The CannaMed Business Plan:
A Unique Opportunity to Build an Investment Grade Company in the Emerging Cannabis Industry

Company: CannaMed Corp. (OTCBB: MDMJ)
Prepared by: Jordan Shapiro, CEO
Products: Financing and Service Solutions in the Cannabis Industry
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Forward-Looking Statements

Please carefully review and consider the contents of the entire Business Plan, including any attached exhibits and documents provided to you. The Business Plan must be evaluated in the context of this entire document. Please be advised that this Business Plan does not constitute an offer to sell or a solicitation of an offer to buy securities.

The information contained in this Business Plan is proprietary to CannaMed Corporation. Receipt and acceptance of the Business Plan shall constitute an agreement by the recipient that such recipient will not release this document, its exhibits or discuss the information contained herein or make reproductions of or use this Business Plan for any purpose other than evaluating a potential business relationship with CannaMed Corporation.

All information contained in this Business Plan shall be kept confidential. The recipient may not reveal or disclose to any third party without the prior written consent of the company the information that has been made available to the recipient in this Business Plan and any related exhibits or information. Similarly, the recipient shall not use the information contained in this document.

The recipient shall return all copies of the Business Plan immediately upon request by the company. In furnishing the Business Plan, the company undertakes no obligation to provide recipients with access to any additional information or to update this Business Plan.

Prospective business partners are not to construe the contents of the Business Plan as legal, business, investment or tax advice. Each recipient should consult his or her own counsel, accountant and other advisors as to legal, tax, business, or other related advice when contemplating a business relationship with CannaMed Corporation.

Please be advised that this Business Plan contains “forward-looking statements” that include information related to future events and future financial and operating performance. The words "may," "would," "will," "expect," "estimate," "can," "believe," "potential" and similar expressions and variations thereof are intended to identify forward-looking statements. Forward-looking statements should not be read as a guarantee of future performance or results, and will not necessarily be accurate indications of the times at, or by, which that performance or those results will be achieved. Forward-looking statements are based on information available at the time they are made and/or management's good faith belief as of that time with respect to
future events, and are subject to risks and uncertainties that could cause actual performance or results to
differ materially from those expressed in or suggested by the forward-looking statements. Important factors
that could cause these differences include, but are not limited to: the ability of CannaMed to secure
appropriate funding to implement its Business Plan, the demand for CannaMed’s services, CannaMed’s
ability to maintain customer and strategic business relationships, the regulation of legal cannabis on state,
federal, and local levels, the consummation of relationships with third-party technology partners, the impact
of competitive entities, products, and pricing, growth in targeted markets, and other information that may be
detailed from time-to-time in CannaMed’s filings with the United States Securities and Exchange
Commission. CannaMed undertakes no obligation to publicly update or revise any forward-looking
statements, whether as a result of new information, future events or otherwise.

More simply, certain estimates and projections prepared by the company are presented in this Business
Plan. Such estimates and projections are subject to significant economic and business uncertainties, many
of which are beyond the control of the company. The legal environment related to legal cannabis in California
and nationwide also may significantly impact the accuracy of these estimates and projections. Although such
projections are believed to be realistic as of July 26, 2014, no representations can be made as to their
attainability.

Any communications or inquiries relating to this Business Plan should be referred to CannaMed Corporation
as follows:

CannaMed Corporation
350 North Glendale Avenue, Suite B#212
Glendale, CA, 91206
ATTN: Jordan Shapiro, CEO
Phone: 1 (702) 751-8455
Letter from the CEO

Dear Shareholders,

It is my pleasure to welcome you to CannaMed. This Business Plan will provide you an overview and resource as to why we strongly believe MDMJ could be the single best investment opportunity of the next decade. We’re proud to share with you our vision, our business strategies, and look forward to continuing to report to you on our Company’s performance.

Twenty-three states and D.C. now permit the use of medical marijuana, while recently both Colorado and Washington have legalized it for recreational use. In addition, as of March 2014 and reported on CNN, another fifteen U.S. states are currently considering decriminalization of the drug or legalizing it for medical or recreational use. It is no wonder then that the legal marijuana market in the U.S. is estimated to grow 64% this year to $2.34 billion, and, according to ArcView Research, is estimated to surpass $10.2 billion by 2018.

Many smart investors are doing their homework; and we’re thankful that you’re considering our Los Angeles, CA based company in your portfolio. With the passage of Proposition 215 in California, medical marijuana has been legal here since 1996 and our experienced team has successfully assisted over 500 dispensaries and production facilities over the last seven years. In April of this year, we decided to consolidate our efforts in CannaMed, a publically traded entity. While it is possible for anyone to participate in our public market as an investor, we advise all potential investors to consult with their financial advisors and determine if our company is an appropriate addition to your portfolio.

We would like to thank you for your time and consideration and look forward to recognizing this tremendous opportunity together.

Sincerely,

Jordan Shapiro
CEO, CannaMed Corporation
Executive Summary

The opportunity for market leadership in the regulated medical marijuana industry. CannaMed is building a dynamic, highly opportunistic, forward-looking public company serving the fast growing cannabis industry in California and throughout the United States. Through our 100% owned subsidiaries, we provide Financing and Service Solutions to the heavily regulated medical and recreational marijuana industries - currently one of the fastest growing industries in the United States. The industries’ projected sales in 2014 are expected to grow to $2.34 billion, with reports suggesting annual market potential by 2018 in excess of $10.2 billion.

California remains the largest state-market in the U.S. at $980 million, even without the approval of recreational adult usage in the state. California has a larger market share than the recreationally approved states, including Colorado and Washington combined. If recreational use is adopted, which we believe to be likely in 2017, the total California market is projected to increase dramatically and represent an even more dominant share of the national market.

We believe our initial position in California is key to the US markets. Our strategy is to continue to work for and with the 134 compliant, pre-ICO dispensaries and production facilities (and partner when and where appropriate in the business and legal landscape). Pre-ICO collectives were registered with the city of Los Angeles pursuant to the 2007 Interim Control Ordinance (“ICO”) and are legally allowed to maintain their lawfully organized status and operate within Los Angeles, California. In a market where approximately 70 percent of all Los Angeles dispensaries are not ICO compliant and have been targeted recently for closure by popular vote, we believe we have a sustainable, exclusive growth-oriented market opportunity.

Experience and a proven track record map our way up the road of opportunity. With over 32 years of combined industry experience, CannaMed’s team has a deep and rich history of successfully working in California’s legal cannabis market. Over the last 7 years, our team has worked with more than 500 dispensaries and production facilities to help our clients grow their business and operate in compliance of the constantly changing guidelines and local, state and federal laws. We are currently leveraging these existing relationships to propel our business
development initiatives which we see as a distinct and important advantage over new industry entrants.

**Financing solutions are just the beginning.** Our Financing Solutions include leasing state guideline approved growing spaces and related facilities (commercial real estate, agricultural properties, and equipment) to licensed marijuana business operators for their production needs. CannaMed consultants customize the build out with the business operators. In this manner, we are able to assist clients increase memberships to their collectives, assist them in expediting the opening of their marijuana retail dispensaries, design and finance cultivation and production facilities, and forge key relationships with product manufacturers.

**Complete turnkey service solutions.** Our turnkey Service Solutions offer service and tools to maintain compliance from point of corporate registration, through establishing procedures, processing, tracking and reporting product. We have the expertise to keep our clients in compliance with the ever changing local, state, and federal laws.

**We are optimizing revenue in a continuing changing legal landscape – the key to the kingdom of exponential growth for investors.** Both our turnkey solutions (Financing + Service) generate revenue for CannaMed shareholders and provide a portfolio of diversified revenue streams. At this time, CannaMed does not grow, process, own, handle, transport, or sell cannabis, but management is open to exploring all possible revenue generating possibilities as the legal and regulatory environment. The California legal marijuana market is presently in a state of constant flux, with local regulators causing a flurry of openings and closings depending upon the local environment evolves. Certainly many operate outside the law, with an estimated 3,000 unlicensed dispensaries operating in California. There are bills presently before the California legislature intended to provide regulatory certainty statewide, and while it is still uncertain whether those laws will or will not pass this year, our management believes that eventually California will establish a regulatory environment more conducive to corporate ownership in marijuana collectives. It is our intention to continue our current operations in full compliance with state and local regulations while anticipating the future evolution in business opportunity which we will believe will develop as California provides increasing regulatory certainty statewide.

