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Reference #4380C

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"4. The caller would like to speak with a representative from the MMAD head office concerning a constituent, Neil Allard, renewal. The caller, who is calling on behalf of an MP's office, says that Mr. Allard submitted his renewal almost three months ago and has not heard anything as of yet and it getting extremely worried because his renewal is expiring tomorrow. The caller would like to discuss this matter since the constituent has said that this is a common occurrence. A detailed message can be left on the answering machine if the caller is not available. She requested a callback as soon as possible given the situation.

July 04 07, 17:04

LORD, Joanna

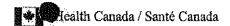
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Tel: (250) 746 4896	Best Time: 9h-1	.7h ET			
44			 	 	

July 6, 2007:

Left detailed message. Please let Mr. Allard know that his ATP and PUPL will be sent out today and he will receive it sometime next week.

- Marie-Anne"



Healthy Environments and Consumer Safety Branch Direction générale de la santé environnementale et de la sécurité des consommateurs

OUR MISSION: To help the people of Canada maintain and improve their health.

NOTRE MISSION: Aider les Canadiennes et les Canadiens à maintenir et à améliorer leur état de santé.

Visit our Website at / Visitez notre site Internet http://www.healthcanada.gc.ca/mma or http://www.santecanada.gc.ca/amm

TO/À Name/Nom:	JOANA Lord, MOFFILE Date: 2007/07/0	6
Organization/Organi	sme: 150 1-866-608-9988	
Tel/Tél:	13-941-3504 Fax/Télécopieur: 1-250-746-	7354
No. of Page	es, including this page/N° de pages, incluant cette page:	
	d Denault, Manager / Gestionnaire	
Medu	cal Marthuana Access Division / Division de l'accès médical à la marthuana	
Tel./Tél.: (613) 951	-2504 Fax/Télécopieur: (613) 952-2196	<u> </u>
Division Directorate	Medical Marihuana Access Division / Division de l'accès médical à la marihuana Drug Strategy and Controlled Substance Programme / Programme de la stratégie antidrogue et des substances contrôlées	Division Direction
Branch	Healthy Environments and Consumer Safety Branch /	Direction générale
Address Locator	Direction générale de la santé environnementale et de la sécurité des consommateurs Address Locator = 3503B / Indice de l'adresse = 3503B	Indice de l'adresse
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Address Locator: 3503B Ottawa ON K1A 1B9

MMAD-01557-08

PERSONAL-USE PRODUCTION LICENCE <u>DRIED MARIHUANA FOR MEDICAL PURPOSES - AMENDMENT</u>

You have met the requirements to be issued a licence pursuant to section 29 of the Marthuana Medical Access Regulations (MMAR). You are hereby licensed to produce dried maribuana for your medical purpose in accordance with your licence. This document and/or ID card will serve as proof of your authority to produce marthuana for a medical purpose. You should have at least one of these documents with you at all times in case you are required to show proof to the police.

HOLDER OF LICENCE INFORMATION

NAMEL ADDRESS: Neil Victor Allard 489 Hamilton Ave | Nansimo BC V9R 4G1

DATE OF BIRTH: GENDER:

25/05/1954 Male

Mailing Address:

Same as above

TERMS AND CONDITIONS

PRODUCTION SITE:

6860 Wayne Pl

Lantzville BC VOR 2H0

Mode of Productions

Indoor (winter months) and Outdoor (summer months)

PRODUCTION QUANTITIES:

The maximum number of marituans plants that you may have under production at the production site at any time under this Personal-Use Production Licence is 37 PLANTS (indeer) or 10 PLANTS (outdoor).

STORAGE SITE:

6860 Wayne Pl Lanizville BC VOR 2H0

STORAGE QUANTITIES:

The maximum quantity of dried marihuana that you may keep at the storage site at any time under this Personal-Use Production Licence is 3750 grams and it

must be stored indoors.

EXPIRY DATE

Please note this Personal-Use Production Licence expires on July 9, 2008. Should you wish to renew your Personal-Use Production Licence, please submit your renewal application at least 8 weeks prior to your expiry date.

ISSUED BY:

Ronald Denaul, Manager

Marihuana Medical Access Division

Drug Strategy and Controlled Substances Programme

DATE OF ISSUE:

2008 -04- 2 3



All inquiries regarding this licence should be directed to the Marihuana Medical Access Division, toll-free phone number: 1-866-337-7705.



Reference # 8133C

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Language: E

NEIL ALLARD

Telephone: (250) 741 0009 Ext.:

Telephone (evening):

Best time to call: 13h00 to 17h00 Eastern

Request for Further Information:

The caller will be renewing his application for the fifth time and he would like to know if he has to send new pictures. A callback would be appreciated or a detailed message.

Dec. 13, 2007

I was only able to leave a voice msg regarding Mr. Allard's enquiry. Informing him that if Dr. Carruther's will be supporting his renewal request for next July 2008, he does not require new photos. As well, he may use the short form R, only if no changes have occurred since his last renewal. Such as, Change of Address, Change of Production Site Location, Change of MD's or Change in Dosage. However, if any changes have occurred, he will need to complete to the full application requirements of form A, B2 and C for next renewal.

I reminded him that his current AP/PUPL does not expire before July 9, 2008, and should not submit his renewal forms much before the End of March/ Early April 2008.

Cheryle.A"

1000

Health Canada Santé Canada

Healthy Environments and Consumer Safety Branch Direction générale, Santé environnementale et sécurité des consommateurs 2005 -01- 04

Address Locator: 3503B Ottawa ON K1A 1B9

Thu air Voice will well

07-011199-678

Mr. Neil Allard 489 Hamilton Nanaimo, BC V9R 4G1

Dear Mr. Allard,

Thank you for your letter dated November 22, 2007 sent to the Honourable Tony Clement, regarding the approval process to be authorized to possess and cultivate marihuana for medical purposes under the *Marihuana Medical Access Regulations* (MMAR). I have been asked to respond to you directly.

As you may know, marihuana is not approved as a therapeutic drug in any country in the world, and therefore, it cannot be approved in Canada without scientific evidence proving its benefits and defining its risks. At present, while pointing to some potential benefits, current scientific evidence does not establish the safety and efficacy of marihuana to the extent required by the *Food and Drug Regulations* for marketed drugs in Canada.

Medical practitioners play an important role in the diagnosis and treatment of any serious illness. As such, they have a role to play in providing statements under Categories 1 and 2 as part of the *Marihuana Medical Access Regulations* (MMAR) application process, and must support the use of marihuana to treat symptoms of a serious medical condition.

Marihuana cannot be "prescribed" the same way that conventional drugs can. Because the research on the effects of marihuana is very limited at this point, the long term side effects and risks are unknown and therefore, the MMAR requires, among other things, an annual assessment from your physician.

The MMAR outlines the various requirements that need to be met in order to be authorized to possess marihuana for medical purposes.

Since the last amendment to the MMAR in 2005, Health Canada has introduced an abbreviated and quicker renewal form to help the applicants who have had no changes to the information provided since their last approved application for an *Authorization to Possess*.

I understand that I may have not been able to fully address your concerns, but please be assured that your concerns have been noted.

If you have any questions regarding this letter or the Regulations, please visit the Health Canada website at www.healthcanada.gc.ca/mma or you can contact the Marihuana Medical Access Division toll-free at 1-866-337-7705.

Yours sincerely,

Ronald Denault

Manager

Marihuana Medical Access Division Drug Strategy and Controlled Substances

Programme

Reference # 8984C

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NEIL ALLARD

Telephone: (250) 741 0009 Ext.:

Telephone (evening):

Best time to call: 9-12pm, ET

Request for Further Information:

The caller would like to speak with a representative in regards to renewing his license. The caller is upset that he will be required to fill out a new application form as oppose to the renewal form R since his production site is changing. A callback would be appreciated. The caller did not indicate whether he could be left a detailed message.

Jan. 23, 2008

I was only able to leave a voice msg for Mr. Allard, concerning his enquiry. I explained that yes, any changes made from his last approval, including prod. site, will require that he complete all the forms again for renewal.

New form A, B2 and C and F signed by the property owner. Should his MD have changed he will need new photos signed by the new supporting MD.

Cheryle.A"

Reference #MMAD-01557-08

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"LEGACY: Mail Subject - Amendment: Letter, Form C, F

 ${\tt LEGACY\ correspondence\ notes-Amendment\ LEGACY\ correspondence\ notes-For\ your\ review.}$ ${\tt AHayes.Mar.13.08}$

Amendment request for change of production and storage sites review complete (ID card NOT received)

Christine: please prepare PUPL document + cover letter - Sori (Apr 22, 2008)

Michael: AMENDMENT - document(s) done - please create card(s) - Christine - April 23, 2008

Card(s) done - MNeu - April 23, 2008

please sign amendment change of production and storage site - april 23.08St,,,,sent via xpost april 23,2008..gordon

Back to the officer (Helen) after amendment is complete to process renewal - thx - Sori (Apr 22, 2008)

Done - amendment - Robyn - April 24, 2008"

Neil allard Health Canada / March 5, 2008 Santé Canada MMD-01557-08 ROM: NEW V. ALLARD MAR 1 0 2008 489 HAMILTON AVE. CS/BSC NANAIMO, B.C. RESIDENCE OF GLENDA BARR th. (250) 390-2822-p (sean be reached here) : HEALTH CANADA (MEDICAL MARIJUANA TO PROGRAM) RE: ATTORIZATION APPZ-NVA-05 ADD 62135454-07-A Don Su/Madem: production site location aromandment. Thanh you for your recent telephone messages pertaining I plan on selling my house A which con fains the production to my inquired pete on my current authorization and moving the site to the address indicated on the forms enclosed (FORMS: c and F) I am aware that my present authorization expires on. July 9, 2008 and I shall be forwarding a new application site with my doctor's significent for the new posidesetion site location for the 5th application (year) in april, as suggested by your staff. as you know, I require my current card for putical I.D. purposes and I will destroy it when my new card arrives for the new graduation site. I shall require this ummordment very soon so that I can continue growing out doors at the new breaken. This regimes time for preparation. I have enclosed the relevant forms, cand F. Medicine in issueral to managing my health. Please unted Thank you Kindles, please either above which. MELL ALLARD

C1 Applicant's Information
□ Mrs. □ Miss □ Ms. □ Mr.
Applicant's full name: ALLAGRD / NOTIL / 1/17401772
Date of Birth: 25 / 10015 / 1954
Telephone: (250) 741 - 0009
E-mail:
If you already hold an Authorization to Possess dried marihuana under these Marihuana Medical Access Regulations, please indicate the number of that Authorization: https://www.nos.aop.ex.135454-b7-A
IMPORTANT: If you have not been authorized to possess dried marihuana under the Marihuana Medical Access Regulations, you must also submit Form A: Application for Authorization to Possess Marihuana for Medical Purposes and the appropriate medical practitioner form (Form B1or B2).
C2 Production Site
Please choose one of the following options:
I plan to produce marihuana at my ordinary place of residence (the address that was provided in Page 1 of Form A: Application for Authorization to Possess Marihuana for Medical Purposes).
If you check the box above, please proceed directly to C3.
If not, please check the box below and provide the requested information.
plan to produce marihuana somewhere other than at my ordinary place of residence (the address that was provided on Page 1 of Form A: Application for Authorization to Possess Marihuana for Medical Purposes).
if you make this selection, please complete the rest of this page.
Proposed production site:
Address: 6860 Wayne Place Apartment Number:
Address: 6860 Wayne Place Apartment Number: ' City: Lantzwille Province: BC. Postal Code: VOR 24 C Lown, or am part owner of, this site: 1 Yes 15 No
IMPORTANT: If you plan to produce marihuana at a site that is not your ordinary place of residence and is not owned by you, you must get the owner(s) of the production site to complete Form F: Consent of Property Owner.

