Cooperative

OAKLAND CANNABIS BUYERS' COOPERATIVE, P.O. Box 70401 Oakland, CA 94612-0401
Phone (510) 832-5346 Fax (510) 986-0534 Email ocbc@rxcbc.org Web www.rxcbc.org

Ex. I

OAKLAND CANNABIS BUYERS' COOPERATIVE

Membership and Informed Consent



Compassion

I, (print clearly) _____, hereby consent to the benefits provided by the Oakland Cannabis Buyers' Co-op (OCBC).

I understand that the OCBC has made no efforts in encouraging me to produce or use any substances for my medical condition. I have been informed by an authorized representative of OCBC that I should continue to seek professional medical advice prior to and during my use of any cannabis product I may acquire through OCBC.

I understand that the OCBC was organized to fill the necessity of medical cannabis. Prompting the passing of the Oakland City Council Resolution Number 72516 C.M.S. which supports the OCBC operations. I further understand that circumstances may require defense of authorization in a court of law and agree to participate in such defense to the extent necessary and practicable.

I understand that the OCBC reserves the right to refuse service(s) to members.

I affirm that I am above eighteen (18) years of age or have the consent of my parent/guardian, and that I have a medical condition(s) as attested to on my information form.

I understand that my contributions to OCBC, through products I may acquire from the organization, are used to insure continued operation of the OCBC and that this transaction, in no way, constitutes commercial promotion.

I understand that medical marijuana, while being a well-known effective therapeutic agent, is still illegal in this country. Therefore, by signing this form, all members of OCBC are committing an act of collective Federal civil resistance.

I authorize the OCBC to acknowledge the fact of my membership, when needed, for the preservation of my medical rights under the Oakland Resolution # 72516 and the Compassionate use Act of 1996.

Member Signature

Date

Intake By

Member #

Ex. J

Oakland Cannabis Buyers' Cooperative



Compassion



Shawn Malvo
222 Anyplace
Oakland CA 94612
CDL: XXXXXX XXXXXX
DOB: 12/05/65
ISSUE DATE: 10/24/97

Shawn Malvo

Member # 167

Certificate of Membership

This is to certify that on file with the undersigned officer of the Oakland Cannabis Buyers' Cooperative is a signed statement of a licensed Physician acknowledging and assenting to cannabis therapy for the patient identified on the reverse hereof, who, having satisfied all conditions of membership, is recognized as a Member in good standing of the

Oakland Cannabis Buyers' Cooperative

with all benefits and subject to all conditions as same shall from time to time be established by the Oakland CBC in accordance with its rules and Protocols. Presentation of this card shall be evidence that said patient's Physician would consider prescribing cannabis if he/she were legally able to do so, assents to the therapeutic use, and has agreed to monitor and provide medical advice on the patient's progress.

Hours: M & F 11am - 7pm T, W, TH 11am - 1pm, 5pm - 7pm

Office # (510) 832-5346

**24 hr Emergency voicemail/pager
service (for Law Enforcement
use only) 1-888-340-1260.**



**Jeffrey W. Jones
Executive Director**

Ex. K

Safe Use of Cannabis
1996 Tod H. Mikuriya, M.D.

Dosage and Route of Administration

Starting with a small amount and gradually increasing the dose is the key to avoiding unwanted mental side effects. This is called titration- self-titration if adjusted by the user.

Mental Effect Impatience and overdosing with oral cannabis is the most frequent mention of the drug in medical literature of the 1800's. Oral cannabis over-dosage is much more intense and longer lasting than from the inhaled route. Because of the two to three hours before onset of effects, a common mistake of the inexperienced is to repeat the oral dose with the consequence of overdosing.

Over-dosage

Should you take too much cannabis you may expect the mental effects of time distortion, racing thoughts, disorientation, speeding heart rate, dry mouth, and reddened eyes. The greater the dose, the greater intensity and longer these stimulant effects will last before sinking into a deep sleep. No lasting harm will result but the experience will not be forgotten.

Other Adverse Effects

Other adverse mental effects are a prolonged dullness after use of paranoia and a fear of loss of control. Cannabis, an effective relaxant, can cause an alienation or detachment. The price of relief of tension may be a dulling or suppression of feelings. Insensitivity to feelings of other or situations may result.

Set and Setting

The result of the drug is a combination of set (expectations), setting, personality, and the drug.

Best case: Enjoying a puff or two sitting at home with a friend at the end of the day.

Worst case: Taking a puff driving down the freeway, then looking sideways into the eyes of a cop.