**Location and first mover advantage.** Our company is based in Los Angeles, California, where medical marijuana has been legal since 1996, pursuant to Proposition 215, and then Senate Bill
420. In Los Angeles there are currently 134 dispensaries, permitted under the city’s recent Proposition D ordinance. We currently have contracts with one licensed dispensary and five independent agricultural production SPEs and intend to grow our client base in proportion to our ability to raise financing.

**The future of CannaMed is bright.** We are pursuing ancillary business products and services including:

- Licensing of our brand and trademarks
- Sponsorship of research and development of new plant strains and medical derivatives
- Evolving the banking, financing, and Point of Sale (POS) solutions
- Partnerships in research and development for customized soil amendments for cannabis
- Nationwide compliance engine for industry participants

**Financial projections and the bottom line.** We are proud to be a fully reporting public company trading on the OTCBB under the symbol MDMJ. For 2014, our principal focus is to implement this Business Plan leveraging our infrastructure in California. We also plan expansion into additional states over the next 24 months. In developing a solid growth model, we anticipate generating revenues in excess of $2,000,000 in the next 12 months, rising to $20,000,000 in 2016, and over $95,000,000 in 2018. As a turnkey company, gross margins are expected to approach 50% in fiscal year 2018 as our Business Plan is fully deployed. *

**Our investment case in summary.** CannaMed currently has one (1) legal dispensary contract under management, three (3) in late stage negotiations, and isolated five (5) more for consideration. We successfully secured our first dispensary contract in May 2014. The Company intends to expand this model and scale capital and develop and grow operations.

Company Overview

CannaMed is a public company quoted on the OTCBB as MDMJ. CannaMed and our wholly-owned subsidiaries provide turnkey support solutions to the rapidly evolving and growing legal cannabis industry. We provide “seed to sale” key business services including:

- Funding and Financing Solutions
- Compliance Consulting Solutions
- Dispensary and Retail Solutions
- Commercial Production and Equipment Build Out Solutions
- Banking and Payment Processing Solutions
- Multichannel Supply Chain Solutions
- Branding, Marketing and Sales Solutions
- Research and Development Solutions
- Consumer Product Solutions

Our experienced management team has a combined thirty-two years of successful experience in the legal cannabis industry in California. CannaMed is expanding throughout California and bringing its array of services to each new state that legalizes the use of cannabis.

Mission Statement

To be the premier financing and turnkey support services company specializing in the legal cannabis industry in the U.S. Our goal is to build an array of turnkey solutions to open model dispensaries, production facilities, and product companies operating as community stewards for good business practice.
Our Vision
Our vision is to develop a more professional ecosystem within the cannabis industry, creating a better work environment for our clients, as well as creating improved patient experiences, and a clear choice for investors in the sector.

History and Developments
CannaMed was incorporated in the State of Nevada on February 14, 2006, under the name of XTOL Energy Inc. We operated under several different names until March 20, 2014, when our Board of Directors approved an Agreement and Plan of Merger to merge with our wholly-owned subsidiary CannaMed Corporation, a Nevada corporation, to effect a name change to CannaMed Corporation. CannaMed remains the surviving company, and the name change became effective on April 7, 2014 and the new symbol for the quotation of our common stock on the Over the Counter Bulletin Board became “MDMJ.OB”.

Company Subsidiaries
1849 Holdings, Inc., a California corporation, is a wholly-owned subsidiary of CannaMed. 1849, offers turnkey support services for the legal cannabis industry.

Cal-Westridge Corporation is a wholly-owned subsidiary of 1849 Holdings, Inc. Accordingly; Cal-Westridge is an indirect, wholly-owned subsidiary of CannaMed. Cal-Westridge is a financing, real estate and equipment lender focused on servicing compliant participants in the legal cannabis industry in California.

Location and Facilities
Our corporate offices are located at 350 North Glendale Avenue, Suite B#212, Glendale, CA, 91206. We can be reached by phone at 1 (702) 751-8455 and by email at corporate@cannamedcorp.com.

CannaMed (MDMJ) Security Details
Share Structure (as of July 24, 2014)
Market Value $94,780,555 a/o Jul 11, 2014
Shares Outstanding: 54,575,864 a/o Jul 24, 2014
Float: 22,598,944
Shareholders of Record: 99

Financial Reporting/Disclosure

Reporting Status: U.S. Reporting: SEC Filer
Audited Financials: Audited Annually
Latest Report: July 25, 2014 10-Q
Fiscal Year End: 11/30
OTC Marketplace: OTCBB
Incorporated In: NV, USA
Year of Inc.: 2006
Employees and Contractors: 8

Key Contacts

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Saturna Group
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Canada V6E 3X1
Products and Services Summary

Growth drivers for the cannabis industry that CannaMed delivers:

1. Proper financing.
2. Seasoned and professional management services.
3. Legal compliance and professionalism establishing standards and best practice.
4. Growth strategies that maximize returns for both short-term and long-term stakeholders and shareholders, allowing for advanced succession planning and an exit strategy.

Funding & Financing Solutions

Our goal is to become the funding and financing service partner of choice in the legal California cannabis market before expanding nationwide. We offer financing and financial aid to collectives, dispensaries, producers, and product businesses in the cannabis industry with alternative funding and financing solutions. In our evolving industry, where traditional banking opportunities are grossly limited, we step in to provide the “traditional” bank lending services; lines of credit, property financing, and commercial loans. Businesses and individuals qualify and are scored on their experience, current operations, financial records, and compliance grades given by our proprietary compliance engine. We assign them a CannaMed Compliance Index (CCI) Score, a 120 point rating system that determines their eligibility for assistance. Our experience, expertise and understanding of their business needs along with all state governance rules have been complied into a software and analysis system to determine their level of compliance and suitability for services and financing packages we are able to offer. We believe this methodology allows us to mitigate financial risks and maximize our returns.

Compliance Solutions

Cannabis retail, production, and product manufacturers must comply with all regulations in the highly governed marijuana industry. Lead by Mr. Paul Shively, our team of experienced Compliance Experts guide our clients through the complex and ever changing legal landscape. Local and state laws dictate different business requirements. Over the last 7 years we have
developed a proprietary system of checks and balances to ensure we are operating in maximum possible compliance based on local and state laws.

From best-practices establishing the appropriate business entities, to establishing correct business operations for tracking inventory and patient records, to internal bookkeeping and government reporting, we help design and maintain industry-leading operations.

Shareholders considering investing in the marijuana industry unequivocally understand the importance of compliance. However, the physical practice of this in the current state of the industry is quite unique. We have a “first mover advantage” securing relationships with dispensaries, production facilities and product manufacturers which currently are not in full compliance. These services offer us a gateway to potential contracts, partners and/or acquisitions if and when the legal climate allows.

We believe when looking at future growth and operations in California or nationwide, it is paramount to note that each state's regulations dictate a different approach. The local and state laws define many ways to adapt the core business models, recognize the unique limitations and therefore opportunities within that state; the laws dictate who can purchase, source, grow, transport, or sell.

Knowing the legal landscape and being in compliance is more than critical - it is unconditionally necessary. We believe the key is identifying similar patterns, strengths and standards. The differences on a state-by-state regulatory basis form barriers to entry for some of our competitors and generate opportunities for us. The legal landscape is both complex and ever changing. This coupled with the severity of penalties (DOJ, IRS, etc.) are strong barriers to entry and dictate that we operate to the letter of the law.

**Commercial Build Out and Equipment Solutions**

Our experienced team provides modular turnkey build-out and commercial service options to our clients. Our solutions are customized to address the necessary design, build, and rollout services for infrastructure, systems and the ongoing support of dispensaries, collectives, and production facilities. We offer a professional array of services from legal advice and financial assistance, to real estate consulting, operations design, building construction, and high-profile grand openings.

We have the know-how to build and operate community and tenant friendly facilities that are compliant for closed-loop systems, zero emissions and business-friendly. We are not "one size fits
all", and tailor customized solutions for all of our clients.

**Retail, Collective and Dispensary Solutions**

We provide turnkey operating services for collectives, dispensaries and retail businesses. In a legal landscape that is very complex and where there are overlapping regulations, we provide the clarity needed to make sound, risk adverse business decisions. From providing the traditional business services including, government permitting, HR, payroll, Workman Compensation, to the more complex services of donation accounting, tax planning and succession strategies, government audit preparation and filings.