C3 Mode of Production	
I plan to produce marihuana (please choose only one): □ entirely indoors; □ entirely outdoors; or	
19 midoors in the winter and outdoors in the summer.	
 IMPORTANT: 1. The Regulations allow you to grow marihuana indoors in the winter an grow marihuana indoors and outdoors at the same time. 2. Please be sure to read Part C5 of this form with respect to growing military if you plan to grow marihuana outdoors. 	,
C4 Security Measures for Growing and Storing Marihuana	
IMPORTANT: The Marihuana Medical Access Regulations state that "the I maintain measures necessary to ensure the security of marihuana in their	nolder of an authorization shall ir possession." (Sec 61(1)).
Please describe the security measures that will be used at the proposed production against loss or thet: Phochection site is socialist of a low traffic sul de sac The enview or land. The environmental support the orchard securing a cu	a one were of hand on Cupies the house on the leg a seven foot fence
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Address where the marihuana will be stored:	
Address: 6860 Wayne Place	Apartment Number:
City: Lantzville Province: B.C.	Postal Code: VoR 240

IMPORTANT: Please note that if the marihuana is not stored at the production site, it must be stored at your ordinary place of residence.

Name: NEIL ALLARD
Page 2 of 3

C5 Declarations and Signature

- i. If I've indicated on this application that I plan to produce marihuana outdoors, I declare and confirm that the production site does not share a border or common point of contact with a school, public playground, day-care facility or other public place frequented mainly by persons under 18 years of age.
- ii. I declare and confirm that the dried marihuana will be stored indoors.

iii. I declare and confirm that the information contained in this form is correct and comp	rrect and complete	correct	form is	this i	ined in	n co	information	the	HAT.	.confirm	and,	declare	n, I
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Meland

March 5, 2008

APPLICANT'S SIGNATURE

DATE

BDINT MAKE

IMPORTANT:

- Please ensure that you have signed and dated the declaration indicating that the information on this form is correct and complete.
- It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
- 3. We cannot process the application until ALL appropriate forms are received.
- Please retain a photocopy of this form for your files.
 If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

☐ Mrs. ☐ Miss ☐ Ms. ☐		2 4 2 8
Property owner's full name: Address: \(\begin{align*} \lambda & \infty & \infty \end{align*}	GLENDA JEAN	BARR
City: LANTZVI L	WAYNE PLAC. LE Province: B.C.	← Apartment Number: Postal Code: Vo R コナ
	_	rustal cade: V o R 3/7
Production site address (if o	different from above)	
Address:	From the contrade, approximation as our contrage was about a second province of the contrader of the contrad	Apartment Number:
City:	Province:	Postal Code:
lf no street address is available	e, please provide lot and concession number:	
Lat Number:	The state of the s	Additional to the second of th
Concession Number:	territoris santa superiori anticate de la companya	175 - THE COMMISSION OF STREET STREET, WHICH
F2 Property Owner Co	usent	
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I confirm that I am the sole ow applicant's designated person) accordance with the Marihuana Property owners should note the PROPERTY OWNER'S SIGNATURE CIENDA BORRINT NAME	ner of the proposed production site and I give in NEIL VICTOR ALLARD to a medical Access Regulations. That marihuana may also be stored at the production of the production o	stion site. 5, 2008
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(F2 continued)		
I give my consent to (full name of applicant or app marihuana on this property in accordance with the	licant's designated person) Marihuana Medical Access Regulations.	to produce
Property owners should note that marihuana may a	also be stored at the production site.	
	· Sephantikariani	
PROPERTY CO-OWNER'S SIGNATURE	DATE	
PRINT NAME	Marie a video de de la companione	
PROPERTY CO-OWNER'S SIGNATURE	DATE	
PRINT NAME		•

- IMPORTANT:
- 1. It is important to understand that all mandatory information requested must be provided to avoid
- unnecessary delays.
 We cannot process the application until ALL appropriate forms are received.
 Please retain a photocopy of this form for your files.
 If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

arrived. working

Residered Recommends

RW 235 166 859 CA

Reference #10928C

orrespondence Corrlant Details						Pud polonjens v stusno.
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Language: E

NEIL ALLARD

Telephone: (250) 390 2822 Ext.:

Telephone (evening): 2507410009

Best time to ca	all: 12:00-17:00
-----------------	------------------

Fax:

E-mail:

Request for Further Information:

The caller would like a representative to call him back in regards to the changes previously sent in for his licence. You may speak to his girlfriend Glenda since the patient is not well. A call back would be appreciated. You may leave a detailed message at both contact numbers.

LEft a detailed message. Helen 2008-04-10"

Reference #MMAD-02353-08

in Administration Bepor	в - П э ір - Ехі	er en	er o torik sidan di di	1.0		1
Ontact Detres Contact Detres First Name	Surrieme Alkard	712 Hanilton Ave	Malint Address Hendrio, BC, VSR 138, Cens	rile:	Date C1 Party Primers 1954-05-25 250-753-0125 (View Conduct Phone IVA)
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"LEGACY: Mail Subject - Renewal: Letter, Form A, B2, C, F, Doctor letters

LEGACY correspondence notes - AP+PL LEGACY correspondence notes - For your review. AHayes.Apr.22.08.

REview complete Helen 2008-05-09

Christine please prepare AP+PL docs.

oops: I "mailed" to Michael for cards - I now see that the request to me for an AP+PL was duplicated in MMAD-03843-08 (which had been closed, & was marked "closed" on file). I will send this MMAD-

02353-08 to fileroom & continue with 03843-08 as we are now including a letter under that number signed by HE - Christine - June 30, 2008"

afril 8, 2008

NEIL ALLARD 489 HAMILTON AVE NANAIMO, B.C VAR 4G1

Health Canada /
Santé Canada

MMAD-0x353-08

AFR 1 1 2008

1,008-05-23

OCS / BSC

TO: MR. RONALD DENAULT
MANAGER

M.M.A.D., HEALTH CANADA

Me Derault,

Thank you for your letter of Jan 4,2008

responding to my requests and concerns.

In your letter to me, you indicate that

my concerns have been noted. My Field application

my concerns have been noted. My Field application

is enclosed along with a letter from my doctor.

I lease lead the letter from my medical

specialist. He knows me very well and is

ale leading expert in the area of myselgic

encephalomyelitis. He is recommending

that a G.P. he allowed to sign my

many forms, year after year. The stiess

ver these forms is enormous for me. Please

right to the enclosed letter from Ms. Handa Barr.

I look forward to hearing from your on

this matter.

Sincerely, Marcard * April 8, 2008 Glanda Barr 6860 Wayne Place Lant 2 vi Ue, B.C. VOR 240

To: Mr. Ronald Denault Manager, M.M. A.O., Health Canada

Mr. Denault, request to allow his G.P. to Sign his annual application. The forthcoming retirement of his specialist has him in a difficult, Stressful position. All the stresses of dealing with M.M.A.D. requirements have a drastic effect on his M.E. symptoms, sometimes leaving him bed-ridden and unable to cope with the basic requirements of daily life. In the past seven months of almost daily contact, I have witnessed the tremendous benefits of medicinal marijuana. I seriously doubt that he would survive for long without it. exposure to his illness and increasing awareness of the benefits of medical marijuana have prompted me to support this struggle by becoming a designated grower (I am a master gardener and fruit grower) for and MS I am hopeful that companion and common sence will be applied to ease Neil's Struggles with life by allowing his G.P. to approve the use of this medicine that enables him to function on a Sincerely, Glanda Barr Hailu Basis

□ Mrs. □ Miss □ Ms.	: 1998 : 1898 1898 1997 1 1 1 1 1 1 1 1 1	the third control of the state
	ALLARD / NEVL	
	·	er film (1794). Netter verter vers vijstet i ministåren kompleten i tilksta gen slaggetgretn verkti amerikasje
Address: 489 City: NANOL MC	HAMILTON AVE. Province: B.C.	Aparlment Number: Postal Code: V9R 46/
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Appointed Representative А3

This section is optional

You may appoint a representative to speak to Health Canada on your behalf. Health Canada will be authorized to exchange information about your case—including personal data and material contained in your medical records — with an appointed representative that you choose (for example, a family member or a friend).

Phone in the same and the same		ny triottabet or	genechy);	1	
Should you not provide this consent				and through yo	u.
You may withdraw the appointment	of your represer	ntative at any fi	me.		
Appointed representative (option	rai):				
 I consent to allowing Health Cana representative. 	ıda to exchange	personal and	medical inform	ation about m	y case with my appointed
□ Mrs. □ Miss □ Ms. □ Mr.		***************************************			
Representative's full name:	lasi		Stal		nacide
Mailing Address:	1975 - NANGORA CARL PROFESSOR STANSONERS.	Marie Santhers Above and Processed or	oh a naromma amangsu sa rangger na na na na ang	Ар	artment Number:
City:	Provin	ce:		Po	stal Code:
Telephone: []	No			- NAME OF THE PARTY AND ADDRESS OF	the ship and an are against the state of the special demandration for
Fax: ()	£1 1,04041,004140000000000000000	discount of a frage, as a species of			**************************************
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A4 Proposed Source of Ma	าก่านาก				
I plan to produce my own marihu You must apply to get licence to p	grow your own p	olants and you	must fill out		
Form C: Application for Licence		·	* -		
To purchase seeds from Health C Form E2: Application to Obtain			wn plants, you	must fill out	
OR .	i marmadilo o				
I plan to have a designated person My designated person will be:			N-110-T-1-100-18-11-11-11-11-11-11-11-11-11-11-11-11-	wer	
You must apply to get a licence for Form D: Application for Licent					
To purchase seeds from Health C Form E2: Application to Obtain			olants for you,	you must fill o	ut .
OR					
☐ I plan to purchase dried marihuar	ia from Health C	Canada.			
To purchase a supply of dried ma Form E1: Application to Obtain			ou must fill out	:	
1 -					
Name: NEIL	ALLA	RD		CORS REPORT THE TRANSPORT	nnak - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

Page 2 of 3

A5 Authority to Communicate to Canadian Police

To reduce the possibility of police intervention when you engage in activities allowed under your authorization or licence, if asked, Health Canada will communicate limited authorization and licence information to Canadian police in response to a request in the context of an investigation under the Controlled Drugs and Substances Act, or the Marihuana Medical Access Regulations.