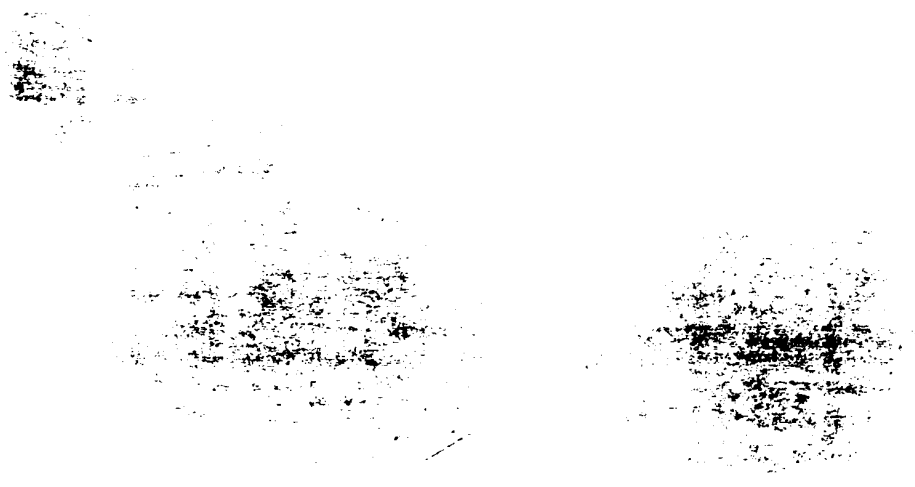
Personality and Individual Difference

Individuals with personalities that are prone to substance abuse, allergy, sensitivity, or adverse reactions to other medicines should exert greater caution and try the drug only if absolutely necessary

Dependence and Withdrawal

Because cannabis is such an effective medicine for the relief of many uncomfortable conditions, using the drug on a continuing basis is not uncommon. One must decide issues of personal risks/benefits of continuing using cannabis.

Withdrawal from chronic cannabis use produces several nights of more intense dreaming and possibly some slightly increased nervousness during the day. Some increased nervousness during the day. Some increase in exercise, if possible, and/or small amounts of other sedatives will ease the transition from cannabis dependence.



Principals of Responsible Cannabis Use

I. No Driving

The responsible consumer of cannabis does not operate a motor vehicle or other dangerous machinery while impaired by cannabis or - like other responsible citizens-any other substance or condition, including some medicines and fatigue. Although cannabis is said by most experts to be safer than many prescription drugs, responsible cannabis users never operate motor vehicles in an impaired condition. Public safety demands not only that impaired drivers be taken off the road, but also that objective measures of impairment other than chemical testing be developed and used.

II. Set and Setting

The responsible cannabis user will carefully consider his or her set and setting, regulating use accordingly. "Set" refers to the consumer's values, attitudes, experience and personality. "Setting" means the consumer's physical and social circumstances. The responsible cannabis consumer will be vigilant as to conditions-time, place, mood, etc- and should not hesitate to say no when those conditions are not conducive to a safe, pleasant and/or productive experience.

III. Resist Abuse

Use of cannabis to the extent that it impairs health, personal development or achievement is abuse, is resisted by responsible cannabis users. Abuse means harm. Some cannabis use is harmful; most is not. That which is harmful should be discouraged; that which is not, need not be. Wars have been waged in the name of eradicating "drug abuse," but instead of focusing on abuse, enforcement measures have been diluted by targeting all drug use, whether abusive or not. If Marijuana abuse is to be targeted, it is essential that clear standards be developed to identify it.

IV. Respect Other's Rights

The responsible cannabis user does not violate the rights of others, observes accepted standards of courtesy and propriety and respects the preferences of those who wish to avoid cannabis entirely. No one may violate the rights of others, and no substance use excuses any such violation. Regardless of the cannabis' legal status, responsible users will adhere to emerging tobacco smoking protocols in public and private places.

EXHIBIT 4

**OAKLAND CANNABIS BUYERS' COOPERATIVE
STATEMENT OF CONDITIONS**

On May 19, 1998, United States District Judge Charles R. Breyer issued a preliminary injunction enjoining the Oakland Cannabis Buyers' Cooperative from engaging in the distribution of marijuana in violation of federal law. The Oakland Cannabis Buyers' Cooperative would like to assure all Members that the Cooperative will continue to operate in the good faith belief that it is not engaging in the distribution of cannabis in violation of law. Federal law excludes from the definition of "distribution" the joint purchase and sharing of controlled substances by users. As a Member of the Oakland Cannabis Buyers' Cooperative, you are a joint participant in a cooperative effort to obtain and share medical cannabis. Each transaction in which you participate is not a "sale" or "distribution," but a sharing of jointly obtained medical cannabis. If you make a payment to the Cooperative such payment is a reimbursement for administrative expenses and operations, which all Members who utilize the services of the Cooperative agree to share.

The medical cannabis, shared among the Members of the Cooperative may only be used by you for the medical purposes approved or recommended by your physician. Federal law recognizes that the sharing and use of cannabis is justified by medical necessity when reasonable alternatives are not available. At the present time, federal authorities refuse to enroll any additional patients in the federal program for the medical use of cannabis.