**Supply Chain Solutions**

We assist in the design, planning, and execution of systems to control and monitor supply chain activities within retail and production facilities. Our objective is to create overall value for our book of contracts, build a competitive infrastructure, leverage buying power and logistics, and assist in providing metrics to synchronize supply and demand, while monitoring, measuring and reporting performance. We are currently compiling a catalogue of unique products and pricing that CannaMed can offer to all industry participants.

**Branding, Marketing and Sales Solutions**

Our experienced marketing and sales team assists clients in developing and creating effective branding, enhance distribution networks, and work closely with operations to develop consistent product formulations and fulfill consumer promises. We are continuing to examine multi-state licensing agreements, the value of brand IP, and master distribution channels. We are able to earn fees based on providing solutions to (but not limited to): packaging, sales, marketing support and brand licensing, the creation of a strong and usable creative IP and product book, leveraging partnering agreements, advising on acquisitions and buyouts (on a case by case basis upon federal legalization).

**Banking and Payment Processing Solutions**

Currently in California, the legal cannabis industry transacts an estimated $1.1 billion in sales
annually, astonishingly, almost exclusively in cash. This problem presents an exciting opportunity for CannaMed.

We are currently evaluating both an internal solution, and a 3rd payment processing system to resolve our clients’ cash problems. Our in-house solution developed by a 3rd party, provides a pre-approved industry credit and debit card processing platform. Key features of the system include: support for online, in-store, smartphone, and tablet-based, cloud-based architecture that is PCI compliant, 128 bit encryption and SSL certificates. We are currently trying to tackle the issue of Verified by VISA and MasterCard Secure Code.

Research and Development Solutions
As in any industry, research and development are the keys to innovation and leadership for long-term success. CannaMed is well positioned to assist in the sponsorship of directed projects for innovations in cannabinoids and from cannabis plants at a university level, for the future benefit of industry growers, manufacturers and dispensaries. Examples of benefits to market would include the development of specialized strains enhancing medicinal value, or potentially developing an innate trait to fight naturally occurring afflictions from diseases common in cannabinoids. Our focus in these areas will increase proportionately as our revenue streams strengthen over time.

The pharmaceutical market for cannabis-based products is in its infancy, comparable in terms to the new frontiers of the Wild West or the space race to the moon. Understanding the co-potential of the natural active ingredients provides biotech companies and manufacturers promising new discoveries and treatments - a new market that may unlock a host of new possibilities. With much fanfare, the birth of the legal marijuana market may yield a fertile new place to develop new drugs and / or commodities.

The medicinal properties of marijuana have thus far been commoditized by small operations, which lack standard testing procedures and usually operating in some sort of gray legal area, the new legal markets and increased public acceptance of cannabis offer much larger opportunities. Twenty five nations now offer full support to use cannabis-based medicines and products for oncology, multiple sclerosis, epilepsy, diabetes, inflammation, and psychiatric disorders.

Additionally, CannaMed is in discussion with leading medical and university research teams in the collaboration and future research. In the short term, CannaMed will announce the formation of a medical advisory board which will govern and direct our efforts in this area.
Consumer Product Solutions

Cannabidiol (CBD) is one of at least 60 active cannabinoids identified in cannabis along with Tetrahydrocannabinol (THC), and are the principal constituents of the cannabis plant. Research conducted outside of the United States has led to over 10 pharmaceutical drugs in 25 countries bringing relief, wellness, and improved health to millions of individuals. Although classified as a Schedule 1 narcotic, the United States government has the only US patent based on cannabis. No other individual, group or company is allowed to file for a patent in the United States. Beyond the pharmaceutical breakthroughs, there are many other products being developed for this industry. We are currently reviewing partnerships to develop, produce, distribute, market, and sell end-consumer products.

At this time, CannaMed is only investigating the viability of consumer oriented products and services. At no time will CannaMed engage in a business practice or participate in a product that is not fully federally, state and locally legal.
Market Overview

The leading, multidimensional studies of the markets and industry dynamics were conducted by ArcView Market Research. Their conclusions and key findings are summarized below.

The US national legal marijuana market value is now assessed at $1.43 billion. This includes all states that have active and open sales of cannabis to people legally allowed to possess it under state law for both medical and recreational use. The national market is projected to grow at 64 percent from current levels to $2.34 billion by 2014.

The five-year national market potential is currently estimated to grow to $10.2 billion, which is more than a 700 percent increase above the current national market valuation. Gains are anticipated in the form of increased demand in existing state markets, as well as from new state markets coming online within a five-year horizon.

Adult Use in Washington and Colorado is projected to add $208 million and $359 million to their respective markets in 2014. ArcView Market Research predicts 14 states will adopt Adult Use regulations within five years. Those states are: Alaska, Oregon, Rhode Island, New Hampshire, Vermont, Maryland, Hawaii, Maine, Missouri, Massachusetts, Nevada, Arizona, California, and Delaware.

California was the first Medical Use state with the passage of Proposition 215 in 1996. It remains the largest state market with sales at $980 million, even without Adult Use Recreational regulations. Once Adult Use is adopted - which is likely foreseen around 2017 - the total California market is projected to increase dramatically and to secure an even more dominant portion of the national market. California continues to hold a larger market share than Colorado and Washington combined.
California was the first legal state marijuana market, and it represents a commanding 68% of the national total. Yet the California addressable market remains largely untapped.

- The State of Legal Marijuana Markets, 2nd Edition

The opportunity for CannaMed in California.

CannaMed’s team has been working in California in private enterprise for the past decade. In considering the best action plan as a public company, we determined targeting pre-ICO license holders provides the right combination of risk mitigation and opportunity for building stockholder value.

In Los Angeles, dispensaries are divided into 2 groups: pre and post ICO. The acronym “ICO” stands for Interim Control Ordinance, thus pre ICOs existed before the formal state regulations was established whereas post ICOs opened afterwards, offering a new set of guidelines from regulating parties. In 2007, the Los Angeles City Council decided that there were too many medical cannabis clubs operating in LA and attempted to limit the number of shops while they drafted regulations through City Ordinance 179027. At that time, there were approximately 186 dispensaries throughout LA. At this time, the law stated that only dispensaries on the pre-ICO list were permitted, however several defense attorneys found legal loopholes for shops to exploit. (For example, filing of a “hardship exemption” application in an effort that the city would allow them to continue operations despite their opening up after the 2007 cut-off date). By the time the Council was able to address the flood of applications, about 500 awaited response. In June of 2009, the City unilaterally denied dozens of hardship applications; many were rejected without allowing any discussion or comments from the post-ICO dispensary owners. Rather than continue to answer the applications, city officials voted to stop accepting them, which effectively sealed the fate of collectives who opened after the moratorium. Many post-ICO dispensaries ignored the city and continued to operate and hundreds more have opened since 2009. Officials estimate that about
135 of the original pre-ICOs are still in business and at least 800 to 1,000 post-ICOs are scattered throughout the city.

The remaining pre-ICO collectives will only be allowed to stay open if they meet compliance through a series of time, place, and manner restrictions outlined in Proposition D. To date, the city has sent out warning letters to post-ICO collectives notifying them to close or risk prosecution. In theory, all of the post-ICO dispensaries will close down.

Market Sentiment and Support

There is excitement in the air as market sentiment among investors and companies alike in the legal marijuana industry grows more positive. Many states are promising to deliver new markets, reducing risk exposure from the federal government legally intervening. This situation is creating an inviting paradigm for investors; stabilized business environments, breakthroughs in Colorado and Washington, and shifts in federal enforcement. Marijuana’s increasing popularity and favor in the public eye is continuing to dominate media outlets throughout the United States. Here is a short list of positive coverage and in-depth reports currently available and in addition, the Appendix of this document contains a detailed reference of over 70 Health Organizations supporting the immediate legal access to medical marijuana:

- 2010 ABC News/Washington Post poll showed 81 percent of Americans favor medical marijuana use.
- 2013 Gallup poll showed 58% of Americans support full legalization.
- Dr. Sanjay Gupta, CNN’s chief medical correspondent, produced a documentary that supports and highlights the efficacy of medical marijuana treatment for children who suffer from seizures
- Fortune Magazine, Venture Capital, Time Magazine, National Post, New York Times and most media outlets have covered and/or published in-depth reports on the emerging “green rush” and the legal marijuana industry.