A6 Declarations and Signature

- I am aware that a Notice of Compliance has not been issued under the Food and Drug Regulations concerning the safety and effectiveness of marihuana as a drug. I understand the significance of this fact.
- I have discussed the potential benefits and risks of using marihuana with the medical practitioner named in Form B1 or B2 (whichever is being filed with this application).
- iii. I consent to using marihuana only for the treatment of the symptom stated in the medical declaration.
- iv. I am aware that the benefits and risks associated with the use of marihuana are not fully understood and that the use of marihuana may involve risks that have not been identified; and I accept those risks.
- v. If the daily amount stated is more than five grams;
 - (a) I have discussed the potential risks associated with an elevated daily consumption of dried marihuana with my medical practitioner named in Form B1 or B2 (whichever is being filed with the application), including risks with respect to the effect on my cardiovascular and pulmonary systems and psychomotor performance, risks associated with the long-term use of marihuana, as well as potential drug dependency.
 - (b) I accept these risks.

vi. I attest that the juliarmation on this form is correct and comp	plete.
Mand	Warch 16, 2008
APPLICANT'S SIGNATURE	DATE
NEIL ALLARD	
PRINT NAME	

IMPORTANT:

- It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
- 2. We cannot process the application until ALL appropriate forms are received.
- Please retain a photocopy of this form for your files.If you have questions regarding this form, please contact Health Canada toll-free at 1-865-337-7705.

Page 1 of 3 Revised April 2007

Medical practitioner's full name: DR. BRUCE M. CARRU	THERS
Provincial medical licence number: 00539	framen for elle all and experience of the process of the eller of the
Stamp (if Available)	
DR. BRUCE CARRUTHERS	
#2 - 3657 West 16th Ave.	
Vancouver, B.C. V6R 3C3 604-224-1515_MSC #1316	
Medical specialization (if applicable): /NTERNAL MEDIC	مين ۾
Business Address: 2 -3657 Wat 164 Ave	
City: VANCOUVER Province: B.C.	
Telephone: 404 224 - 1515	c desiri dandi
Fax:	. TO EXTEND OF EXPORTED BY A 1920 FOR ACCOUNTS) AND ACCOUNTS FOR ACCOUNTS FOR ACCOUNTS FOR ACCOUNTS FOR ACCOUNTS
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B2-2 Medical Condition(s) and Symptoms	
Applicant's full name: ALLARO / NEI disse	1 Vic Tobe
Date of Birth: 1964 / OIGH / DE	
	+ 177 (1 17 - 14 17 17 17 17 17 17 17
Please specify the medical condition(s) and symptom(s) that are the basis for the ap	pplication.
Medical Condition(s): Myalgia encephalomyelitis	CA.K.A.
Medical Condition(s): Myalgic encephalomyelitis CHROME FATIGUE SYMDROME)	
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redical condition of missing A long list a Aventional treatments was provided with	The flex tive

B2-3 The Proposed Daily Amount
Health Canada's examination of the current available information suggests most individuals use an average daily amount of 1 gram to 3 grams of dried meribuana for medical purposes, whether it is taken orally, or inheled or a combination of both.
a. The proposed daily amount of dried marihuana is less than or equal to TEN grams (use letters to write amount); and
b. the following method and form of administration (please check appropriate box):
Inhalation Word uses a Valorizer TEA BAKEN Ga
Note to Physicians: For more information on daily amounts, you can refer to the following documents: Information for Health Care Professionals — Marihuana Ually Amount Fact Sheet
Both documents can be found on the Health Canada Web site at http://hc-sc.gc.ca/dhp-mps/marihuans/index_a.html or by calling toll free at 1-866-337-7705.
B2-4 Duration
Under the Marihuana Medical Access Regulations, an Authorization to Possess may be issued for a period of up to 12 months.
If you are signing the authorization for a shorter period, please specify the number of months:
B2-5 Medical Practitioner's Declaration and Signature
Please read, sign and date the decument in the space provided on Page 3.
1. a. The applicant's symptom(s) listed in Page 1 of this form falls under Category 2 (symptoms that do not fall under
Category 1);
 conventional treatments) for the Category 2 symptom(s) have been tried or considered, and have been found to be ineffective or medically inappropriate for the treatment of the applicant.
 I am aware that a Notice of Compliance has not been issued under the Food and Drugs Regulations concerning the safety and effectiveness of maribuana as a drug,
 a. If you are a medical specialist that your area of medical specialization is relevant to the treatment of the applicant's medical condition; or
b. If you are not a madical specialist, please declare:
i. that the applicant's case has been assessed by a specialist;
 the specialist's area of specialization is relevant to the treatment of the applicant's medical condition;
iii. that the specialist concurs that conventional freatments for the symptom are ineffective or medically inappropriate for the treatment of the applicant; and
iv. the specialist is aware that marihuana is being considered as an alternative treatment for the applicant.
(signature required on next page)
Name: NEIL ALLARD
Fage 2 of 3 Ravised April 2007

(B2-5 continued)
Please complete the following:
Name of the medical specialist:
The medical specialist's area of specialization:
Date of the specialist's assessment of the applicant's case:
Note: Under the Marinuana Medica Access Regulations, a "practitioner" is a practitioner who is recognized as a practitioner by medical licencing authority of the province in which the practitioner is authorized to practice medicine and who is not named in a notice given under Section 58 or 59 of the Narcotic Control Regulations.
4. I declare that the information contained in this form is correct and complete.
But Colt
MEDICAL PRACTITIONER'S SIGNATURE Bruce M. Carrotters PRINT NAME March 11/2008
PRINT NAME Mark 11 / 2008
DATE
IMPORTANT:
Please ensure that you have read and understood the declarations. Please sign and date the declarations.
3. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
4. We connot process the application until ALL appropriate forms are received. 5. Please retain a photocopy of this form for your files.
o. Freeze retain a photocopy of this form, please contact Health Canada toll-free at 1-866-337-7705.

Name: NEIL ALLARD

C1 Applicant's Information	
□ Mrs. □ Miss □ Ms. □ Mr. Applicant's full name: ALLAGD / NE/ Date of Birth: 285 / □05□ / 1965 4	And / Vive TOR
Telephone: (250) 741 - 000 9 E-mail:	
If you already hold an Authorization to Possess dried marihuana under these indicate the number of that Authorization: APPL-NVA-05 A00	
IMPORTANT: If you have not been authorized to possess dried marih Regulations, you must also submit Form A: Application for Authoriza Purposes and the appropriate medical practitioner form (Form B1or	tion to Possess Marihuana for Medical
C2 Production Site	
Please choose one of the following options:	
☐ I plan to produce marihuana at my ordinary place of residence (the addre Form A: Application for Authorization to Possess Marihuana for Medical F	
If you check the box above, please proceed directly to C3.	
If not, please check the box below and provide the requested infor	rmauon,
I plan to produce marihuana somewhere other than at my ordinary place Page 1 of Form A: Application for Authorization to Possess Marihuana for	
If you make this selection, please complete the rest of this page.	
Proposed production site: Address: 6860 Wayne Place City: Lantzwile Province: B.C. I own, or am part owner of, this site: Yes S No	Apartment Number:
City: Lantzville Province: B.C.	Postal Code: VOR all
I own, or am part owner of, this site: ☐ Yes S No	
	W. Burnelstone and found

IMPORTANT: If you plan to produce marihuana at a site that is not your ordinary place of residence and is not owned by you, you must get the owner(s) of the production site to complete Form F: Consent of Property Owner.

Page 2 of 3

C3 Mode of Production

Name: NEIL ALLARD

I plan to produce marihuana (please	e choose only one):	
□ entirely indoars;		
OR.		
☐ entirely outdoors;		
OR,		
indoors in the winter and outdoors in	the summer.	
grow marihuana indoors and outd	loors at the same time. This form with respect to growing	and outdoors in the summer. You cannot marihuana near locations frequented by
C4 Security Measures for Gro	wing and Storing Maribuana	
Please describe the security measures t	hat will be used at the proposed prod	funtion site to protect your own of maribuage
lead on a low traffic to land. The entire property protect the orchard/per leaning will be in a set to outside the grouperty modernices to one in the Please describe the security measures to Dried mariguana. In the house at I	esty is surrounded by esty is surrounded by estimated back yand. Indus lanting the house of the housest and to that will be used to protect your dried arther the stored are growing sit	site is on one area ourner surprise the house on a seven foot fance designed ago from fre datars duthor with very low vielbility for well be in a looked, ver fore. Occass and middle me
lead on a low frastic people land. The entire people protect the orchard/people landing well be in a A lead the property readowless to on in I had be mathemated to the Please describe the security measures to the house at I and the house at I had called called Address where the marihuana will be Address: 6860 Warn	esty is surrounded by exmaculture plants ecluded back yard. Indoor blanting the backment of the backment and to that will be used to protect your dried will be stored are growing sit as any be stored: e stored: e Place	site is on one area surner overpries the house on a seven foot fance designed ags from fredatus Dutwoor with very low visibility for well be in a lookad, ver from Occass and mainlify me marihuana against loss or theft: a a looked calined one well as

C5 Declarations and Signature

- If I've indicated on this application that I plan to produce marihuana outdoors, I declare and confirm that the production site does not share a border or common point of contact with a school, public playground, day-care facility or other public place frequented mainly by persons under 18 years of age.
- ii. I declare and confirm that the dried marihuana will be stored indoors.

iii. I declare and confirm that the information contained in this form is correct and con	complete	nment and	form is correct	rontained in this 6	at the information	confirm t	declare and	H.
---	----------	-----------	-----------------	---------------------	--------------------	-----------	-------------	----

APPLICANT'S SIGNATURE DATE DATE

WEIL ALLARD

IMPORTANT:

- Please ensure that you have signed and dated the declaration indicating that the information on this form is correct and complete.
- It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
- 3. We cannot process the application until ALL appropriate forms are received.
- Please retain a photocopy of this form for your files.
 If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

F1 Property Owner Information	
□ Mrs. □ Miss Dr Ms. □ Mr.	7.11.01 15.15.15.15.15.15.15.15.15.15.15.15.15.1
Property owner's tull name: GLENBA JEAN	BAKK
Address: 6860 Wayne Place	Apartment Number:
City: Lantzville Province: B.C.	Postal Code: Vo R 3
Production site address (if different from above)	
Address:	Apartment Number:
City: Province:	Postal Code:
If no street address is available, please provide lot and concession number:	
Lot Number:	
Concession Number:	and the second s
F2 Property Owner Consent	
NA. 1	
a) Sole Owner	
•	nv consent to (full name of applicant or
I confirm that I am the sole owner of the proposed production site and I give n	ny consent to (full name of applicant or produce marihuana on this property in
I confirm that I am the sole owner of the proposed production site and I give napplicant's designated person) NELL VICTOR ALLARD to	my consent to (full name of applicant or produce marihuana on this property in
I confirm that I am the sole owner of the proposed production site and I give napplicant's designated person) ALLACO to accordance with the Marihuana Medical Access Regulations.	produce marihuana on this property in
l confirm that I am the sole owner of the proposed production site and I give napplicant's designated person) ALLACO to accordance with the Marihuana Medical Access Regulations.	produce marihuana on this property in
I confirm that I am the sole owner of the proposed production site and I give in applicant's designated person) WELL VICTOR ALARD to accordance with the Marihuana Medical Access Regulations. Property owners should note that marihuana may also be stored at the production of the proposed production site and I give in applicant of the proposed production site and I give in applicant of the proposed production site and I give in applicant of the proposed production site and I give in applicant of the proposed production site and I give in applicant of the proposed production site and I give in applicant of the proposed production site and I give in applicant of the production of the product	produce marihuana on this property in
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I confirm that I am the sole owner of the proposed production site and I give napplicant's designated person) ALLAND to applicant's designated person) ALLAND to accordance with the Marihuana Medical Access Regulations. Property owners should note that marihuana may also be stored at the product property owners signature PROPERTY OWNER'S SIGNATURE Clenda Jean Barv PRINT NAME	produce marihuana on this property in ction site.
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I give my consent to (full name of applicant or applicant's marihuana on this property in accordance with the Marihu	to produce	
Property owners should note that marihuana may also be	e stored at the production site.	
PROPERTY CO-OWNER'S SIGNATURE	DATE	
PRINT NAME		
PROPERTY CO-OWNER'S SIGNATURE PRINT NAME	DATE	

- IMPORTANT:

 1. It is important to understand that all mandatory information requested must be provided to avoid
- unnecessary delays.