EXHIBIT 5

CITY OF OAKLAND



CITY HALL • ONE CITY HALL PLAZA • OAKLAND, CALIFORNIA 94612

Office of City Manager
Robert C. Bobb
City Manager

(510) 238-3301
FAX (510) 238-2223
TTY/TDD (510) 238-3724

August 11, 1998

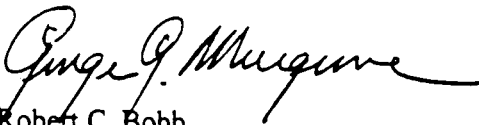
Mr. Jeff Jones
Executive Director
Oakland Cannabis Buyers' Cooperative
1755 Broadway, Suite 300
Oakland, CA 94612

Dear Mr. Jones:


Pursuant to Chapter 8.42 of the Oakland Municipal Code, the City hereby designates the Oakland Cannabis Buyers Club to administer the City's Medical Cannabis Distribution Program. The designation is subject to the cooperative's agreement to comply with the terms and conditions attached hereto as Exhibit A which hereby are incorporated by reference in this letter as if set forth in full herein.

The designation shall be effective upon the Oakland Cannabis Buyers' Cooperative's acceptance and agreement to the terms and conditions in Exhibit A. Please confirm the Oakland Cannabis Buyers' Cooperative's agreement to comply with the terms and conditions in Exhibit A by signing below.

Very truly yours,


for Robert C. Bobb
City Manager

SO AGREED:


Jeff Jones
Executive Director
Oakland Cannabis Buyers' Cooperative

Date: 8/12/98

EXHIBIT A¹

WHEREAS, on July 28, 1998 the City of Oakland ("City") added Chapter 8.42 of the Oakland Municipal Code entitled, "Medical Cannabis" ("Chapter 8.42"); and

WHEREAS, Chapter 8.42 establishes a City Medical Cannabis Distribution Program to be administered by medical cannabis provider associations designated by the City Manager; and

WHEREAS, consistent with the intent of Proposition 215 (the Compassionate Use Act of 1996, Health and Safety Code section 11362.5), the purpose of the City's program is to ensure that seriously ill Californians have the right to obtain and use marijuana for medical purposes when such medical use is recommended by a physician; and

WHEREAS, designation of one or more medical cannabis provider associations to administer a well-organized, safe medical cannabis distribution program in accordance with the requirements of Health and Safety Code section 11362.5 will preserve public health and safety by discouraging a market of street narcotic peddlers who desire to prey upon Oakland's ill residents whose painful symptoms are alleviated by ingestion of cannabis; and

WHEREAS, the City has designated the Oakland Cannabis Buyers' Cooperative ("Medical Cannabis Provider Association") to distribute cannabis to patients and primary caregivers who satisfy the requirements of Health and Safety Code section 11362.5

NOW THEREFORE, in consideration of the City's designation of Medical Cannabis Provider Association by the City Manager to administer the City's medical cannabis distribution program, the association agrees to comply with the following terms and conditions:

1. Compliance with Applicable Laws and Administrative Procedures

Medical Cannabis Provider Association agrees to comply with the requirements of Health and Safety Code section 11362.5, Chapter 8.42 of the Oakland Municipal Code and to comply with the administrative procedures and requirements established by the City as they may be amended from time to time.

2. Indemnification

The Medical Cannabis Provider Association agrees to save, indemnify, defend and hold harmless, City, its Councilmembers, directors, officers, agents and employees from any and all claims, losses and expenses (including reasonable attorney's fees) or liability on account of damage of property or injury to or death of persons accruing or resulting to Medical Cannabis Provider Association, Medical Cannabis Provider Association's directors, agents, employees, contractors, material persons, laborers and any other person, firm or corporation furnishing or supplying work, services, materials or supplies in connection with the Medical Cannabis Provider Association's designation as the City's agent to administer and the Medical Cannabis Provider Association's administration of the City's Medical Cannabis Distribution Program; and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged in connection with the Medical Cannabis Provider Association's administration of the City's Medical Cannabis Distribution Program as the City's designee.

¹ This document is Exhibit A to the August 11, 1998 letter from the City Manager designating Oakland Cannabis Buyers' Cooperative to administer the City's Medical Cannabis Distribution Program.

JWJ

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August 12, 1998

Page 2

3. Insurance

Medical Cannabis Provider Association shall procure and keep in force for the duration of its designation as a Medical Cannabis Provider Association, at Medical Cannabis Provider Association's own cost and expense, such policies of insurance or certificates or binders as required by the City's Risk Manager to represent that coverage is in place with companies doing business in California and acceptable to City. Medical Cannabis Provider Association shall provide City with copies of all insurance policies. Medical Cannabis Provider Association shall, "pending acceptance" of insurance, supply and furnish City with information, such as certificates or binders, showing such insurance policies are in force with the written undertaking of each insurer shall give City thirty (30) days prior written notice of any cancellation, termination or material change of such insurance coverage. The insurance shall at a minimum include all that is required by the City's Risk Manager in accordance with Section 4 of Chapter 8.42 of the Oakland Municipal Code.