Political heavyweight activists include

- American Civil Liberties Union
- State Lieutenant Governor Gavin Newsom
- Drug Policy Alliance
- Californians for Cannabis Policy Reform
- Marijuana Policy Project (instrumental in the successful 2012 Colorado Adult Use legalization)
- National Cannabis Industry Association
- Students for Sensible Drug Policy
- Law Enforcement Against Prohibition
- The National Organization for the Reform of Marijuana Laws
- Coalition for Cannabis Policy Reform
- Americans for Safe Access

And this is truly the short list of advocacy currently happening across the nation: the truth is if you didn’t vote in favor of it, chances are both of your neighbors did.

Marketing Trends

We continue to study the marketing trends in California and go-to strategies for expansion in the United States. The importance of marketing, advertising and the relationship between market share and market cap can be understated. To understand the future of marketing, one has to always include the past. If we reject the obvious factors, and compress the meaningful into the simplest, most compelling components of our Business Plan, the trends we are continuing to watch and evolve in our Business Plan and go-to-market strategies include those listed below. Though all of these components are crucial for success, some components have more competition in the market whereas others are challenges faced by all participants in the overall industry.

Compliance: Changes to local, state and federal laws have created disruption in the marketplace for dispensaries in California. Because of this, new market opportunities for us have risen since we are able to develop a complimentary service model to resolve issues faced by industry players and provide ways to limit the period of business interruption and in some instances provide ways of alternative continuity.

Licensees, Dispensary and Production Numbers: Opportunities inside the pre-ICO licenses vs. federal crackdowns on non-compliant dispensaries initiative has presented us with a once-in-a-lifetime chance for exploiting our areas of expertise profitably. We can create market dominance though increased market share and enduring consumer loyalty.

Importance of Brand Licensing: Creating popular branding, development of distribution networks, and consistent product formulations will help draw patients to recognize an expected
quality control under our company name. We continue to examine the possibility of multi-state licensing agreements, and the value of brand IP incorporated into master distribution channels.

**Product Pricing Matrixes:** California currently enjoys one of the highest prices per product premiums in the country. Understanding that the principle of “PPP”, Product, Price, and People will drive this sector as it does every consumer marketing sector.

**Short-Term Growth - Long-Term Strategies:** We believe California’s population and legal landscape strongly bolsters both our short term and long term growth plan and establishes a strong basis for smooth entry into other states.

**Market Stability + Market Growth:** Medical vs. Adult Use Consumption access will present massive opportunities in California in the coming years. Having one of the oldest organized retail markets in the United States, since 1996, the subculture is already embedded into the population.

**Multistate Expansion and Inter-State Market Potential:** There are economies of scale in expanding out of state utilizing consolidated back offices and aggregated purchasing power.

**Competition:** While there is no clear “leader” or one distinct competitor in the Los Angeles or California marketplace, the existing 134 dispensaries and production facilities operate in what has been coined “a cottage industry”. We believe that with the right infrastructure and legal climate changes, we can pursue a market dominant brand in time. By example, the largest operating company in Northern California, Harborside Health Center, has two dispensaries that report over 125,000 patients and generated more than US$ 32 million in sales in 2012.

**Opportunities and Risk**
Opportunities for both businesses and investors are accelerating as more state medical markets come online. The scope of consumption continues to rise, especially in light of growing legal consumption in the Adult Use category. We believe the fastest opportunity for profitability is a market-lead action plan, centering on California first, and then leverage our successes into other states.

The current risks we see include:

- federal enforcement actions and policy implementation and local ordinances and regulatory limits or changes
pushback from politicians  
lack of access to banking services  
tax accounting restrictions  
competition from illegal market sources  
ew entrants to the business  
lack of publically available data

We are currently mitigating these risks by:

understanding and implementing the federal enforcement actions is part of our core business however, the US DOJ has signaled a policy of noninterference in legal marijuana states, enforcement could continue to persist and/or increase.

operating in local and state compliance and as community activities to lobby and help drive policies  
evaluating 3rd party and developing in house solutions to tackle the lack of access to Tier 1 banking services  
understanding and implementing tax accounting solutions is part of our core business  
although we “accept” the existence of illegal market sources as competition, we avoid any interactions and / or relationship with these parties  
new entrants to the business are an inevitable part of the capital consumer markets, whereby we feel we will have a strong advantage with “first mover approach” and our experienced marketing, branding, and advertising experience  
with a host of editorial, newspaper, magazine and television, we believe the public vote is beginning to reflect and improve the public’s perception of the industry.

Managing Business and Legal Risks

We believe when looking at future growth and operating inter-state, it is paramount to note that each state’s regulations dictate a different approach to market. The local and state laws define in many ways how to adapt the core business models to recognize the unique limitations and therefore opportunities within that state, the laws dictate who can purchase, source, grow or sell. Knowing the legal landscape and being in compliance is more than critical - it is unconditionally fundamental. The key we believe is identifying similar patterns, strengths and standards. What the differences are on a state-by-state regulatory basis, forms barriers to entry for some of competitors and opportunities we believe, for ourselves.
Management Team

Experience and a proven track record

CannaMed’s team has a deep and rich history of successfully working in California’s legal cannabis market. Over the last seven years, our team has worked with more than 500 dispensaries and production facilities to help our clients grow their business and operate in compliance of the constantly changing guidelines and laws.

CannaMed’s executive management team is responsible for establishing the strategic policy for the company with the committed goal of increasing shareholder value, and conducting our business true to our core values of compliance, ethics, and teamwork.

Jordan Shapiro
Director and CEO | CannaMed

Mr. Shapiro has over 18 years of experience in the financial services industry. He spent six years serving clients in Canada and the United States as an Investment Advisor at Canaccord Capital Corporation, Canada’s largest independent securities dealer. Mr. Shapiro specialized in venture capital financings and derivatives trading.

Since 2002, Mr. Shapiro has assisted companies in areas of corporate finance and business development. Mr. Shapiro was a CEO and Director of several TSX-V companies and has a very successful track record raising capital internationally.

Mr. Shapiro holds a Bachelor of Arts degree from the University of Western Ontario.

Paul Shively Ed.D, Ph.D
Director and CFO | CannaMed

Paul Shively has over 26 years’ experience in corporate accountability and fiscal management with public and private companies. Over the past 26 years, he has served on the board of over a dozen
non-profit and for profit entities and been involved in helping over 500 medical marijuana collectives develop their business entities. Quite frequently the “Who’s Who” of Los Angeles medical marijuana attorneys turn to Paul for case preparation. Paul earned dual Doctorates in Education and Corporate law and is a recognized Expert Witness in the Los Angeles Superior Court system and guest instructor in area universities as an expert in Corporate Code. During the course of his career, Mr. Shively has developed vast experience in taxation, nonprofit strategies, trademarks, corporate compliance and business acquisitions.

Since 1996, Paul has founded and sold several companies to larger competitors. Selected transactions include: Pizza Bakers, Bankcard Service Center and Epayroll Network. Paul has served multiple terms as a Council Member for Neighborhood Councils in the City of Los Angeles and as a member of the Board of Directors of Woodland Hills Tarzana Chamber of Commerce, and as an Advisor to a State Assembly Task Force for Disaster Preparedness. Paul received a Commendation from the California Governor’s Office in 2004, and multiple commendations from the California State Assembly as well as the City and County of Los Angeles over the years.

**Mr. Kevin Wright, P.Eng.**

**Incoming Director and President | CannaMed**

Mr. Wright has been serving as a key consultant for CannaMed since April 2014. After having the opportunity to work with Mr. Wright, the Company offered him the role of President and a position on its Board of Directors. Previously, Mr. Wright served in a variety of senior executive and directorship positions, most recently as a director at a private marketing and advertising company. Over the course of his 20-year career, Mr. Wright has been an award-winning director for multinational marketing and advertising companies. Mr. Wright has worked for businesses in Canada, the U.S. and the U.K. Kevin has been instrumental in formulating successful marketing strategies for clients such as Vonage, IBM, Akzo Nobel, Rogers, CIBC and Molson’s to name just a few. Mr. Wright has a keen eye for reading and predicting markets and customer needs. He has appeared on TV and lectured at universities on the subjects of marketing and business strategy. Kevin is a graduate of Queens University, a former diver in the Canadian Navy and a member of the Professional Engineers of Ontario.
Vinisha Agnihotri
VP Finance

With a background in Natural Sciences and a degree in Economics from Rutgers University, Vinisha began her career in Private Wealth Management for an ultra-high net worth boutique called Graystone, acquired by Morgan Stanley. In 2004 she began a private consulting business to develop startup ventures across various sectors. Over the last 8 years she has created a very resourceful global network, having assisted many key personalities with various projects. She became the VP Finance and head of CannaMed’s Medical Research Committee in Q1 2014, moving forward with full force to grow the company for the benefit of all of the shareholders.