 2. We cannot process the application until ALL appropriate forms are received.

 3. Please retain a photocopy of this form for your files.
 If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

March 11, 2008

Dr. Bruce Carruthers 2-3657 west 16th Ave. Vancouver, B.C. V6R 3C3 DR. BRUCE CARRUTHERS #2 - 3657 West 16th Ave. Vancouver, B.C. V6R 3C3 604-224-1515 MSC #1316

To Health Canada:

Re: Mr. Neil Allard (DOB, May 25, 1954) Use of medical marijuana

Further to my letter dated January 15, 2003, I am continuing to recommend ten grams daily of medical marijuana for Mr. Allard's medical condition of myalgic encephalomyelitis. He was diagnosed with this in 1995. There is no known cure for this condition and current therapies are highly individual.

He has had lengthy unsuccessful trials with numerous conventional medications which have caused intolerable side effects and worsened his overall state. His condition has been stable and his quality of life improved with his present therapies, which include medical marijuana in vapor, tea and baked forms.

He grows his own organic marijuana, which provides him an opportunity to exercise gently, obtain warmth and light and the benefits of year round gardening, as well a sense of control over managing his illness, which is critically important to this highly independent man.

I shall be retiring from medical practice shortly and this will leave Mr. Allard in the predicament of not having a specialist's signature required for his Health Canada medical marijuana forms. I understand that this is not required for all conditions, and that the general practitioner is allowed to sign the Health Canada medical marijuana forms for certain conditions.

Mr. Allard has been growing legally for almost four years, his case is well documented, he has written support from his Member of Parliament, and this yearly application process clearly causes him a great deal of stress, which tends to worsen his overall chronic condition.

In view of this, I recommend that his subsequent applications to Health Canada's medical marijuana program be signed by his general practitioner, without the need for a specialist's signature.

I trust this clarifies the matter.

Sincerely,

Dr. Bruce Carruthers, M. D.

Bun Co

Internal Medicine

To Whom It May Concern:

Re: Mr. Neil Allard 489 Hamilton Ave. Nanaimo, B.C. V9R4G1

After lengthy unsuccessful trials with various prescription medications, along with other therapies for Mr Allard's complex medical condition, I conclude that the use of medical marijuana for this patient is warranted and recommended as part of his overall therapy.

Dr Bruce Carruthers Internal Medicine

Jun 15/03

Myalgic Encephalomyelitis/ Chronic Fatigue Syndrome: Clinical Working Case Definition, Diagnostic and Treatment Protocols

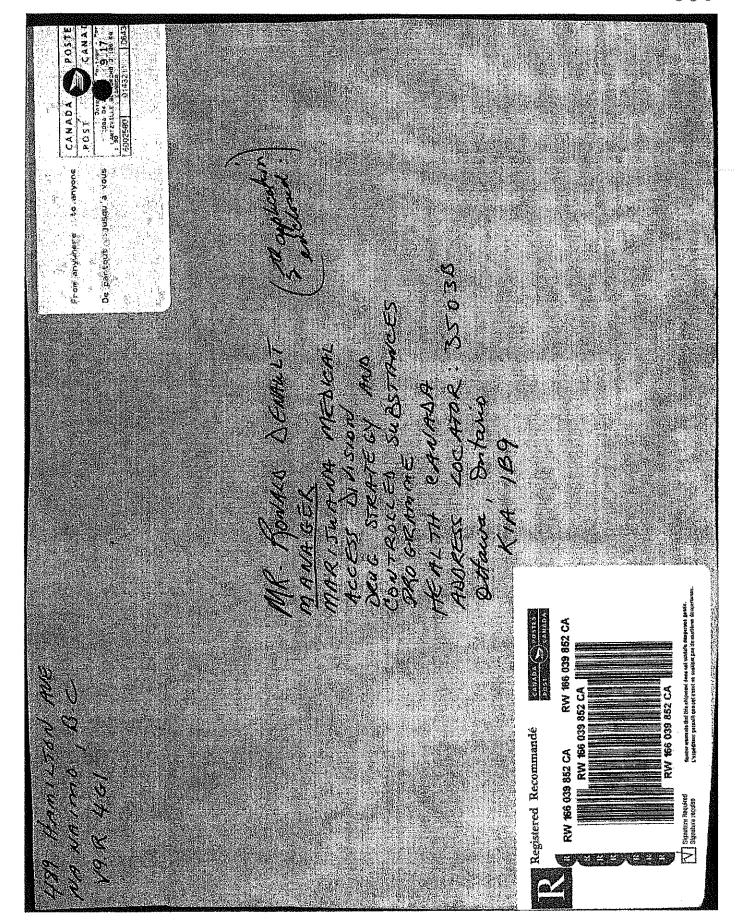
Bruce M. Carruthers, MD, CM, FRCP(C)
Anil Kumar Jain, BSc, MD
Kemy L. De Meirleir, MD, PhD
Daniel L. Peterson, MD
Nancy G. Klimas, MD
A. Martin Lerner, MD, PC, MACP
Alison C. Bested, MD, FRCP(C)
Pierre Flor-Henry, MB, ChB, MD, Acad DPM, FRC, CSPQ
Pradip Joshi, BM, MD, FRCP(C)
A. C. Peter Powles, MRACP, FRACP, FRCP(C), ABSM
Jeffrey A. Sherkey, MD, CCFP(C)
Marjorie I. van de Sande, BEd, Grad Dip Ed

ABSTRACT. Recent years have brought growing recognition of the need for clinical criteria for myalgic encephalomyelitis (ME), which is also called chronic fatigue syndrome (CFS). An Expert Subcommittee of Health Canada established the Terms of Reference, and selected an Expert Medical Consensus Panel representing treating physicians, teaching faculty and researchers. A Consensus Workshop was held on March 30 to April 1, 2001 to culminate the review process and establish consensus for a clinical working case definition, diagnostic protocols and treatment protocols. We present a systematic clinical working case definition that

Address correspondence to: Dr. Bruce M. Carruthers, C58, Site 25, RR 1, Galiano, BC VON 1P0, Canada (E-mail: carruthers@gulfislands.com).

Journal of Chronic Fatigue Syndrome, Vol. 11(1) 2003 http://www.haworthpressinc.com/store/product.asp?sku=J092 © 2003 by The Haworth Press, Inc. All rights reserved. 10.1300/J092v11n01_02

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Reference #11016C

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"4/11/2008 14:37

Language: E

NEIL ALLARD

Telephone: (250) 390 2822 Ext.:

Telephone (evening): 0000000000

Best time to call: 1-5p ET

Fax:
E-mail:
Request for Further Information:
The caller is returning a message from Health Canada. He wants to indicate that he is living at the address which he stated on his application forms, and that he never moved. He is unhappy because the message left from Health Canada said that his application was not processed because Health Canada is unsure whether he moved or not. He would like to be contacted to ensure that all the information he provided on the forms are correct. A call-back would be appreciated. A detailed message may be left.
Called back, left a detailed message. Helen 2008-04-14
4/15/2008 14:28
Language: E
NEIL ALLARD
489 HAMILTON AVE
NANAIMO, BC V9R4G1
Telephone: (250) 741 0009 Ext.:
Telephone (evening): 2503902822
Best time to call: n/a
Fax:

E-mail:

Request for Further Information:

The caller received a message from Health Canada asking him to call in and confirm the address of his production site. The address is:

6860 Wayne Place

Lantzville, BC, VOR 2H0

He also wants to confirm that he a=has not sold his house and that all his information is the same as what he sent in on the forms. A call-back is not necessary."

Reference #11157C

Context United Section 1995 First Name New York Context Section 1995	Suntene Allerd		Halling Address Naneano (BC) V9R 4G5, Cen	ncte	Dele Of Birth Primary 1964-05-25 250-753-0125 (May Contact Phone (444)
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"Amendment request for change in production and storage sites.

- 1. Please clarify with PT that he is the one responsible for producing his own plants and not his property owner who is a DP for someone else..
- 2. Storage site should be at one place only which should be at the production site as indicated on Form C not at both production and his place of res simultaneously.

thx - Sori	Apr	17.	2008
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April 21/2008: Left message. Please call our toll free no. andl et us know if there's a better time to reach you or if we can leave a detailed message.

- Marie-Anne

4/21/2008 14:48

NEIL ALLARD

489 HAMILTON AVE

NANAIMO, BC V9R4G1

Telephone: (250) 741 0009 Ext.:

Telephone (evening): 2503902822

Best time to call: 13h00 to 17h00 Eastern

Request for Further Information:

The caller has been contacted several times by a representative who keeps asking if he has sold his house on Hamilton Avenue in Nanaimo. He would like to confirm that he still lives at that address, he has left several messages with us to relay to the MMAD this information and he even sent a letter to the MMAD to that effect and they continue to call him in regards to this matter. He would like to know when he will get his licence back and requested to speak with Mr Denault to sort this matter out as soon as possible. A call back would be appreciated.

April 22/2008: I spoke with Mr. Allard. He confirmed that he is aware that he must take care of his own plants even though he shares a production site with his girlfriend. He also confirmed that he will store his supply at the production site.

Mr. Allard was quite upset, he felt like HC is just harassing him by calling to confirm details that were already clearly stated in his letters and forms. He is wondering why it is taking so long to process this amendment. He wants this to be finalized immediately since he has already moved his plants. He thinks whoever is processing his file should be reprimanded for being incompetent.

I told him that I would speak with the officer and my manager to make sure his amendment gets finalized right away.