In the case of the breach of any of the insurance provisions of this Agreement, City may, at City's option, take out and maintain at the expense of Medical Cannabis Provider Association, such insurance in the name of Medical Cannabis Provider Association as is required pursuant to this Agreement, and may deduct the cost of taking out and maintaining such insurance from any sums which may be found or become due to Medical Cannabis Provider Association under this Agreement.

4. Audit

Medical Cannabis Provider Association shall permit City and its authorized representatives to have access to Medical Cannabis Provider Association's books, records, accounts and any and all data relevant to this Agreement and/or the association's administration of the City's Medical Cannabis Distribution Program, for the purpose of making an audit or examination for the period commencing on the date the Medical Cannabis Provider Association was designated by the City Manager to administer the City's Medical Cannabis Distribution Program and ending four years after the designation is revoked. Any audit or examination under this section shall be deemed privileged and confidential in accordance with Section 6 of Chapter 8.42 of the Oakland Municipal Code. All such audits or examinations shall be carried out by appropriate personnel (e.g. physicians, nurses, accountants, bookkeepers and auditors) for the sole purpose of determining designee's compliance with the provisions of this exhibit.

5. Revocation of Designation

The Medical Cannabis Provider Association understands and agrees that the City may revoke the designation of the association to administer the City's Medical Cannabis Distribution Program at any time based on the City's sole judgment and discretion.

6. Reports, Information

Medical Cannabis Provider Association shall provide all reports and information reasonably requested by the City and shall immediately advise the City Manager of any complaints communicated to Medical Cannabis Provider Association, its directors, agents and/or employees and of any contacts by law enforcement personnel or agencies.

7. Standard of Performance

Medical Cannabis Provider Association shall administer the City's Medical Cannabis Distribution Program in accordance with the requirements of Health and Safety Code section 11362.5, the City's administrative procedures and requirements as they may be amended from time to time, the protocols, uniform conditions, rules and regulations and procedures appended hereto as Appendix 1.

JWS 213307v1

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8. Access to Premises, Inventory, Supplies, etc.

Medical Cannabis Provider Association shall provide the City Manager, or a member of his staff, access to the premises of its operations for the purpose of inspections, quality control investigations and monitoring with or without notice during normal hours of operation. Nothing in this section shall be construed to substitute for the requirements of reasonable suspicion and or probable cause for law enforcement action.

9. Effective Date

The terms and conditions set forth herein shall be effective and binding upon the Medical Cannabis Provider Association as of the date that the Medical Cannabis Provider Association is designated by the City as its agent to administer the City's Medical Cannabis Distribution Program and shall remain in full force and effect until such designation is revoked by the City or by operation of law.

10. Payment of Income Taxes

Medical Cannabis Provider Association shall be responsible for paying, when due, all income taxes, including estimated taxes, incurred as a result of the administration of the City's Medical Cannabis Distribution Program. Medical Marijuana Provider Association agrees to indemnify City for any claims, costs, losses, fees, penalties, interest or damages suffered by City resulting from its failure to comply with this provision.

11. Non-discrimination

Medical Cannabis Provider Association shall not discriminate or permit discrimination against any person or group of persons in any manner prohibited by federal, state or local laws. Medical Cannabis Provider Association shall not discriminate against any employee, applicant, patient, primary caregiver, contractor, supplier or other person supplying goods or services because of gender, sexual orientation, race, creed, color, national origin, Acquired-immune Deficiency Syndrome, (AIDS), AIDS-Related Complex, or disability.

12. Business Tax Certificate

Medical Cannabis Provider Association shall obtain and provide proof of a valid City business tax certificate. Said certificate must remain valid for the period during which the association is designated by the City Manager to administer the City's Medical Cannabis Distribution Program.

13. Independent Contractor

It is expressly agreed that in administering the City's Medical Cannabis Distribution Program pursuant to the City's designation under Chapter 8.42 of the Oakland Municipal Code, the Medical Cannabis Provider Association is not an employee of the City and is an independent contractor. Medical Cannabis Provider Association has and shall retain the right to exercise full control and supervision over the employment, direction, compensation and discharge of all persons assisting Medical Cannabis Provider Association in administering the City's Medical Cannabis Distribution Program and shall be solely responsible for all matters relating to the payment of its employees, including compliance with social security, withholding and all other regulations governing such matters, and shall be solely responsible for its own acts and those of its subordinates and employees.

14. Notice to the City

Medical Cannabis Provider Association acknowledges and understands that the City's designation of the association is based on its adherence to the protocols, quality control procedures and uniform conditions appended hereto as Appendix 1. Further, Medical Cannabis Provider Association acknowledges and understands that the City's designation of the association is based in part on the City's knowledge of the current officers and directors of the association. Medical Cannabis Provider Association agrees that it will not change its protocols, procedures, rules and regulations and/or uniform conditions, appended hereto as Appendix 1, without obtaining the prior written consent of the City. Further the Medical Cannabis Provider Association agrees that it will immediately notify the City of any change in the officers and/or directors of the association, its articles of incorporation, bylaws and/or membership fees.

