



STATE OF NEVADA MEDICAL MARIJUANA CULTIVATION REGISTRATION CERTIFICATE
DEPARTMENT OF TAXATION

Issued Date: 07/01/2018
Expiration Date: 06/30/2019

Certificate Number: 82842542964915513809
Establishment ID: C092
Taxpayer ID: 1017903220-001
Correspondence ID: 1800011981689

KYND CANNABIS COMPANY
1645 CRANE WAY
SPARKS NV 89431-5610

THIS REGISTRATION CERTIFICATE:
IS VOID IF ALTERED.
IS NOT ISSUED IN LIEU OF ANY LOCALLY
REQUIRED BUSINESS LICENSE, PERMIT
OR REGISTRATION.
IS VALID UNLESS SUSPENDED OR
REVOKED.

AS DEFINED BY NRS CHAPTER 453A.

Current Registration Certificate Location
KYND CANNABIS COMPANY
1645 CRANE WAY
SPARKS NV 89431-5610

MUST BE DISPLAYED IN PUBLIC VIEW AT ESTABLISHMENT LOCATION

(Detach Here)

Attached is your **NEVADA Marijuana Cultivation Establishment Registration Certificate**.

A single number, the TID (Taxpayer Identification Number), identifies a taxpayer for MOST tax types. Please use your TID and LOC (Location Number) in correspondence or telephone calls to the Department.

As stated on the application or renewal, this license is valid from the issue date through 06/30/2019.

The Department of Taxation has forms, publications and information available via the internet at <https://tax.nv.gov>.

Returns along with the appropriate tax are due the last day of the month following activity. A return must be filed whether or not a liability exists.

This Certificate authorizes the holder to operate in accordance with the provisions of NRS 453A and NAC 453A. By accepting this license, I certify that I understand that I am required to comply with all State of Nevada laws, including, but not limited to NRS 453A and NAC 453A, and that noncompliance may result in penalties, suspension or revocation of this registration certificate and criminal prosecution.

This Nevada Marijuana Cultivation Establishment Certificate has been issued pursuant to an application or renewal duly filed and payment of prescribed fees and bond if applicable. This License shall be considered valid unless canceled, suspended or revoked for good cause in accordance with NRS chapter 453A.

OFFICE LOCATION:

Nevada Department of Taxation
1550 College Pkwy
Suite 115
Carson City NV 89706
(775) 684-2000