- Marie-Anne"

Approval Sheet	Page 1 of 2
	Application Id: 6594
Authorization to Postess Dried Matrix and	MMAD: 0(55#-08
Authorization to Postegas Dried Marthuans and Authorization to possession de marthuans seed "Particular Learnes Lucrates of the Production Learnes Lucrate of the Production Learnes (Learnes Learnes	вс DATE:2008-04-17
Num APPL-NVA-DANGOZIO	
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Ork-Procession, materials & Inch. Inch. Control Con	irhuane: E. MMAR AP CARD (AP)
Tarana (1994) (1	MMAR PUPL CARD (PL) 32949 MMAR DPPL CARD (DP)
*Change of prod + Storage site	5+ NALINFORMATION UNDIVIDUAL SL
APPLICANT	DESIGNATED PERSON
Neil Victor Allard 489 Hamilton Ave Nahalmo BC: V9R 4G1	All Control Control of
DOB: 1954-06-25 Gender: Male	Gender:
Card No. APPL-NVA-05A0062135454-07-B Issue Date: APR 2 3 7008	Card No. Issue Date:
Expiry Date: [July 9: 2008 Duration: 12-months	Expiry Date:
PRODUC	TION INFORMATION
Production Location: 6860 Wayne Pl Lantzv	ville BC VQR 2H0
Storage Location: 6860 Wayne Pl Lantzv	ville BC VOR 2H0
Indeor 37 plants Outr Plants: Plants	door 10 plants Storage: 3750.0 grams ants:
Carry: 300.0 grams Amo	Daily Junt:
Type: ☐ New ☐ Renewel (▼Ami	
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https://flyers:7443/MMAS/pages/application/applica	ation_card_print.jsf 2008-04-17

Ntr. Heil Victor Allerd 459 Henston Ave 258,241,0309 DOB: 1954-05-25 FV6 Number: AD062 Nerwine EC YSR 4G1

Amendment Information

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Approval Date

Amendment Status energiness requested

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Amendment review complete (ID card NOT received) - 5L (17/Apr.05) 1. PLPL 4bouriest 2. APPL 8b card 3. Cover letter

Applicant Information

Matura braconvertion Overali Status AutoLicence ID lessue Dete 2007-07-08

Attached Pictore Yes Vertiled Pictore Yes Date Subjetted 2004-05-10

Expry Date 2008-07-09 Decrees of Closed N/A

Representative

Enceverables 2007-04-12

Received bate 2007-04-12

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Amendment - Social

APR 1 7 2008

Medical Practitioner Information

To a fall that a first of the control of the contro

Br. Bride M. Carrothere Doctor's Address Melling 2-3657 18th Ave W Vancouver BC VSR 3C3

is the stigue MD on the Restricted List? No

Micolical Compilition Consigner II

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Category Category 2
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OK Jb 8 7 07

Personal Production Information

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ProductioniStorage Scoulify Measures Productor: Exite properly surrounced by 7th tence
- Culdocrific a societied backyard, very low visibility

Production Location S860 Weyns Fi Latizatia GC VOR 2460 Storege Location Services 유무리에 마다다니다 한다는

Designated Person

Other Designated Person

Designated Person Production Information

Criminal Record Check Made of Production N/A Andrew Plants 9 plants Outdoor Plants 9 plants

Storage 0.0 grans Production/Storage Socurity Measures

Production Location

Health Canada's Supply Information

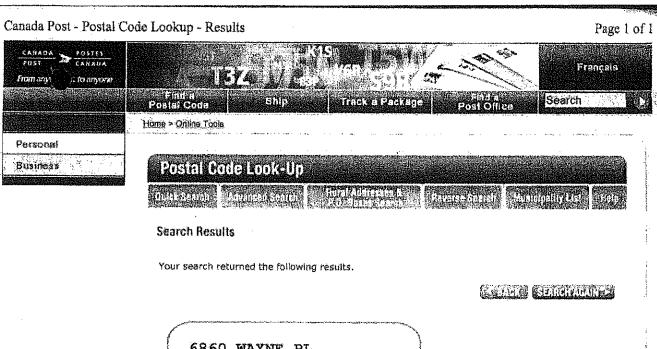
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Property Owner(s) Information

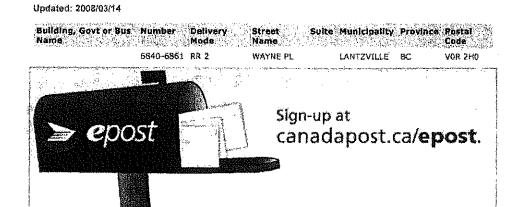
Max Clende Jean Berr 8880 Wayne PI, RR 2 Lantzville BC - VOR 2H0

250-398-2822

DOB: 1985-10-20 File (Kunber;



6860 WAYNE PL RR 2 LANTZVILLE BC VOR 2H0



Related Online Tools:







Canada

Help, Legal, Copyright, Privacy, Contact Us

© 2006 Canada Post Corporation



Start 489 Hamilton Ave Nanaimo, BC End Wayne PI Lantzville, BC

Travel 13.9 km - about 20 mins

489 Hamilton Ave Nanaimo, BC Drive: 13.9 km → about 20 mins		C
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→ 7. Turn right at Schook Rd	0.2 km	3
◆ 8. Turn left at Roslyn Crescent	0.1 km	17.00
→ 9. Turn right at Wayne PI	70 m	- April and April 2015
Wayne PI Lantzville, BC		E
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Map data ©2008 NAVTEQ™







Map data @2008 NAVTE

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Healfr Ganada Santé Canada

Direction générale. Santé environnementale et sécurité des consommateurs.

Address Locator: 3503B Ottawa ON KIA 1B9

Healthy Environments and ConsumenSalety Branch LT 263 088 565 CA

2008 -04- 2.3

Your Die Volra virialience

Our file: Mains référence

MMAD=01557-08

Mr. Neil Victor Allard 489 Hamilton Ave Nanaimo BC V9R 4G1

Dear Mr. Allard:

Subject: Application under the Marihuana Medical Access Regulations (MMAR)

This is further to your notice regarding a change of production and storage sites in relation to your Personal-Use Production Licence under the Marihuana Medical Access Regulations (MMAR).

This change is reflected on your new Authorization to Possess Dried Marthuana and Personal-Use Production Licence ID card, which you will find enclosed. Also enclosed is a Personal-Use Production Licence document that supersedes the one sent to you on July 9, 2007. As per subsection 60(1) of the MMAR, you are required to return your previously issued ID card (issue date: July 9, 2007) and Personal-Use Production Licence document dated July 9, 2007, to the above address within 30 days of receipt of this letter.

Please note that your expiry date has not changed. Should you wish to renew your Authorization to Possess Dried Marthuana and Personal-Use Production Licence, please album your renewal application at least 8 weeks prior to your expiry date.

Should you have any questions, please visit the Health Canada website at www.healthcanada.gc.ca/mma, or call our office toll-free at 1-866-337-7705, or fax at (613) 952-2196

Smcerely,

Sandra Toscano, B.Pharm

A/Head

Authorizations and Licences Section Mathuana Medical Access Division

Enclosures

Canada

Canada

Address Locator: 3503B Ottawa GN KIA 189

MMAD-03843-08

AUTHORIZATION DO POSSESS DRIED MARIHUANA BOR MEDICAL PURPOSES ERENEWAL

You have met the requirementatic be tasued an authorization pursuant to section 11 of the Marituaria Maritual Advisor Regulation (MMAR). You are never authorized to possess dried marihumn for your needlest purpose in accordance with your authorization. This document and/or ID card will serve an proof of your authority to possess marihuans for a medical purpose. You should have as least one of those documents with you at all times when you are in possession of the substance in case you are required to show proof to the police.

HOLDER OF AUTHORIZATION INFORMATION

Neil Victor Allard 6860 Wayne Pl

DATE OF BIRTH

25/05/1954

ADDRESS

Gender:

Male

RR 2 Estateville/BC VOR 2H0 MAILING ADDRESS: Same as above

TERMS AND CONDITIONS

the maximum quantity of dried marthums that you may possess at any time under this Amborication to Possess

MEDICAL PRACTITIONER INFORMATION

Dr. Bruce M. Carruthers

EXPERT DATE

Plaase niste this *Authorization to Posses*; expires on July 09, 2009. Should you wish to renew your *Authorization* In Posses, please submit your optewal application at least 18 weeks prior, to your expiry date.

ISSUED BY

Ronald Denind, Manager Marthuana Medical Access Division

Drug Strategy and Controlled Substances Programme

DATE OF ISSUE:

JUL 0 9:2008

PLEASE READ ALL ENGLOSED DOCUMENTS CAREFULLY

ENCLOSED DOCUMENTS:

Information you should know about your. Authorization to Passess dried marihuma

Dr. Bruce M. Carridiers 2-1657 16th Ave. W Vancquiver BC V6R 3C3



All laquiries, regarding this authorization abould be directed to the Marthuans Medical Access Division's toll-free phone number: 1:366-337:7705.

Health Sante Ganada Ganada



MMAD-03843-08

PERSONAL-USE PRODUCTION LICENCE

You have met the requirements to be issued a licence pursuant to section 29 of the Marthuana Medical Ackes Villaguiations (MMAR). You are hereby licensed to produce dried marihusna for your medical purpose in accordance with your licence. This decument and/or ID card will serve as proof of your authority to produce marillusha for a medical purpose. You should have at least one of these documents. With you at all findes in case you are required to show proof to the police.

HOLDER OF LICENCE INFORMATION

ADDRESS:

Neil Viotor Allard 5860 Wayne Pl

DATE OF BIRTH GENDER

Lantzville BC VOR 2H0

Same as above

TERMS AND CONDITIONS

PRODUCTION SITE:

AULING ADDRESS

6860 Wayne Pl

Lanczviile BC VOR 2Ho

MODE OF PRODUCTION:

Indoors (winter months) and outdoors (summer months)

PRODUCTION QUÁNTITIES:

the mixtluum number of marthuans plants that you may have under production at the production at the production at the production are any time under this Personal-Use Production Licence is 37 PLANTS (indeer) at 10 PLANTS (outdoor).

STORAGE SITE

6860 Wayne Pl

Lantžville BC VOR 2H0

STORAGE QUANTITIES:

The maximum quantity of dried maribuans that you may keep at the storage site at any time under this Personal-Use Production Licence is 3750 grains

and it must be stored indoors.

EXPIRY DATE

Please note this *Personal-Use Production Cleance* expires on July 09, 2009. Should you wish to renew your. Personal-Use Production Literies, please submit your renews! application at least 8 weeks prior to your expiry date

ISSUED BY:

Ronald Denault Minage

DATE OF ISSUE

JUL 0 9 2008

Marihuana Medical Access Division Drug Strategy and Controlled Substances Programme

Please read all enclosed documents carefully

ENCLOSED DOCUMENTS: Information you should know about your Personal-Use Production Licence

NOTE: Details of this Personal-Use Production Licence are summarized on your ID card stracked to your Authorization to Possess.

All inquiries regarding this licence blould be directed to the Marijuanu Medical Access Division Lail-free phone number: 1-866-337-7705.

Canada

Reference #11419C

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"4/25/2008 16:54 - NEIL ALLARD

489 HAMILTON AVE

NANAIMO, BC V9R4G1

Telephone: (250) 741 0009 Ext.:

Telephone (evening): 2503902822

The caller would appreciate a call back from Ronald Deneault since he did not obtain a call after several requests. The caller has been contacted several times by a representative who keeps asking if he has sold his house on Hamilton Avenue in Nanaimo. He would like to confirm that he still lives at that address, he has left several messages with us to relay to the MMAD this information and he even sent a letter to the MMAD to that effect and they still keep on calling him in regards to this matter. He would

like to know when he will get his licence back and requested to speak with Mr Denault to sort this matter out as soon as possible. A call back would be appreciated.

Called Mr. Allard, he was extremely upset and condescending. He was telling me that I knew nothing and that I should not have called him if I didn't know what I was talking about.

He said that we have been giving him the running around since the beginning and that he can never get a straight answer.

I tried to explain to him that his application was sent and it was in the mail right now. He should receive something shortly. He wanted to know why we kept harassing him asking about his address. I told him to please hold and I would look in his file what information was missing. I explained that the review officer needed to clarify that he was to store his dried MJ at either his place of residence or at the production site.

He said: Well! I'm allowed to store the MJ wherever I want. Who are you to tell me how to store my MJ? I explained to him that we are not here to TELL him how but to know how he will proceed with the security so that he can be approved.

He kept going on and on about how this program was worthless. I told him that he can send his concerns and comments in writing. He told me that he did, numerous times and he has yet to receive a proper response from Mr. Denault. I tried calming him down and explaining this was only a security procedure that we need to take in order to approve him.

He kept getting more and more upset. I finally told him that I would have someone else call him.