15. Assignment

Medical Cannabis Provider Association shall not assign or otherwise transfer any rights, duties, obligations or interest in this agreement or arising hereunder to any person, person, entity or entities whatsoever without the prior written consent of the City and any attempt to assign or transfer without such prior written consent shall be void. Consent to any single assignment or transfer shall not constitute consent to any further assignment or transfer.

16. Entire Agreement

The terms and conditions of this agreement represent the entire agreement of the parties and supersede any prior agreements of the parties.

- end-

APPENDIX 1

MISSION STATEMENT

OAKLAND CANNABIS BUYERS' COOPERATIVE JOB DESCRIPTIONS

1. ADMINISTRATIVE DEPARTMENT
2. INTAKE DEPARTMENT
3. GREEN ROOM AND MEMBER ROOM DEPARTMENT

OAKLAND CANNABIS BUYERS' COOPERATIVE CAREGIVER POLICY

OAKLAND CANNABIS BUYERS' COOPERATIVE QUALITY ASSURANCE PROGRAM

OAKLAND CANNABIS BUYERS' COOPERATIVE SUPPLIER INITIAL QUESTIONNAIRE

1. QUESTIONNAIRE
2. NOT ACCEPTABLE CHEMICALS AND PESTICIDES
3. ACCEPTABLE CHEMICALS AND PESTICIDES

OAKLAND CANNABIS BUYERS' COOPERATIVE QUALITY ASSURANCE CONTRACT

OAKLAND CANNABIS BUYERS' COOPERATIVE PEST CONTROL MEASURES

OAKLAND CANNABIS BUYERS' COOPERATIVE RULES AND POLICIES FOR MEMBERS

OAKLAND CANNABIS BUYERS' COOPERATIVE MEMBER ROOM PROCEDURES

1. OPENING PROCEDURES
2. MEMBER TRANSACTIONS
3. CLOSING PROCEDURES

WEIGHING ROOM STANDARD PROCEDURES

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Mission Statement

The goal of the Oakland Cannabis Buyers' Cooperative (OCBC) is to provide seriously ill patients with a safe and reliable source of medical cannabis products and plants. Our cooperative is open to all patients with a verifiable letter of diagnosis and recommendation or approval for medical cannabis use.

The City of Oakland has enacted an Ordinance to provide immunity for medical cannabis provider associations so that patients can safely obtain their medicine. The Cooperative is dedicated to reducing the harm these patients encounter due to the prohibition of cannabis. This includes alleviating the fear of arrest, as well as negating problems associated with purchasing cannabis on the illicit market.

OCBC's headquarters is a multi-faceted facility, accessible to people with disabilities. We provide a professional atmosphere for patients to procure cannabis, with trained member advocates on hand to offer advice and assistance. We also offer self-help services such as support groups for a wide variety of medical conditions, massage therapy and cultivation meetings to teach Members how to grow their own medicine. The Cooperative once a month has a buffet dinner for all Members and caregivers. Seasonally the Cooperative is involved with activities such as Softball and Bowling. In addition, OCBC provides information on a variety of topics, including AIDS prevention and treatment, safe sex, and cannabis reform in general.

The Oakland CBC currently operates under the auspices of California Proposition 215 now Health and Safety Code Section 11362.5 and Oakland City Council Resolution Numbered 72379 C.M.S. and 72516 C.M.S.

Resolution 72516, passed in March 1996, makes the enforcement of medical cannabis laws the lowest priority for the City of Oakland. Furthermore, the City has appointed a working group to oversee OCBC functions and to determine the most effective means to protect and assist seriously ill patients. Most recently the City has enacted Ordinance Number 12076 setting up a medical cannabis distribution program, which the Oakland Cannabis Buyers' Cooperative hopes to fulfill.

JWJ

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Oakland Cannabis Buyers' Cooperative Job Descriptions

The Oakland Cannabis Buyers' Cooperative has three main departments:
Administrative, Intake, Green Room and Member Room.

1. Administrative Department
 - A. Executive Director is responsible for all issues and responsibilities to allow the Cooperative to operate on a day to day basis.
 - B. Chief Financial Officer is responsible for all financial issues relating to the operation of the Cooperative.
 - C. Chief Operating Officer is responsible for the managing of the Green Room and Member Room.
 - D. Secretary keeps track of Board minutes and handles other correspondence, and manages security.
 - E. Cleaning crew is responsible for making sure the Cooperative office stays clean.
2. Intake Department
 - A. Head Nurse is responsible for making sure all intake information is correct and all potential Member's recommendations and approvals have been verified with their doctor's offices.
 - B. Assisting Nurse makes sure that all work has been done and has been verified correctly.
3. Green Room and Member Room Department
 - A. Managers keep track of inventory and handle staff and Member issues.
 - B. Budtenders assist Members in procuring cannabis from the OCBC.
 - C. Weighers are responsible for accurately weighing and accounting for all cannabis that is checked in and made available to Members.