Mr. Wayne Y. Yamamoto
President | Cal-Westridge.

Mr. Yamamoto has over 30 years of successful leadership and innovation in technology, investment, and merchant banking experience. Mr. Yamamoto was the President of Call/Recall, which is the first company to develop and patent terabyte optical storage technology. He severed as a Director at First Wall Street Capital leading investments in emerging Internet companies and structuring mergers and acquisitions. As the CTO of W&W, Mr. Yamamoto led a team to create the first interactive television system for the cable industry. At Quark, Mr. Yamamoto was a member of a 5-man executive management team that led Quark to worldwide expansion, while maintaining industry high profit margins. Additionally, while at Quark, provided the leadership and direction overseeing a $300 million investment and acquisition fund. Mr. Yamamoto has also held executive positions or served as a board member of several startups including ResTech, Sierra Medical, Photonic Storage Systems, S3i, Clareos, and Solutions Technology.

Bios available upon request.

Jason Tanner
VP Operations | 1849

Ben Hyenz
VP Business Development | CannaMed
CannaMed Investment Case Summary

Expand existing opportunities in Los Angeles, California, and the US.

CannaMed currently has five agricultural sites financed, and one legal dispensary contract under management, three in late stage negotiations, and isolated 5 more for consideration. We successfully opened the first dispensary contract in May 2014.
Investment Highlights

• Operating in the largest marijuana market in the USA - California.
• Team has over 32 years industry experience and since 2007 have worked with over 500 dispensaries, providing us unique and rich business development opportunities.
• Our financing arm includes an “asset-backed” business
• Unique industry turnkey solutions
• Subsidiaries generate revenue within 30 days of each new asset and service contract

For 2014, our principal focus will be to implement this Business Plan that leverages our contacts and infrastructure in California.

We plan on entering into other US states over the next 24-36 months. Consistent with our Business Plan we anticipate generating revenues in excess of $2,000,000 in the first 12 months, rising to $20,000,000 in 2016, and over $95,000,000 in five years. As a turnkey company, gross margins are expected to approach 50% in fiscal year 2018 as our Business Plan becomes fully deployed. *

CannaMed plans to optimize revenue under the current legislation. In the event the laws go into effect for recreational use and corporate ownership of equity inside the collectives, we may have the potential to fold all of our client’s operations into CannaMed. Due to our relationships, we may have the capacity and resources to fold and consolidate the resources under a single corporation at the appropriate and lawful time.

INTRODUCTORY DISCLOSURES

The financial projections that appear below have not been prepared or audited by a certified public accountant in accordance with U.S. generally accepted accounting principles. These projections represent estimates of future company performance prepared by CannaMed’s management as of July 16, 2014. While management believes these figures are attainable based upon the information currently available and its own experience and analysis of the legal cannabis industry, these projections may not be reached due to a wide variety of business, economic, and legal factors, many of which are beyond the control of CannaMed. Some, but not all, of the factors that may impact CannaMed’s ability to reach these projections are described below.

The projections are based on contracts and agreements not yet signed, or completed. Prospective business partners that the Company is currently engaging may be unable to enter into binding business relationships with CannaMed. In such a scenario, it would be difficult for the Company to attain the projections below.

Although CannaMed’s management has industry experience, legal cannabis solutions represent a new business venture for the Company. These projections are inherently limited to a reflection of what the Company has done to date and the belief that sufficient capital can be raised in the future. Like any new business, CannaMed’s inability to raise additional capital will prevent it from reaching the projections described below. Along the same lines, CannaMed cannot use previous performance in evaluating the accuracy of these projections. While we believe our initial contracts and relationship development suggests that there is a market opportunity for an entity like CannaMed, we do not have a financial history in this industry on which we can rely.

The financial projections also assume CannaMed’s expansion into other geographic regions. There can be no guarantee that the business environment will allow for such an expansion in the future. Even if it does, the timing of this expansion is subject to change. Competitive forces or a lack of capital, for example, may prevent or delay the expected expansion in San Francisco and San Diego. Competition in the payment processing space may also prevent the Company from reaching the projections that appear below. Currently, competitors in the legal cannabis payment processing business have made it to market. CannaMed has personnel well versed in payment processing and attendant regulations, but making it to market involves hardware, licensing or building software, and agreements with banking institutions. While management is committed to completing these preliminary steps (e.g., securing hardware and software) and delivering a product to market, business factors and the legal environment may create other opportunities that
management may chose to focus upon at the expense of payment processing. These business decisions may delay or inhibit revenue generation.

These projections are also subject to the unknown legal environment now facing legal cannabis. Marijuana remains illegal on the federal level and in numerous states. Many large banking institutions will not make loans or extend lines of credit to legal cannabis industry participants because of the relevant federal laws. CannaMed is filling this void and, although we feel it is unlikely, any legal intervention brought by the federal government will prevent us from meeting the projections below. There is a possibility that the federal government, or a state government, could take action against one of the entities in which we have invested. Again, while we feel this is unlikely because CannaMed vets its borrowers, such an action could harm that entity’s ability to repay a loan and therefore CannaMed’s revenue.

Similarly, profit sharing, distributions, and equity ownership in California medical marijuana dispensaries and growing operations are not permissible. These projections contemplate that CannaMed will be able to acquire California and non-California dispensaries, growing operations, and agricultural property in 2018. At this time, we do not own or have any ownership interest in these dispensaries, growing operations, or properties. We do, however, believe that our financing and support solutions put us in a strong position to acquire the businesses we work with, or some portion thereof, when the legal environment allows. If such a roll up is not legally feasible in 2018, or at any juncture, these projections will not be attained. Similarly, there can be no guarantee that dispensaries and growing operations will be amenable to acquisitions, or that we will be able to find targets on amendable terms. If that is the case, CannaMed will not be able to meet these projections.

Other factors not currently known or described above may affect our ability to meet our financial projections. These are only projections and cannot be guaranteed. When reviewing the figures below, please keep those facts in mind, along with the disclosures above.

**Financial and Pro Forma Notes**

CannaMed is publically traded on the OTCBB venture stage marketplace, under the trading symbol MDMJ. The OTCBB marketplace is for early-stage and developing U.S. and international companies. We are current in our reporting requirements and undergo annual verification and management certification process. Our detailed public records can be found on Edgar Online.

We are an expansion stage company, whereby new capital will feed our existing business opportunities and develop new ones. We are experienced in complex financial transactions including convertible loans to equity, residency ownership, nonprofit businesses requirements, and take all efforts to mitigate our legal risks and exposures.
Key Financial Assumptions:

1. Current Operations
   a. Initial financing and investments completed by 6/1/2014
   b. Initial investment of $800,000
   c. Secured loans and financing completed and contacts signed are:
      i. 5 agricultural properties
      ii. Startup capital for a California dispensary
      iii. 25 light hydroponic grow (currently being built out)
   d. Consulting revenues will begin in 3rd quarter

2. Pipeline - in final stages of negotiations, scheduled for closing no later than 8/15/2014
   a. Investment Capital required $3.25m - $3.7m
   b. Transactions include:
      i. location and build out for 300 light hydroponic grow
      ii. financing for 2 LA pre ICO dispensaries
   c. Once in full operation, accounts for $14 - $16m in revenue
   d. Cannabis Compliance Platform is scheduled for launch in Sep 2014

   a. Profits from 2014 will be used to acquire 2 additional agricultural locations
   b. Will seek Investment capital of $8 - $10m
   c. Expansion into San Diego, San Francisco and other markets including other states
   d. Launch of CannaMed products (nutrients, CBD vapor, wax)
   e. Financing of additional industrial property from hydroponic grows (30,000 sq. ft.)
   f. CannaMed anticipates introducing its credit card processing service
i. Based on current market size, credit card processing exceeds $36,000,000 in annually

   a. Continued reinvesting in the expansion of core business
   b. The company does not anticipate the need for additional investment capital but will assess opportunities as they become available

5. 2018 - Federal Legalization
   a. CannaMed has no insight or influence into the timeline or process for legalization in other states or federally
   b. Acquires key production, distribution, manufacturing and dispensary operations
   c. Industry Rollup revenue is based on 7 California dispensaries, 6 non California dispensaries, 60,000 sq. ft. of indoor grow space and 10 agriculture properties

### Five Year Pro Forma Financial Summary

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Your investment represents a unique moment in history – one that rivals the repeal of prohibition and the power of an upstart industry. Reports show the United States marijuana market is currently developing faster than the smartphone and tablet industry, and ushering in a new era of early investors to compliment this revolution. We believe this happens to be one of the most exciting eras in investing history. This is an age of uprising, of revolution, of new ideals.