- Martine (Apr 30/08) - "

Reference #MMAD-02572-08

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"LEGACY: Mail Subject - Other: Letter

LEGACY correspondence notes - For your review. AHayes.May.01.08."

Jean Crowder MP

Ø001



101, 126 legram Street, Duncan, BC V9L 1P1 Phone: 250-746-4896 Fax: 250-746-2354

Jean Crowder Member of Parliament Nanaimo Cowichan

Health Canada / Santé Canada NUM-02572-08 2 2008 2 2008 COS / BSC



To: Ronald Denault, Manager MMAD	From: Alistair MacGre	gor
Fax: 613-952-2196	Pages: 1	
Phone: Date	e: April 29, 2008	: - -
Re: Mr. Neil Victor Allard		
🛘 Urgent For Review 🗘 Please Common	t V Please Reply (Please Recycle
Dear Mr. Denault,		
On behalf of Mr. Allard (file # MMAD-01985-07; DOB: the status of his amendment to change the address of Canada.	25/05/1954), I would like to f his medical marijuana prod	make an enquiry on uction site with Health
Mr. Allard was told that this would be processed in 2-3 March. He has subsequently gone through a series of is worried with how long the whole process is taking.	B weeks when he sent in the of phone calls with the call ce	amendment in early nter of the MMAD and
Thank you in advance for your attention to this matter further questions or concerns.		
Sincerely, Cold	at 15his octrum leave a messo	tening to Call Bac 6 Ronald
Alistair MacGregor Assistant to Jean Crowder, MP Nanaimo-Cowichan (250) 746-2355 alistair@jeancrowder.ca	·	

PRIVILECE AND CONFIDENTIALITY NOTICE: The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential and/or privileged material. If you are not the intended recipient it may be unlawful for you to read, copy, disclose or otherwise use the information in this communication. If you received this transmitted in error please contact the sender and delete the material immediately.

 Mr. Neil Victor Allerd
 250-741-0009
 DOB: 1954-05-25
 stew

 488 Hamiton Ave
 File Number: A0002
 edit

 Nanelmo BC
 V9R 401

Applicant Information

Status

Overall Status New Applicant ID Issue Bate Expiry Date Received Date 2008-04-11

Concent Information
Rep. Consent No

Picture Information

Attached Picture Yes Verified Picture Yes Date Submitted 2006-07-06

Intended Source

Source: Personal Use Production Licence

Notes

25

Review complete Helen 2008-05-09

APTPL

Medical Practitioner Information

Doctor 250-652-6663 250-652-6663

Dr. Bruce M. Cerruthere Doctor's Address/Milling

intérnal Medicine

vic.w

2-3657 16th Ave W Vancouver BC V6R 3C3

is the shows NID on the Restricted List? No

Medical Candition -- Catagory 1

Medical Condition - Calegory 2

Chronic Pain (Chronic Falique Syndrome (myaigic encephalomyellis))

Proposed Daily Amount

Category Category 2
Form of Administration Osal and threlation
Baily Amount 10.0 grams/day
Buriation 12 months
Assessment Bate 2008-03-11

Personal Production Information

Mode of Production Indoor and Ouldoor Indoor Plants 37 Darks Outdoor Plants 10 plants Storage 3750.0 grams

Production/Storage Security Measures Production: Entire property surrounded by 7ff fence
- Indoor, looked room in the besement of the house
- Outdoor: In a sectuade backyerd, very look visibility
storage: in a looked cati

Production Location 8660 Wayte Pi: Lentzvik BC V07/2H0 Storage Location Same as Production Address

Designated Person

Other Designated Person

Designated Person Production Information

Criminal Record Check
Attached Picture
Verlind Picture
Mode of Production N/A
Indoor Plants () plants
Outdoor Plants () plants
Storage (),0 grans
Production/Storage Security Measures

Production Location Storage Location

Health Canada's Supply Information

Product Requested Delivery Location of Dried Max Quantity of Erled (grans/month Belivery Location of Seeds Max Quantity of Seeds () bags

Property Owner(s) Information

Mar. Glende Jean Barr 6660 Weyne PI, RR 2 Lantzville BC VGR 2H0 250-390-2822

DOB: 1955-10-26 File Number;

HicW edit

Reference #MMAD-03259-08

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12744C	Closed 🛨	2008-0B-05	Call 💆	Out 守	General inquiry	Ļ
MMAD-02772	Closed 👻	2008-08-16	Mail 😿	in 😨	RMI Letter 💌	
21656C	Closed 🕶	2009-04-03	Call 🖫	lin ▼	Application Confirmation Request	
MMAD-02935	Closed Y	2009-04-09	Mall 💆	Out 🛂	General Inquiry	Œ)
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"LEGACY: Mail Subject - RMI: Letter

LEGACY correspondence notes -

Mail Already Open. AHayes.May.29.08."

Christine

May 22, 2008

Neil Allard 489 Hamilton and Nanams, B. c 192 461 Health Canada Mailing Santé Canada Mailing addition addition of the second addition of the second and think of the second and think of the second and the se

Ph(250) 741-0009 : Mr. Ronald Dexault Manager M.M. A.D. Health Canada

Mr Denaulto:

Re: Change of residential address.

Justher to my letter to you dated April 8, 2008, please make note of my new reaction tral address which is the same address as my production sete: 6860 Wayne Place

Lantzwille, B.C., VOR 2110
pt. (250) 390-2822

This will be an effect on June 4, 2008 (I was a dused by the call centre that only a letter is regumed, no print.)

my fifth application was sont directly to you on april 8, 2008.

Jook forward to hearing from your

concurring this request by my specialist dator.

Sincerely, Mallad

Will Pos Lescahada 180523 23:51 V6Z 4BD SOMEDENE STANDED

Reference #12744C

iespandence Confact Notalla	ISANCAMENOUS I					/sey-Contact
First Name	Surname Alfurd	712 Heriston Ave.	Milling Address Nonahio, BC, VSR 4G6, Cons	alteric seconder dest	Oste Of Birth Primory Phor 1954-05-28 250-753-0125 (NIA)	
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Correspondence No	lus				Add Ed	Notes
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"Ask PT: for form A for renewal with a new address.

Spoke with PT. He will be sending us form A asap. He also asked me to explain to him in writing how the form B2 can be filled out by a GP. I told him that a GP can fill out form B2 but there has to be a specialist assessment included. He asked if Dr. Carruthers can be the specialist (he is an int.med. md) and I said yes. He is a specialist that has assessed your case and as long as the GP feels comfortable that you have been assessed by a specialist then the GP can write Dr. Carruthers down as the specialist. (Dr. Carruthers has been supporting his application). He asked me to send this all in writing and I said that I would at the same time that I send the renewal. Helen 2008-06-05"

Call Page

Page 1 of 1





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Helen El-Koura Edit Your Profile

This is the call page.

Call Page

Mr. Nell Victor Allard 6860 Wayne Pt Lantzville BC VOR 2H0

51, 36

250-390-2822

DOB: 1954-05-25 File Number: A0062

Audir Information

edit

Call Information

Gall Details

Call Direction Out Call Date (Incoming or 2008-06-05

outgoing) BF Date BF Time

Subject MMAR-Inquiry Status Closed

Assign

Assigned To File Room Assigned By Helen El-Koura Date Assigned 2008-06-05 File Held by Helen El-Koura Note

到楼梯。1. 马克德等诗句

Ask PT: for form A for renewal with a new address.

Spoke with PT. He will be sending ut form Alasap. He also asked me to explain to him in writing how the form B2 can be filled out by a GP. I told him that a GP can fill out form B2 but there has to be a specialist assessment included. He asked if Dr. Carruthers can be the specialist (he is an int.med. md) and I said yes. He is a specialist that has assessed your case and as long as the GP feels comfortable that you have been assessed by a specialist then the GP can write Dr. Carruthers down as the specialist. (Dr. Carruthers has been supporting his application). He asked me to send this r in writing and I said that I would at the same time that I send the renewal. Helen 2008-05-05

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Important N

Reference #MMAD-03843-08

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"LEGACY: Mail Subject - RMI: Form A, letter

LEGACY correspondence notes - AP+PL+letter LEGACY correspondence notes - For Review. 2008-06-18 LL

review complete Helen 2008-06-19

Christine please prepare AP+PL docs

**please note that a letter has been included that has to be sent out to PT. thx.

Card(s) Done - MNeu - June 30, 2008

For verification JB

H. C. requested form re: 5th application;
Health Santé Canada Change of residential address only.

Form A

Application for Authorization to Possess Marihuana for Medical Purposes

Helen

Authorizations are permitted for a period of no more than 12 months. This form is to be used to apply for:

(1) an original authorization

OR

Tenewal of an authorization if changes since your last renewal or amendment

Note: For authorized persons who are applying to renew their authorization, if there have been no changes since last year, Short Form A-Renewal can be used instead of Form A.

Important

- It is important to understand that all information requested must be provided to avoid unnecessary delays.
- We cannot process the application until all appropriate forms are received.
- 3. Please retain a photocopy of this form for your files.

Ryasi have any questions regarding this form, piecse contact Health Canada (others at 1,856,337,7765)

Please forward all completed applications to:

Marihuana Medical Access Division
Drug Strategy and Controlled Substances Programme
Health Canada
Address Locator: 3503B
Ottawa. ON KIA 189



Canadä

pplicant's full name:	ALLARD I NEVL	1 1 Track
-	03 / 1954	
	•	
itte 1 1 5	WAYNE PLACE	Apartment Number;
	F Province: 3. c	Postal Code: VOR 2F
	le, please provide lot and concession number:	
	THE STREET STREE	

	390 - 2822	
nis address is: (IVA private	e residence (E.G., House on APT) or 🖂 Not a priva	
	Name of res	sidence;
failing Address (if different fro	and shoust	
ddress or P.O. Box:		Apartment Number:
ity:	Province:	Postal Code:
	(**************************************	
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A3 Appointed Representative

This section is optional

You may appoint a representative to speak to Health Canada on your behalf. Health Canada will be authorized to exchange information about your case—including personal data and material contained in your medical records — with an appointed representative that you choose (for example, a family member or a friend).

Should you not provide this consent, Health Canada will communicate only with and through you.

You may withdraw the appointment of your representative at any time.

Appointed representative (option	mal):			
☐ I consent to allowing Health Car representative.	iada to exchange personal and m	edical information about (my case with my appointe	ed
□ Mrs. □ Miss □ Ms. □ Mr.	:			
Representative's full name;	1.25	EAT /	2 · · · · · · · · · · · · · · · · · · ·	
Mailing Address:				
City:				
Telephone: ()				
Fax: ()	District inferential and an analysis of the second and the second and the second and the second and the second	ر در	1	
Francis	286 hay 11886 6178 176 hay hay beer 131 her de 4118 her de 1881 hay 255 hay beer de 4118 her de 1881 hay 255			
A4 Proposed Source of M	larihuana			
You are required to indicate you	ur proposed source of marihu	ana by choosing one of	f the following:	
plan to produce my own marihi	uarta.			
	grow your own plants and you m			
To purchase seeds from Health (Form E2: Application to Obta	Canada so you can grow your ow <i>in Marihuana Seeds.</i>	m plants, you must fill out		
OR				
☐ I plan to have a designated pers My designated person will be:	son grow the marihuana for me.			
	for someone to grow plants for y nce to Produce Marihuana by			
To purchase seeds from Health (Form E2: Application to Obta	Canada so someone can grow pla in Marihuana Seeds .	ants for you, you must fill	out	
OR				
☐ I plan to purchase dried marihua	ina from Health Canada.			
To purchase a supply of dried ma	arihuana from Health Canada, you	u must fill out		

Mama

A5 Authority to Communicate to Canadian Police

To reduce the possibility of police intervention when you engage in activities allowed under your authorization or licence, if asked, Health Canada will communicate limited authorization and licence information to Canadian police in response to a request in the context of an investigation under the Controlled Drugs and Substances Act, or the Marihuana Medical Access Regulations.