JWJ

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Oakland Cannabis Buyers' Cooperative Caregiver Policy

The Cooperative currently has a limited caregiver policy for patients who are bedridden and wheelchair bound or has mobility problems and need assistance with their daily living. The staff nurse approves of caregivers by talking with the Member and reviewing their file to see if in each instance it is needed.

Each caregiver at the threshold of being approved has to provide us with valid form of California ID or License. The caregiver also has to complete a caregiver certificate form. Then the Member will sign it certifying the caregiver to provide care for them.

In order for the caregiver to access our facility the Member will have to:

- *Place a phone call to the Cooperative verifying with the receptionist that they are sending in their caregiver. The Member needs to send in a note stating the specific nature of their needs and how much medicine they will need.

- *Give their Member ID to the Caregiver or the caregiver has to have Caregiver ID from the Cooperative. In addition to this, we need to have a valid form of ID from the caregiver.

- *The caregiver must stop at the front desk to turn in the Member's note and receive pass to be allowed into the Member only room.

Oakland Cannabis Buyers' Cooperative Quality Assurance Program



Compassion

The Oakland Cannabis Buyers' Cooperative ensures to the best of its ability that its medical cannabis products are free from molds, fungus, and pesticides. This is because only medical patients who are seriously ill or disabled and have qualified under Health and Safety Code Section 11362.5 have access to the Cooperative's service.

Our Cooperative develops trusting relationships with all the medical cannabis cultivators from whom we receive medicine. This secures that we are not receiving cannabis contaminated by the cultivators spraying with dangerous pesticides or using other chemicals that are not approved for horticultural food purpose.

We have an initial interview with all cultivators and ask questions about how the cannabis was grown and what methods are being used to control bugs. We also ask what other chemicals the cultivators are using to grow with and point out if any are unsafe for human consumption. If the cultivator doesn't qualify by our standards during the initial interview we communicate which cultivation practice must be corrected in order to cultivate cannabis for us.

We try to inspect every facility from which we get cannabis. The things we look for are as follows:

1. What type of insecticide is being used for pest control measures.
2. Other chemicals being used for growing plants.
3. How clean the facility is and if there are any fire, health or safety hazardous.

There are assigned staff members who are allowed to procure medical cannabis for the Members of the Cooperative. Experienced horticulturists that know what to look for and how to identify potentially contaminated cannabis flowers, which could have molds, fungus, or other problems, have trained the assigned staff members. Our policy is that if any of these problems are found we do not accept the product.

We inspect cannabis flowers that are brought into the Cooperative office by three methods:

1. We ask every cultivator a series of questions pertaining to the methods and chemicals used during cultivation.
2. We use a visual inspection, first by eye, throughout the whole sample in question and then look into the midsection of random cannabis flowers in search of molds and abnormal growth. Then, a high magnification jeweler's loupe is used to inspect random cannabis flowers for spores, molds, or abnormal growth.
3. We use a method of smelling the container or bag of cannabis for hints of abnormal smells. This method helps to identify any smell of potentially harmful molds and fungus.

If the Cooperative staff member finds or is notified of any problems with any medical cannabis product, the product is rejected.

The Cooperative inspects manufacturing facilities where medical cannabis preparations are manufactured. We look for fire, health or safety concerns and cleanliness of the facility. If any issues come up we communicate to the manufacturer that corrections must be made.

Manufactures of medical cannabis edibles and concentrations use standard recipes for preparing each product. Our policy is that if the manufacturer changes or alters this standard they notify us and we test the products before they can be made available at the Cooperative.



Oakland Cannabis Buyers' Cooperative Supplier initial Questionnaire

The list of questions we ask each cultivator and supplier of the Cooperative helps us to identify if the medical cannabis is suitable for medical use. The questions have been designed in a way that we can assure our members safe and quality medical cannabis.

1. What kind of insects or pests have you seen in or around your garden?
2. What kind of pesticides do you use to control pest problems?
3. Have you seen molds or spores on your flowers, if so what is the description?
4. What kind of nutrients or chemicals have you used to complete your harvest?
5. Have you noticed abnormalities in your garden?
6. What kind of water do you use?

Not Acceptable Chemicals and Pesticides:

Avid, Malithion, Only Ornamental approved chemicals, DDT, No Pest-Strip or similar type products.
Absolutely NO systemic type pesticides, this means pesticides that stay in the plant and do not biodegrade readily.

Acceptable Chemicals and Pesticides:

Safer Brand Soap, Pyrethrums, Pepper Spray, Tobacco mixes, Food grade approved chemicals by the State Department of Agriculture.

Oakland Cannabis
Buyers' Cooperative



Compassion

Oakland Cannabis Buyers' Cooperative Quality Assurance Contract

I agree that I have answered all of the questions in the 'Supplier Initial Questionnaire' truthfully and to the best of my knowledge. I understand if I change my current practices in providing medical cannabis products to the Oakland Cannabis Buyers' Cooperative I will notify them of these changes and address any questions at that time.

