

## 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](mailto:medmj.dispensaries@state.or.us)
- Fax the completed form to 971-673-0076
- Mail the completed and postmarked form to:

Oregon Medical Marijuana Program  
P.O. Box 14116  
Portland, OR 97293-0116