Cultural relevancy is on everybody’s minds and lips. Smart investors are doing their homework; and we’re thankful that you’ve taken the time to learn our story and consider us as a part of your portfolio. Early movers in this multibillion dollar market will surely have an advantage in the exciting marijuana industry. The industry is developing weekly. We see a great market and future for CannaMed and its shareholders and respectfully request your assistance in helping us achieve these goals. It’s necessary to take risks and its always good business practice to be progressive; but we advise you to consult with your financial advisor to determine whether an investment in our company is appropriate for your circumstances and thank you again for the consideration.

Sincerely,

Jordan Shapiro
CEO, CannaMed Corporation
Appendix | Additional Resource
List of Health Organizations Endorsing Medical Marijuana in the US

The following list is a sampling of the various health and scientific organizations that back patient access to medical marijuana. Though it is not meant to be comprehensive, it is intended to provide a cross-section of the medical community's broad support for medical cannabis, and present a referenced, fact-based response to those who claim otherwise. As the medical cannabis issue continues to stimulate political debate, reformers and legislators need to consider the positions of the medical community to better make informed policy decisions regarding the medical use of marijuana. Numerous health and medical organizations from both the United States and abroad support the use of marijuana as a medicine. Referenced material from http://norml.org/aboutmarijuana/health-organizations-endorsements):

**AIDS Action Council**

AIDS Action Council "AIDS Action Council supports the elimination of federal restrictions that bar doctors from prescribing marijuana for medical use by individuals with HIV/AIDS. ... AIDS Action Council supports reopening the U.S. Public Health Service's Investigational New Drug Compassionate Access program to provide access to medical-use marijuana for greater numbers of qualified patients.


**AIDS Treatment News**

"The scientific case for medical [marijuana] use keeps growing stronger. Far more dangerous psychoactive drugs, like morphine, are successfully allowed in medical use. Somehow marijuana has become a symbolic or political hard line to be maintained by anti-drug believers regardless of human cost. The costs will mount until the public can organize itself to insist that those who urgently need this medicine can obtain and use it legally."

Alaska Nurses Association
"The Alaska Nurses Association supports the passage of Ballot Measure #8 [which] ... allow[s] patients to use marijuana as a medicine if they have a debilitating disease and an authorization from their doctor."

Reference: ANA Resolution: September 1998

American Academy of Family Physicians
"The American Academy of Family Physicians [supports] the use of marijuana ... under medical supervision and control for specific medical indications."


American Medical Student Association
"The American Medical Student Association strongly urges the United States Government ... to meet the treatment needs of currently ill Americans by restoring the Compassionate IND program for medical marijuana, and ... reschedul[ing] marijuana to Schedule II of the Controlled Substances Act, and ... end[ing] the medical prohibition against marijuana."

Reference: AMSA House of Delegates Resolution #12 : adopted March 1993

American Nurses Association
"The American Nurses Association will:... Support the right of patients to have safe access to therapeutic marijuana/cannabis under appropriate prescriber supervision. Support the ability of health care providers to discuss and/or recommend the medicinal use of marijuana without the threat of intimidation or penalization. Support legislation to remove criminal penalties including arrest and imprisonment for bona fide patients and prescribers of therapeutic marijuana/cannabis."

Reference: ANA Resolution: June 2003

American Osteopathic Association
"The AOA supports well-controlled clinical studies on the use of marijuana and related cannabinoids for patients who have significant medical conditions for which current evidence suggests possible efficacy..."

Reference: AOA Resolution: July 2011

American Preventive Medical Association
"Marijuana should be available for appropriate medicinal purposes, when such use is in
accordance with state law, and that physicians who recommend and prescribe marijuana for medicinal purposes in states where such use is legal, should not be censured, harassed, prosecuted or otherwise penalized by the federal government."

Reference: "Medicinal Use of Marijuana" policy statement: December 8, 1997

**American Public Health Association**

"[The APHA] encourages research of the therapeutic properties of various cannabinoids and combinations of cannabinoids, and ... urges the Administration and Congress to move expeditiously to make cannabis available as a legal medicine."


**Arthritis Research Campaign (United Kingdom)**

"We think people who use cannabis to the pain of arthritis should be able to do so."

Reference: ARC Statement to BBC News: October 23, 2001

**Australian Medical Association (NSW) Limited**

"The AMA (NSW) ... encourage[s] the ... Carr Government to introduce exemptions to current cannabis laws, which would allow the use of the currently prohibited drug, in specific medical cases to alleviate patient suffering and facilitate research."


**Australian National Task Force on Cannabis**

"Despite the positive appraisal of the therapeutic potential of cannabinoids ..., they have not been widely used. ... Part of the reason for this is that research on the therapeutic use of these compounds has become a casualty of the debate in the United States about the legal status of cannabis. ... As a community we do not allow this type of thinking to deny the use of opiates for analgesia. Nor should it be used to deny access to any therapeutic uses of cannabinoid derivatives that may be revealed by pharmacological research."

Reference: "The health and psychological consequences of cannabis use:" March 1994
**Being Alive**
"Being Alive has always supported a person's right to choose their own treatment modalities including ... efforts to legalize medical marijuana."

Reference: letter from Executive Director Gary Costas (January 3, 1996)

**Belgian Ministry of Health**
"[R]esearch has shown that cannabis can be of medicinal use.... This is an area where public health must prevail."


**British House of Lords Select Committee on Science and Technology**
"Cannabis can be effective in some patients to relieve the symptoms of MS, and against certain forms of pain. This evidence is enough to justify a change in the law. ... The Government should allow doctors to prescribe cannabis for medical use: this is the conclusion of a report by the House of Lords Science and Technology Committee, published today."


**British House of Lords Select Committee on Science and Technology (Second Report)**
"We are concerned that the MCA [Medicines Control Agency] approach to the licensing of cannabis-based medicines ... place the requirements of safety and the needs of patients in an unacceptable balance. ... Patients with severe conditions such as multiple sclerosis are being denied the right to make informed choices about their medication. There is always some risk in taking any medication, ... but these concerns should not prevent them from having access to what promises to be the only effective medication available to them."


**British Medical Association**
"Present evidence indicates that [cannabinoids] are remarkably safe drugs, with a side-effects profile superior to many drugs used for the same indications. ... [The BMA] will urge the
government to consider changing the Misuse of Drugs Act to allow the prescription of cannabinoids to patients with certain conditions causing distress that are not adequately controlled by existing treatments."

Reference: BMA report: "Therapeutic Uses of Cannabis:" November 1997

**California Academy of Family Physicians**

"[The CAFP] supports efforts to expedite access to cannabinoids for use under the direction of a physician."

Reference: position statement adopted by the Academy's Congress of Delegates: February 1994

**California Nurses Association**

"The California Nurses Association supports AB (Assembly Bill) 1529 which would eliminate California's prohibition against possessing marijuana or growing marijuana for individuals using marijuana for medical purposes. ... This measure is a compassionate alternative for patients ... to obtain relief."

Reference: letter from CNA President Kurt Laumann, RN, to Gov. Pete Wilson (September 21, 1995)

**California Pharmacists Association**

"[The CPA] support pharmacy participation in the legal distribution of medical marijuana."


**Canadian AIDS Society (Societe canadienne du sida)**

"The Canadian AIDS Society's Board of Directors believes that people living with HIV/AIDS should have access to cannabis for therapeutic purposes in the treatment of HIV/AIDS through a compassionate framework. ... [We] favor a controlled legalization system for cannabis in Canada, where the production, distribution and consumption are regulated, designated cannabis distribution centres are established and recognized, and appropriate prevention messages and harm reduction strategies are developed."