Supplier

Date

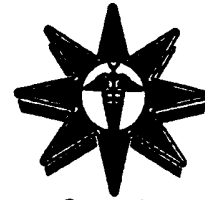
OCBC Staff

Date

OAKLAND CANNABIS BUYERS' COOPERATIVE, P.O. Box 70401 Oakland, CA 94612-0401
Phone (510) 832-5346 Fax (510) 986-0534 Email ocbc@rxcbc.org Web www.rxcbc.org

JWT

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Oakland Cannabis Buyers' Cooperative

Pest Control Measures

The Oakland Cannabis Buyers Cooperative has an inspection process that is used for new cannabis clones and seedlings brought into the Cooperative for Members. We use a high magnification jeweler's loupe to inspect leaves and other areas of the plants before they are allowed to be checked into the Cooperative Member area. If bugs are found we ask the provider what pest control methods are being used and try to assist them in nontoxic and horticulture approved methods of pest control.

The Cooperative has a weekly, and as needed insect control program for cannabis plants. When bugs are found, all affected leaves are removed and properly disposed of. All remaining leaves are then treated with insecticide and are clearly marked. This means that we do not use the plant in manufacturing for three weeks or we destroy them. We have a policy not to use pyrethrum foggers on flowers. Safer Brand Insecticidal Soap Spray on a weekly basis and as needed to control and eliminate pests from Cooperative gardens. This soap is potassium salt and pyrethrum based and is approved for horticulture food crops by the State Department of Agriculture. Our main insecticide, pyrethrum, breaks down when exposed to light and oxygen. We never use chemicals that have not been horticulture food approved, because all the cannabis we are in contact with is used by seriously ill and disabled patients.

If we have an infestation of bugs we use pyrethrum foggers in closed rooms only after we have closed for business and all employees have left the building. These foggers have the ability to eliminate all insects in the areas that need attention by filling the air with tiny droplets of biodegradable pyrethrum. Early the next day we completely ventilate the area where the insecticide was used.

All methods of insect control using sprays and chemicals are discontinued two to three weeks prior to harvest of cannabis. This ensures the product will be free of insecticides prior to use by patients.



Oakland Cannabis Buyers' Cooperative Rules and policies for Members

If prospective Members are unable to read these rules for any reason, the Cooperative will provide persons to read and explain them; we will assist non-English speaking Members by appointment.

- No in and out privileges allowed; one visit per day per Member / Caregiver.
- Purchases for people other than Cooperative Members are strictly prohibited.
- Members who wish to have their Caregiver pick-up medicine for them must make arrangements in advance.
- Please have Member ID card out and available until cannabis is received, this is for Members' safety and to keep the medicine secure.
- Being under the influence of illicit drugs or alcohol will NOT be tolerated in the Cooperative.
- The procurement of cannabis is limited to ¼ oz (7 grams) per day, unless the member lives outside of the Bay Area and makes not more than one visit to the cooperative per week. We are able to monitor these Members by our purchase tracking system.
- The Oakland Cannabis Buyers' Cooperative reserves the right to refuse service to any Member or Caregiver.
- No rude behavior will be tolerated towards staff or other Members.
- We operate in a smoke free building.
- Members should discourage friends from waiting for them immediately outside the front door of the Oakland CBC, as congestion on the sidewalk could be objectionable to some of our neighbors.
- Complaint Process Form:
The Cooperative will institute a complaint form in duplicate with one copy going to the complainant and one copy going to the Cooperative.



Oakland Cannabis Buyers' Cooperative Member Room Procedures

Opening Procedures

Turn Computer on

-Set up computer

Open windows and turn ventilation units on.

Retrieve inventory from safe and distribute into proper bins at the budbar.

-Verify counts of inventory

-Check what additions to inventory need to be made.

Arrange samples according to price and selection.

Retrieve baked goods from cooler.

Check sundry stock for needed additions.

Clean glass on cases.

Put verified starting till in cash tray and into drawer.

Each morning the manager checks out medical cannabis to the individual weighers and bud inventory for bar from safe.

He then counts and places all cannabis to be used for that day in storage locker until it is ready for use at the restock of the bar.

Member Transactions

As Members enter the member room and budbar area they must provide their membership card and California identification card to the guard at the door as well as to the budtender.

Members are then invited to smell and visually inspect the various grades of medical cannabis available that day.

After the visual inspection Members will request to see 3.5 or 1.0-gram packages of medicine. Members will then have a selection of 1 or 2 packages to select from.

It is a policy at OCBC that Members may only purchase 1/4 ounce (7 grams) per day and only visit the Cooperative one time per day. If a Member lives in a outlying area he or she may purchase up to one and half ounces, provided that the next visit is not within a weeks time.

OCBC provides 1.5 grams of cannabis sativa as no cost medicine for Members who are unable to pay. Members may not purchase on the same day as receiving no cost medicine.