Declarations and Signature A6

- i. I am aware that a Notice of Compliance has not been issued under the Food and Drug Regulations concerning the safety and effectiveness of marihuana as a drug. I understand the significance of this fact.
- ii. I have discussed the potential benefits and risks of using marihuana with the medical practitioner named in Form B1 or B2 (whichever is being filed with this application).
- iii. I consent to using marihuana only for the treatment of the symptom stated in the medical declaration.
- iv. I am aware that the benefits and risks associated with the use of marihuana are not fully understood and that the use of marihuana may involve risks that have not been identified; and I accept those risks.
- v. If the daily amount stated is more than five grams;
 - (a) I have discussed the potential risks associated with an elevated daily consumption of dried marihuana with my medical practitioner named in Form B1 or B2 (whichever is being filed with the application), including risks with respect to the effect on my cardiovascular and pulmonary systems and psychomotor performance, risks associated with the long-term use of marihuana, as well as potential drug dependency.

(b) I accept these risks.				
vi. I attest that the information on this form is correct and comp	lete.			
Madad	Lune	5,	2008	
APPLICANT'S SIGNATURE	DATE	•		
NEIL ALLARD PRINT NAME	3.00-			

IMPORTANT:

- 1. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
- 2. We cannot process the application until ALL appropriate forms are received.
- 3. Please retain a photocopy of this form for your files. If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

June 5,2008 NEIL ALLARD 6860 WAYNE PLACE LANTZVILLE, B.C. VOR 240 (250) 390-2822

TO: HELEN HOA, M. M. A.D.

Thanh you for your phone call to me on June 5,2008. I have enclosed a "Form A" as per your request.

and a letter from Health Canada confirming our discussion about the use of the March 11/08 date on all future applications, which need only be signed by my general practitioner.

I am hopeful that your written correspondence

I am hopeful that your written correspondence will put the need for other apprecialists to rest, on this matter of marifical marijuana.

Sincerly, NaWard

Health Conada

M. M. A. D.
Addus Locator 3503B

Stawn, Sostano
K. R. 189

ASTENTION: MELEN



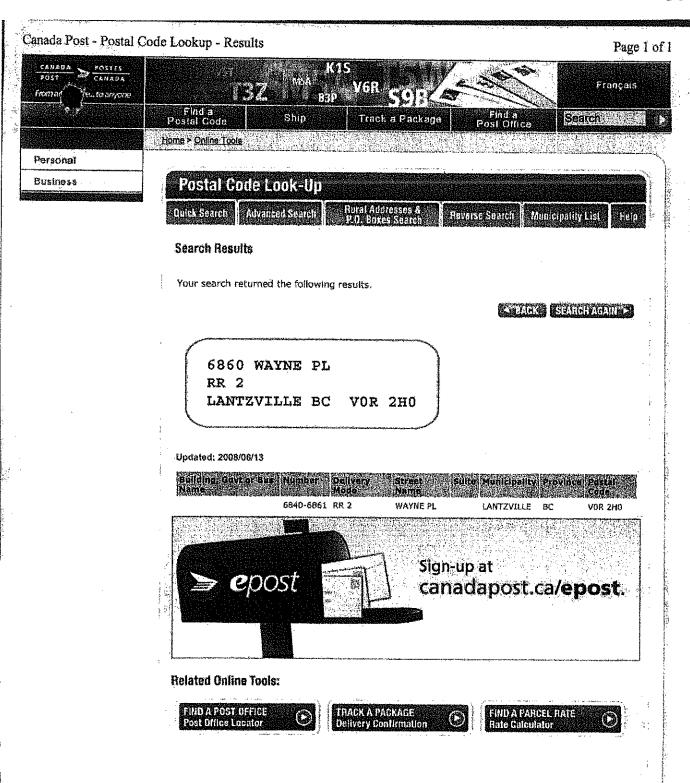


For your signature MHo July 3, 2008,,,,sent via xpost july 3,2008..gordon(PM)

Done -auth/pupl renewal - Robyn - July 4, 2008"

Approval Sheet	Page 1 of 2
Autorization lo Possass Dried Marihuana Autorization de possassion de marihuana déchée ************************************	Application Id: 23607 2353 MMAD: 03945 08
6860 Wayne PJ, Lantzylila, BC. DOB/DDN: 25/05/1954 GENDERSEXE: M	DATE:2008-06-19
	Review Officer Fielen
	PLEASE COMPLETE ONE OF THESE SHEETS FOR EVERY CARD TO BE MADE AND CHOOSE THE PROPER CARD ERISUITE NUMBER
	□ MMAR AP CARD (AP). ▼ MMAR PUPL CARD (PL) □ MMAR DPPL CARD (DP)
PERSONAL PERSONAL	INFORMATION
APPLICANT Neil Victor Allard 6860 Wayne Pl A A Lantzville BC VOR 2H0 DOB: 1954-05-25 Gender: Male	DESIGNATED PERSON Gender:
Card No. APPL-NVA-05A0062094854-08-A Issue Date: []U[_0.9 20093_] Expiry Date: []U[_0.9 2009	Card No. Issue Date: Expiry Date:
PRODUCTION	LINFORMATION
Production Location: 6860 Wayne Pi Lantzville B Storage Location: 6860 Wayne Pi Lantzville B	
Indoor 37 plants Outdoor Plants: Plants:	10 plants Storage: . 3750.0 grams
Daily Carry: 300:0 grams — Атоинт:	10.0 grams/day
Type: □ New ☑ Renewal □ Amendm Notes:	
https://flyers:7443/MMAS/pages/application/application	eard_print.jsf J2008-06-19

Remarks/Remarques Mixing storests same as submiration 200006-23	Ton Winder: R'da l'article il LT 263 366,694 GA
Approved By Approve purs Approved By Approved By Approved By Approved By Approve purs Approve purs Approve purs Approved By Ap	Redrant Lièrne ébauche
Verified by Verifie par: [VIV.] [Authority of the part of the pa	Dice SLAS, ZOB.
Telephonic Comment Com	Slenda S
Creation of ID Cards: 2 repairs by ALVAL 2 repairs on	JUN 3 7 2008 Dates
Reply/Reponse: Propaird by Christias Lindquist /// Private pure	Ditt: June 30/2008
	e of Director. (C. Signature of Director General) e du Directour (Signature du Directour général
REAR STREET SIDEL Supplementation and Legal Seglements alternations	res Santiany The Collection Services Section :
Dockgi Number/ 200 OSONS Nachar Redocker MNIAD-12364-08 - La Nov Z Reneval a P Amendment	Dates 1 June 30, 2008



Canada

Help, Legal, Copyright, Privacy, Contact Us

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Mr. Hell Victor Allard RPI 6660 Wayne Pl Lantzville BC VOR 2H0

250-390-2822 DOB: 1954-05-25

Applicant Information

Status and Mcture Information

Querall Status New Applicant IO Issue Date Expire Date A/A beson Abesensed Received Date 2008-04-11

Attached Picture Yes. Vernied Picture Yes Date submitted 2006-07-05

Consent Information

Rop. Consent No

Intended Source

Representative

Source Personal Use Production Licence

Rebit form A-review complete Helen 2009-06-19 AP4PL $^{-max}$ we are using the same forms for renewel as we did for amendment as discussed with Soft***

Medical Practitioner Information

Doctor

Dr. Bruce M. Corruthers Doctor's Address Maling 2-3657 16th Ave W

250-652-6663 250-652-6663 Internal Medicine

Yancouyer BC YBR 3C3

le the above MD on the Restricted List? No

Medical Condition - Category 1

Medical Condition Category 2

Chronic Pein (Chronic Fatigue Syndrome (myelgic encephalomyelitis))

Proposed Dally Amount

Category Category 2 Form of Administration Ord and melation Daily Amount 10.0 grans/day Duration 12 months

Agagesment Date: 2008-03-11

Personal Production Information

Mode of Production index and Outdoor indoor Plants 37 plants **Dutdoor Plents 10 plants** Storage 3750.0 grams

Production/Storage Security Measures Production: Entre property surrounded by 7ft tence - Indoor: locked room in the besement of the house Outdoor; in a seclusted backyard, very low visibility

> Production Location 6860 Wenne PL R R J Lanzaville BC VOR 240 Storage Location Same as Residence

Designated Person

Other Designated Person

Designated Person Production Information

Criminal Record Check Attached Picture Verified Picture Mode of Production N/A Indoor Plante Oplants Outdoor Plants Colonis

Storege 0.0 grems Production/Storage Security Measures

> Production Lucation Storage Location

Health Canada's Supply Information

Product Requested Delivery Location of Oried Max Quantity of Oried Coremainorth Delivery Location of Seeds Max Quantity of Seeds Öbsgs

Property Owner(s) Information

Mw. Glenda Jean Barr 6860 Wayne PI, RR 2 Lentzylle BC VOR 2140 260-390-2822

DOB: 1965-10-20

Control of the second of the s

Not necessary - ives at production site.



Health Canada Santé Canada

Healthy Environments and Consumer Safety Branch Direction générale, Santé environnementale et sécurité des consommateurs

JUL 0 3 2008

Address Locator: 3503B Ottawa ON K1A 1B9

Your file Votre référence

Our file Noiré référence

MMAD-03843-08

Mr. Neil Victor Allard 6860 Wayne Place RR 2 Lantzville BC V0R 2H0

Dear Mr. Allard:

Subject: Application under the Marihuana Medical Access Regulations (MMAR)

This is further to the receipt of your letter dated April 8, 2008 and to our conversation on June 5, 2008.

Please note that a general practitioner may complete Form B2 to support your application under the MMAR. On Form B2 the general practitioner will need to declare that your case has been assessed by a specialist and provide some details regarding the assessment.

Should you have any questions, please visit the Health Canada website at www.healthcanada.gc.ca/mma, or call our office toll-free at 1-866-337-7705, or fax at (613) 952-2196.

Marihuana Medical Access Division Drug Strategy and Controlled Substances Programme Health Canada Address Locator: 3503B Ottawa ON K1A 1B9

Sincerely,

Helen El-Koura, B.Sc.

Program Officer

Marihuana Medical Access Division

Address Excestor: 3503B Ottawa ON: KIA 1B9

MMAD-04184-09

<u>AUTHORIZATION TO POSSESS</u> DRIED MARIHUANAKOR MEDICAL PURPOSES RENEWAL

You have snot the requirements to be issued an authorization pursuant to acction 11 of the Marihuana Metical Access Regulations (MMAR). You are hereby authorized to possess dried marihuana for your medical purpose in accordance with your sufforization. This document and/or ID oard will serve as proof of your authority to possess marihuana for a medical purpose. You should have at least one of these documents with you at all times when you are in possession of the substance in case you are required to show proof to the policie.