Reference: position statement adopted by the CAS' Board of Directors: May 20, 2004

**Canadian Special Senate Committee on Illegal Drugs**

"The Committee is of the opinion that the potential therapeutic uses of marijuana have been sufficiently documented to permit its use for therapeutic purposes."
Colorado Nurses Association
"The Colorado Nurses Association recognize[s] the therapeutic use of cannabis [and] support efforts to end federal policies which prohibit or unnecessarily restrict marijuana's legal availability for legitimate health care uses. ... Marijuana must be placed in a less restrictive Schedule and made available to patients who may benefit from its use."

Reference: Colorado Nurses Association 1995 Conventional Directory and Book of Reports

Connecticut Nurses Association
"[P]atients [should] have safe access to therapeutic marijuana/cannabis under appropriate prescriber supervision."

Reference: CNA Resolution: October 2004

Dean Edell, M.D.
"Cannabinoids and THC also have strong pain-killing powers, which is one reason medical marijuana should be readily available to people with cancer and other debilitating diseases."

Reference: statement of Dean Edell: March 2, 2000

Federation of American Scientists
"Based on much evidence, from patients and doctors alike, on the superior effectiveness and safety of whole cannabis compared to other medications, ... the President should instruct the NIH and the Food and Drug Administration to make efforts to enroll seriously ill patients whose physicians believe that whole cannabis would be helpful to their conditions in clinical trials, both to allow data-gathering and to provide an alternative to the black market while the scientific questions about the possible utility of cannabis are resolved."

Reference: FAS Petition on Medical Marijuana, November 1994

Florida Governor's Red Ribbon Panel on AIDS
"Recommendations for care: The state should facilitate greater access to drug therapies for treatment as well as preventive therapy. This should include access to marijuana when medically indicated."

Reference: Florida Governor's Report: January 1993
Florida Medical Association
"The FMA urge the state and federal governments and U.S. Public Health Service to open limited access to medical marijuana by reopening the investigational new drug program to new applicants."


French Ministry of Health
"Obviously, it should be possible to prescribe [cannabis.] For a doctor, that could be a real benefit."


Hawaii Nurses Association
"[The HNA] support legislation to remove state level criminal penalties for both bona fide medical marijuana patients and their healthcare providers."


Health Canada
"There is no problem, basically, with marijuana as a medicine. ... Marijuana is no different than morphine, no different than codeine, no different than Aspirin."


Illinois Nurses Association
"It is the position of the Illinois Nurses Association to: Support the right of patients to have safe access to therapeutic cannabis under appropriate prescriber supervision; ... [to] support legislation to remove criminal penalties including arrest and imprisonment for bonafide patients and prescribers of therapeutic cannabis; [and to] support federal and state legislation to include cannabis classification as a Schedule III [non-prohibited] drug."

Reference: INA Position Statement: December 2004

Kaiser Permanente
"Medical guidelines regarding [marijuana's] prudent use should be established... Unfortunately,
clinical research on potential therapeutic uses for marijuana has been difficult to accomplish in the United States, despite reasonable evidence for the efficacy of tetrahydrocannabinol (THC) and marijuana as anti-emetic and anti-glaucoma agents and the suggestive evidence for their efficacy in the treatment of other medical conditions, including AIDS.


**Lymphoma Foundation of America**

"Be it resolved that this organization urges Congress and the President to enact legislation to reschedule marijuana to allow doctors to prescribe smokable marijuana to patients in need; and, Be it further resolved that this organization urges the US Public Health Service to allow limited access to medicinal marijuana by promptly reopening the Investigational New Drug compassionate access program to new applicants."

Reference: Resolution approved by Lymphoma Foundation President Belita Cowan: January 20, 1997.

**Medical Society of the State of New York**

"Assembly Bill 5796A ... would allow certain patients ... to use marijuana to treat a serious condition that is defined as a life-threatening condition or a condition associated with or a complication of such a condition or its treatment. ... The Medical Society believes that this legislation would provide physicians, in consultation with their patient, another treatment option for those patients who are facing a life-threatening condition."

Reference: MSSNY e-news: May 7, 2004

**Mississippi Nurses Association**

"The Mississippi Nurses Association support all reasonable efforts to end federal policies which prohibit or unnecessarily restrict marijuana’s legal availability for legitimate medical uses; and be it Resolved that the Mississippi Nurses Association provide education to the nurses of Mississippi about the therapeutic use of marijuana and federal prohibition of its use; and be it Resolved that the Virginia Nurses Association encourage other health care provider organizations to support medical access to marijuana."

The Montel Williams MS Foundation
"Marijuana has helped my symptoms so much that I have become an advocate for the legalization of medical marijuana for qualified patients like me -- those suffering from debilitating and/or devastatingly painful diseases. ... Because I do not condone breaking any law, I would like to see all 50 states and the federal government decriminalize medical marijuana. I would also like to see more research into its effects on MS -- for the treatment of pain and spasticity."

Reference: Press release ("Taking Action: Montel on Medical Marijuana & MS Treatment") of the Montel Williams MS Foundation.

Multiple Sclerosis Society (Canada)
"The MS Society of Canada welcomes Health Canada¹s initiative providing a more compassionate system of possession and production for individuals who feel they may benefit from the use of marijuana for medical purposes."


The Multiple Sclerosis Society (United Kingdom)
"People with MS have claimed that [marijuana] has helped them to relieve a number of the symptoms of MS including pain, stiffness and bladder problems. ... We urge the courts to deal sympathetically with people with MS who are charged with cannabis use when seeking relief from their symptoms."


National Academy of Sciences Institute of Medicine (IOM)
"Scientific data indicate the potential therapeutic value of cannabinoid drugs, primarily THC, for pain relief, control of nausea and vomiting, and appetite stimulation. ... For certain patients, such as the terminally ill or those with debilitating symptoms, the long-term risks [associated with smoking] are not of great concern. ... [Therefore,] clinical trials of marijuana for medical purposes should be conducted. ... There are patients with debilitating symptoms for whom smoked marijuana might provide relief. ... Except for the harms associated with smoking, the adverse effects of marijuana use are within the range of effects tolerated for other medications."

National Association for Public Health Policy
"We … recommend the following … actions: The federal government should re-classify marijuana … out of the Schedule 1 category and allow their prescription where medically appropriate."


National Nurses Society on Addictions
"The National Nurses Society on Addictions urges the federal government to remove marijuana from the Schedule I category immediately, and make it available for physicians to prescribe. NNSA urges the American Nurses' Association and other health care professional organizations to support patient access to this medicine."

Reference: "Position Paper: Access to Therapeutic Cannabis," approved by the NNSA Board of Directors: May 1, 1995

Netherlands Ministry of Health*
"Cannabis has a beneficial effect for many patients. From September 1, 2003 pharmacies can provide medicinal cannabis to patients with a prescription from a doctor."


* The Dutch government made marijuana available by prescription on September 1, 2003.

New England Journal of Medicine
"Federal authorities should rescind their prohibition of the medical use of marijuana for seriously ill patients and allow physicians to decide which patients to treat. The government should change marijuana's status from that of a Schedule I drug ... to that of a Schedule II drug ... and regulate it accordingly."

Reference: Editorial by NEJM editor Dr. Jerome Kassirer, January 30, 1997

New Jersey State Nurses Association
"The NJSNA recognizes the therapeutic value and safety of medically recommended marijuana and ... supports legal access to medically recommended marijuana for patients in New Jersey who are under the care of a licensed health care provider."
**New Mexico Medical Society**

“The New Mexico Medical Society ... supports the medical use of marijuana for patients suffering from cancer, AIDS, and other serious or terminal conditions.”

Reference: Letter from Society President Allan Haynes (January 21, 2002)

**New Mexico Nurses Association**

"NMNA has voted to endorse the concept of allowing the therapeutic use of marijuana in a variety of disease states ... when conventional treatments are ineffective."

Reference: Letter from NMNA President Ginny Guido (July 28, 1997)

**New South Wales (Australia) Parliamentary Working Party on the use of Cannabis for Medical Purposes**

"The Working Party is in sympathy with the motivation and spirit of the recommendations in the Institute of Medicine and House of Lords reports. Accordingly, it recommends the introduction in NSW of a compassionate regime to assist those suffering from [a] range of illnesses ... to gain the benefits associated with the use of cannabis without facing criminal sanctions, pending the development of safer and more efficient methods to deliver cannabinoids."