The budtender enters transaction into the computer tracking system, identifying the transaction with the membership number. The transaction is then completed with cash, ATM, or VISA/MC/Discover.

Closing Procedures

Our hours of operation are:

Monday and Fridays 11am - 7pm

Tuesday, Wednesday, and Thursdays 11am - 1pm and 5pm - 7pm

Saturdays 1pm - 4pm

At the close of each shift the budtender counts and verifies the inventory of medical cannabis and logs it on the shift inventory in and out form.

The ATM and VISA/MC/Discover batch reports, that give a total of all electronic receipts, are printed out. Next a sum query report is printed to show the totals of all goods dispensed that day in dollar amounts. Then a form is printed showing the totals of all cannabis that was dispensed during that shift. This form designates the type and amount of medical cannabis each member has purchased and allows for accurate tracking and balance of inventory.

All cash and electronic receipts are counted and recorded on proper forms for reconciliation.

All forms are then verified by the shift manager and budtender(s). Forms, cash, and all receipts are then delivered to business office manager, who verifies all revenue counts and submits General Ledger tickets for posting.

All inventory that was checked out is then verified and secured by the manager and placed back into a locked safe.



Weighing Room Standard Procedures

1. Receive bulk cannabis from bar manager
 - A. Remove paperwork labeled Bud Inventory Sheet.
 - B. Weigh bulk on triple beam balance and subtract bag weight, write number on second line of breakdown section of bud inventory sheet (bulk weight quantity/grams). Write date on line one (date given to weigher), Initial line three (weighers signature).
 - C. Have staff member check weight and Initial line four (verifier's signature), Notify manager if weight differs significantly from first bulk weight figure. Manager will then research further to find the source of the differing amount.

2. Break down bulk cannabis into small quantities
 - A. Turn on electric scale and set mode to grams. Rezero scale with cannabis container on plate. Periodically rezero scale throughout weighing process.
 - B. Place bulk cannabis in metal tray. To prevent weight loss due to evaporation only remove small amounts of cannabis from bulk container at one time.
 - C. Using ziplock bags that have been prestickered with OCBC labels, weigh cannabis. We use two kinds of bags, sandwich and snack size. The sandwich baggies are used for eighths of an ounce (3.5 grams) and the snack baggies are used for single grams (1.0 grams). Once cannabis has been put into bags they are rolled up to remove excess air and then are sealed.
 - D. Unless otherwise specified by manager, make ten-gram bags for every 100 grams of bulk weight. The rest of remaining bulk is made into 3.5-gram bags.
 - E. When weighers have to leave weighing area, they secure cannabis currently checked out to them in a locked cabinet. If the weighing area is empty the room is also locked.
 - F. Weighers periodically check cannabis for mold, fungus and other contaminants. If anything abnormal is found the manager is notified. Manager will then eliminate any contaminated product.
 - G. Remove obvious unusable material (stems and seeds), set aside until paperwork is reconciled.
 - H. Any remaining bulk material left that weighs less than one gram should go into container marked "gratus"(no cost medicine).

3. Repackaging for bar use.
 - A. Count individual bags according to size. Place in one-gallon storage bags, fifteen units per bag for mid to high grade, twenty-five for sativas.
 - B. Label bags with appropriately colored labels for separating the different varieties of cannabis. Green is for most potent (high grade), white is for mild potency

(midgrade), orange is for sativa. Labels are filled out completely (bud description, date, quantity of units, and unit weight) and Initialed.

4. Reconcile Bud Inventory Sheet (B.I.S.).
 - A. Add up number of grams from labels of sealed one-gallon bags marked grams, and then note on B.I.S. Do the same for eighths and any amounts for procurement or for transfer in bulk between start and finish of weighing process.
 - B. Add together bulk remaining figure (Care Packages) to weight of unusable material (stems and seeds). Verify this with staff member and note on B.I.S. in space titled bulk remaining.
 - C. Convert number of eight bags to grams (number of units times 3.5), add to number of grams and bulk remaining figures to come up with total grams accounted for figure. Note on B.I.S.
 - D. Subtract total grams accounted for from total grams to start. Note this figure as total grams lost in bagging. Inform manager if this figure is excessive. Manager will then research and find the source of the differing amount.
 - E. Initial line marked "who weighed the bags."

5. Verifying cannabis packaged for Member procurement.
 - A. Once steps one through four are completed, another staff member must verify the count. Weigh room personal will assist each other with this task.
 - B. Count number of units in one-gallon bags, check against number on label. If figures agree squeeze excess air out of bag and seal with OCBC labels. Initial label. Repeat until all bags are verified and sealed.
 - C. Check number of bags against figures on B.I.S. If figures agree initial line marked "who verified the counts." If figures do not agree, refer to weigher for relabeling and/or correction of paperwork.

6. General Weigh Room Protocol
 - A. Clean up workstation after every shift.
 - B. Turn off all electrical devices (scales, air purifier, radio)
 - C. Lock and secure all doors to weigh room when leaving.