

Continuation of Operations by Secured Party

(Under OAR 333-008-2160, a secured party may be appointed to continue operations if a registrant's property is foreclosed or operations are otherwise ceased.)

Section 1 — Current business information

MMD or MMPS number: _____

Business name: _____
(as registered with the secretary of state)

Trade name: _____
(as registered with the secretary of state)

Mailing address (street/suite number): _____

City: _____ State: _____ ZIP: _____

Primary PRD/PRP name: _____

Phone number: _____ Email address: _____

Section 2 — Secured party appointed to continue operations

Name of appointed secured party (if the secured party is a business entity, please attach a list of all individuals who have a financial interest):

Mailing address (street/apartment number): _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax (optional): _____ Email: _____

For each individual who has a financial interest in the secured party, or for an individual who is the secured party, the following items **must** also be submitted with this form.

- A copy of a government issued photo ID
- Individual History Form (OHA 9251)
- Background check application and fee (please follow the instructions on Oregon Health Authority web page at <https://public.health.oregon.gov/DiseasesConditions/ChronicDisease/MedicalMarijuanaProgram/Pages/background-check.aspx>)
- Documentation of establishment of secured party.

Section 3 — Signature (required)

By signing below, I certify the information on this form is true and correct to the best of my knowledge. I understand the chosen secured party may not be approved if I submit false information with this request. I have reviewed and understand the rules in OAR 333, Division 008.

By signing this form, I attest I can legally act on behalf of the business named above.

Printed name of secured party to continue operations _____

Signature of secured party to continue operations _____ Date _____

Send this form to the Oregon Medical Marijuana Program using one of the following methods.

Preferred method:

- Sign in to your application at <https://mmdapply.oregon.gov> and upload the completed form to the “Documents” tab.

Acceptable methods:

- Email the completed form to medmj.dispensaries@state.or.us
- Fax the completed form to 971-673-1278
- Mail the completed and postmarked form to:

Oregon Medical Marijuana Program
P.O. Box 14450
Portland, OR 97293-0116