**New York County Medical Society**

"The definitive review of scientific studies ... found medical benefits related to pain relief, control of nausea and vomiting, and appetite stimulation. ... While there are a variety of ways of supplying marijuana for medical use, serious consideration should be given to the 1997 recommendation ... that the FDA reclassify marijuana from Schedule I and provide a consistent, safe supply."

Reference: testimony of Zebulon Taintor, representing the New York County Medical Society before the New York City Health Committee: February 23, 2004

**New York State Nurses Association**

"Marijuana has been found to be effective in the treatment of glaucoma by reducing intraocular pressure and in reducing nausea and vomiting caused by chemotherapy. Marijuana has also been effective in stimulating the appetite of AIDS patients suffering from the wasting syndrome,
controlling spasticity in spinal cord injury patients, and in controlling seizures for persons suffering from epilepsy and for persons with multiple sclerosis. ...The NYSNA Peer Assistance Committee agrees with the intent and content of the resolution 'Legalizing Marijuana for Medical Purposes.'

Reference: "Position Statement on Medicinal Marijuana," passed by the NYSNA Board of Directors: June 7, 1995

**North Carolina Nurses Association**

"NCNA urges the Administration and Congress to make cannabis available as a legal medicine where shown to be safe and effective and to immediately allow access to therapeutic cannabis through the Investigational New Drug Program."


**Rhode Island Medical Society**

"The Medical Society supports H-7588, it is consistent with our belief that there is sufficient evidence for us to support any physician-patient relationship that believes the use of marijuana will be beneficial to the patient."

Reference: Steve DeTroy, Director of Government and Public Affairs

**Rhode Island State Nurses Association**

"[We support] legislation to remove criminal penalties including arrest and imprisonment for bona fide patients and prescribers of therapeutic marijuana/cannabis."

Reference: Press release ("Two Rhode Island Medical Groups Endorse Medical Marijuana") of the Marijuana Policy Project: April 6, 2004

**San Francisco Mayor's Summit on AIDS and HIV**

"Marijuana must continue to be available to persons living with AIDS and HIV and other diseases who wish to use it for pain management, appetite stimulation and other medicinal purposes."


**San Francisco Medical Society**

"The SFMS takes a support position on the California Medical Marijuana Initiative."

Reference: Motion passed by SFMS Board of Directors: August 8, 1996
Virginia Nurses Association

"The Virginia Nurses Association support all reasonable efforts to end federal policies which prohibit or unnecessarily restrict marijuana’s legal availability for legitimate medical uses; and be it Resolved that the Virginia Nurses Association provide education to the nurses of Virginia on the therapeutic use of marijuana and federal prohibition of its use; and be it Resolved that the Virginia Nurses Association encourage other health care provider organizations to support medical access to marijuana."

Reference: Resolution passed by the VNA Delegate Assembly: October 7, 1994

Andrew Weil, M.D.

"I consider the most important recommendation made by the IOM (Institute of Medicine) panel [to be] that physicians be able to prescribe marijuana to individual patients with debilitating or terminal conditions. … I believe such compassionate use is justified."


Vermont Medical Marijuana Study Committee

"There is medical value in using marijuana to ameliorate some symptoms associated with severe illnesses and the treatment thereof. … Marijuana is misclassified as a [federal] Schedule I drug and should be reclassified to permit physicians to prescribe and pharmacies to dispense medical marijuana."


Whitman-Walker Clinic

"Whitman-Walker Clinic supports the valid use of marijuana, under a physician's supervision, to help alleviate AIDS wasting syndrome and nausea associated with treatment regimens."


Wisconsin Nurses Association

"The Wisconsin Nurses Association urges the Governor of Wisconsin and the Wisconsin Legislature to move expeditiously to make cannabis available as a legally prescribed medicine where shown to be safe and effective."

Reference: Resolution adopted by WNA: October 29, 1999
Health Organizations Supporting Medical Marijuana Research

**American Cancer Society**

"[California Senate Bill] 535 focuses on medical marijuana research. [The] American Cancer Society ... supports S.B. 535 because it is consistent with our long-held position of supporting research of any agent or technique for which there may be evidence of a therapeutic advantage."

Reference: letter from ACS to California State Senator John Vasconcellos (July 24, 1997)

**American Medical Association**

"The AMA recommend that adequate and well-controlled studies of smoked marijuana be conducted in patients who have serious conditions for which preclinical, anecdotal, or controlled evidence suggests possible efficacy in including AIDS wasting syndrome, severe acute or delayed emesis induced by chemotherapy, multiple sclerosis, spinal cord injury, dystonia, and neuropathic pain."

Reference: Council on Scientific Affairs Report #10: Medical Marijuana

**British Medical Journal**

"The role of cannabinoids in modern therapeutics remains uncertain, but the evidence … shows that it would be irrational not to explore it. The active components of a plant which has been prized as a medicine for thousands of years should not be discarded lightly, and certainly not through political expediency or as a casualty of the war on drugs."

Reference: editorial of the BMJ, April 4, 1998

**California Medical Association**

"The CMA urge that carefully designed, controlled clinical trials of the effectiveness of inhaled marijuana for medical indications be allowed to proceed immediately. ... The CMA immediately initiate efforts at the federal level to facilitate the availability of inhaled marijuana for use in conducting clinical research to determine the medical efficacy of marijuana."

California Society on Addiction Medicine (CSAM)
"CSAM supports controlled studies of the medical usefulness of marijuana, including all routes of administration, and especially supports studies on the therapeutic effects of the essential ingredients ... of cannabis sativa. ... CSAM urges the DEA to remove cannabis from Schedule I and move it to an appropriate Schedule, below Schedule I as determined by what is known about its therapeutic benefit."

Reference: CSAM "Position on Medical Use of Marijuana in California" as it appeared in CSAM News, Spring 1997

Congress of Nursing Practice
"The Congress of Nursing Practice ... support education for RN's regarding current evidence based therapeutic uses of cannabis, [and] support investigation of therapeutic efficacy of cannabis in controlled trials."

Reference: Motion passed by the CNP: May 31, 1996

Jamaican National Commission on Ganja
"The broad range of potential therapeutic applications of cannabinoids reflects the wide distribution of cannabinoid receptors throughout the brain and other parts of the body. ... Areas in which cannabis has been shown to have therapeutic use are: reducing nausea and vomiting, stimulating appetite, promoting weight gain, diminishing high intraocular pressure from glaucoma. ... There is undoubtedly need for much further research into the potential of the medicinal use of cannabis and its extracts."


Gay and Lesbian Medical Association
"[We] support ... the authorization and implementation of clinical trials of marijuana for various aspects of AIDS treatment."


National Institutes of Health (NIH) Workshop on the Medical Utility of Marijuana
"Marijuana looks promising enough to recommend that there be new controlled studies done. The indications in which varying levels of interest was expressed are the following: appetite stimulation/cachexia, nausea and vomiting following anticancer therapy, neurological and
movement disorders, analgesia, [and] glaucoma. Accordingly, the NIH should consider relevant administrative mechanisms to facilitate grant applications in each of these areas. Whether or not the NIH is the primary source of grant support for a proposed bona fide clinical research study, if that study meets U.S. regulatory standards ... protocol approval, ... the study should receive marijuana."

Reference: Workshop on the Medical Utility of Marijuana: "Report to the Director:" August 1997

**Texas Medical Association**

"The Texas Medical Association supports (1) the physician's right to discuss with his/her patients any and all possible treatment options related to the patients' health and clinical care, including the use of marijuana, without the threat to the physician or patient of regulatory, disciplinary, or criminal sanctions; and (2) further well-controlled studies of the use of marijuana with seriously ill patients who may benefit from such alternative treatment."

Reference: Resolution adopted by the TMA Council on Scientific Affairs: April 29, 2004

**Vermont Medical Society**

"VMS" current policy on medical marijuana focuses on the need for additional scientific research, the need for free and open discussion between physicians and patients and the need to exercise caution in view of federal criminal penalties for prescribing marijuana or aiding or abetting patients to violate federal law."


**Wisconsin State Medical Society**

"The SMS urges the National Institutes of Health (NIH) to implement administrative procedures to facilitate grant applications and the conduct of well-designed clinical research into the medical utility of marijuana. ...The SMS believes that the NIH should use its resources and influence to support the development of a smoke-free inhaled delivery system for marijuana."