HOLDER OF AUTHORIZATION INFORMATION

NAME: ADDRESS:

Neil Victor Allard 6860 Wayne Pi

DATE OF BIRTH. GENDER:

25/05/1954 Male

Lantzville BC VOR 2140 MATLING ADURESS: Same as apove 1

TERMS AND CONDITIONS

of dried marihunga that you may possess at any time under this duthorization to Postess

MUDICAL PRACTUTIONER INFORMATION

NAME

Dr. Jatinder Singh Munder

EXPIRY DATE

Pleuse note this Authorization to Posseus Expires on Jaly 09, 2010. Should you wish to renew your Authorization to Possess, please submit your renewal application at least 8 weeks prior to your expiry data

issued by:

DATE OF ISSUE:

2009 +07+ 0.9

Ronald Denault, Naffager: Marihuana Medical Access Division Controlled Substances and Tobacco Directorate

PLEASE READ ALL ENCLOSED DOCUMENTS CAREFULLY

ENGLOSED DOCUMENTS:

Information you should know about your Authorisation in Possess direct maribuena

Dr. Jaundor Singly Mander 10-650 Terminal Ave S Nanajmo BC V98 5E2

All luquirles regarding this authorization, should be directed to the Marihuans Medical Access. Division tall-free phone number: 1-866-337-7708.

Santé Canada

Addres Locales 3001B Office CN-KTA 180

MMAD-04)84-09

PERSONAL-USE PRODUCTION LICENCE DRIED WARIHUANA KOREMEDICAL PURPOSES ERUNBWAI

You have nict the requirements to be lisued a licence purposet to section 29 of the Marthuaga. Metical stoces Regulations (MMARI). You are hereby licensed to produce dried marihumn for your inertical purpose is accordance with your licence. This document addor to card will serve as proof of your authority to produce marihumn for a riedical purpose? Ou should have at least one of these documents with your at all times to base you are required to show proof to the police.

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Nell Victor Allard : 6860 Wayne Pi

DATE OF BIRTHI GENDER:

Langeville BG VOR 2H0 Same as above

TERMS AND CONDITIONS

PRODUCTION SITE

MAILING ADDRESS:

6860 Wayne Pi RR 2

MODE OF PRODUCTION:

Indoors (winter months) and outdoors(summer months):

PRODUCTION QUANTITIES.

The maximum number of marinuana plants that you may have under

production at the production site at any time under this Personal Use Production Ligence is 17 PLANTS (indeer) or 10 PLANTS (outdoor),

STORAGE SITE:

6860 Wayne Pl

Lantayille BC YOR 2HD

STORAGE QUANTITIES:

The maximum, quantily of drive marthonia that you may ween at the storage the at any time under this Perspiral-Use Production Licentee is 3750 grams and it must be stored indoors:

<u>EXPIRY DATE</u>

ses nose this *Personal-Use Production Licence* expires on July 19, 2010. Should you wish to renew your riona*liCity Production Licence*, please submit your renewal application of loses 8 weeks prior to your expiry date

ISSUED BY:

DATE OF ISSUE:

Rotald De

Marihuana Medical Access Division

Controlled Substances and Tobacco Directorate

2009 -07- 0 9

PLEASE READ ALL ENCLOSED DOCUMENTS CAREFULLY

ENCLOSED DOCUMENTS: Information you should know about your Personal-Use Production Licence

NOTE: Details of spix Personal-Use Production Licence are summarized on your ID card attached to your

All inquirtes regarding: this licence should be directed to the Marthuana Medical Access Division toli-tresphone number: 1-866-337-7795,

Reference #MMAD-02772-09

	Conjust Bulaije First Neene Nei	Surnana Afara	712 Hemitop Ave.	Mawing Address Nanalme, EC, VSR 498, Canad	J á	Date Of Oith Primary 1854-05/25 7 250-753-0125 0	View Contact Phone I
	Roference No MMAD-03843 ZMSQ-2272 21656C MMAD-02835 Z1875C 22983C MMAD-03861	Status Closed 7 Closed 9	Correspondence Date 2008-06-16 2009-04-02 2009-04-03 2009-04-09 2009-04-09 2009-04-24 2009-04-27	Correspondence Type Infall	Direction In Out Out Out Out Out Out Out Out	Subject RMI Letter	clated Correspond
s incidenta	Afficilitations Report Flement			Uptood File Document Typ	Downlos	Date Created	Selected file

"LEGACY: Mail Subject - Renewal - Form A, B2, C, 2x pics

LEGACY correspondence notes - For review - Eric - Apr 3, 2009

Letter to MD - confirm high dosage.

Sori, please review letter. -MP (2009-04-14)

Reviewed the letter. Ronald: for your signature. - Sori (Apr 14, 2009)

Mailed out via REG mail...SC (15-Apr-2009)

Done - RMI - Robyn - April 16, 2009 LEGACY correspondence notes - Renewal - exp Jul 9, 2009"

March 25, 2009

Neil Allard 6860 Wayne Place, Lantzville, B.C., VOR 2H0 Ph. (250) 390-2822

Mr. Ronald Denault, Manager, M.M.A.D., Health Canada

Re: Sixth application enclosed, and the requirement for specialist

1)Thank you for the letter dated July 3, 2008, from your department regarding my former specialist's request to have my general practitioner sign the M.M.A.R. applications year after year.

This letter states that, "On the Form B2 the general practitioner will need to declare that your case has been assessed by a specialist and provide some details regarding the assessment"....

I was advised in a telephone conversation with Program Officer, Michelle Ho, in July of 2008, that my general practitioner may use the assessment from Dr Bruce Carruthers, dated March 11, 2008, (and enclosed with this Sixth application), with each subsequent application.

I asked to receive a letter confirming this. However, as you can see from a copy of this letter, the matter remains unclear to both my doctor and to me.

Would you please clarify this matter in writing: Since my doctor and I are obligated to complete these forms year after year for my treatment, we need to know if his signature will be acceptable to this department on an ongoing basis.

2) Also, please contact me as soon as possible if there should be any problem with my application.

Sincerely,

Neil Allard, B.S.W.

A1 Applicant's Informati	/	
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	ALLARD 1 NEIL	- / VICTOR
Date of Birth:	MAY 1 1954	entitus (regional control esta (control established)
Address: 6860 W	DAYNE PLACE	Apartment Number;
City: LANTZVIL	ムモ Province: B.こ	Postal Code: VOR 2H
i no street address is available.	please provide lot and concession number:	
ot Number:		Health Canada
Concession Number:	madissandis villa villas villas vivilas villas v	Santé Ganad MM40-02792-57
~~~~~pp+0-ka/1ket *1a2be+/ -qe+f//1-4 <b>800</b> /p* #0##%*Cf#4##*+	90 - 2822	\$\$\$ U Z Z009
ax: ( )	Carrier American Company of the Comp	OGS / BSC
i-mail:		MMAD
This address is: TVA private re	isidence (E.G., House or APT.) or [] Not a private (	'esidence (E.G., HOSPICE, HOSPITAL, ETC.)
•	Name of reside	
Mailing Address (if different fron	above):	
Address or P.O. Box:	And the same than the same than the same than the same	Apartment Number:
City:	Province:	Postal Code:
<b>42</b> Photograph of Appli	cant	
<u> </u>	f	
	f a current photograph that clearly identifies me.	and a state of the same of the state of the
Ine back of one of the photo certifies that it is a true liken	graphs has been signed by the medical practition ass of me.	er signing the medical decial adon, who
		wearsh is areferred but if one is not
SIZE GUIDE FOR BOTH PHOTOGRAF	available, the photograph submitted m	ust meet the following standards:
	It must show you alone in the photograph	l <u>.</u>
	It must show a full frontal view of your he contrasting background.	ad and shoulders against a plain
Secretaria de la constitución de	• It must be at least 43 mm x 54 mm (1 1	inches), and have a view of your head that
	It must reveal your face without sunglass permitted, of course.	
MINIMUM SIZE	Note: This section does not need to be provided within the last 5 years.	completed if a photograph has been
MAXIMUM SIZE	CONTROL CONTRO	

## A3 Appointed Representative

#### This section is optional

Atomore

You may appoint a representative to speak to Health Canada on your behalf. Health Canada will be authorized to exchange information about your case—including personal data and material contained in your medical records — with an appointed representative that you choose (for example, a family member or a friend).

Should you not provide this consent, Health Canada will communicate only with and through you.

You may withdraw the appointment of your representative at any time.

Appointed	representative	(optional):
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	nt to allowing entative.	; Health	Canada to	exchange p	ersonal and	medical informa	tion about my	case with my app	ointed
□ Mrs. I	□ Miss □	Ms. 🗆	Mr.		······································	///		mtyryddigon channab oegdaeth, annab teo	
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NEIL ALLARD

## Authority to Communicate to Canadian Police

reduce the possibility of police intervention when you engage in activities allowed under your authorization or licence, if asked, Health Canada will communicate limited authorization and licence information to Canadian police in response to a request in the context of an investigation under the Controlled Drugs and Substances Act, or the Marihuana Medical Access Regulations.

## Declarations and Signature

- i. I am aware that a Notice of Compliance has not been issued under the Food and Drug Regulations concerning the safety and effectiveness of marihuana as a drug. I understand the significance of this fact,
- ii. I have discussed the potential benefits and risks of using marihuana with the medical practitioner named in Form B1 or B2 (whichever is being filed with this application).
- iii. I consent to using marihuana only for the treatment of the symptom stated in the medical declaration,
- iv. I am aware that the benefits and risks associated with the use of marihuana are not fully understood and that the use of marihuana may involve risks that have not been identified; and I accept those risks.
- v. If the daily amount stated is more than five grams;
  - (a) I have discussed the potential risks associated with an elevated daily consumption of dried marihuana with my medical practitioner named in Form B1 or B2 (whichever is being filed with the application), including risks with respect to the effect on my cardiovascular and pulmonary systems and psychomotor performance, risks associated with the long-term use of marihuana, as well as potential drug dependency.
  - (b) I accept these risks.

vi. I attest that the information on this form is correct and comp	lete.			
The adams	nå .			يعبر
Mellad	March	14	200	1
APPLICANT'S SIGNATURE	DATE			

NEIL ALLARD

#### IMPORTANT:

- 1. It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.
- 2. We cannot process the application until ALL appropriate forms are received.
- 3. Please retain a photocopy of this form for your files. If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

		edical Pra	ictilioner				
viodical pract	itioner's full name	: <i>为</i> 人	- JATU	voer s	MAR	ID ER	
	dical licence num		en		*******************	destroon at situation de de la destroitante.	k de veranen er ir i kultundele den erkende
DR. THE ME 30-650 SC NANA	(IFAVAILABLE)  J.S. MAND DICAL ARTS COUTH TERMINA MMO, BC, V9R 250) 753-343	ENTRE IL AVENU 5E2	5				
Medical speci	lalization (If applic	able):	FAMILY	Panes	706	wakayasay Przyrinsz sagnycz, ok	egyddigydd arw ell ar ac ac ac gyfri y'i mae ac
Business Add	ress: 30 -	650	SOUTH	TERMINAL	- ALE	Suite Number:	pysaugus jaskýbentietes majuspunktoši
City: NA	NAIMO		Province:	B.C.	ale contract and a second	Postal Code:	VARSE2
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Dete of Birth: Please spec	year /95	ARD les Vi <i>IUA</i> condition	t  / month  /s) and symptom(	NEIL first   day 25  s) that are the basis     CPA (   )	or the applica	ation.	akeesta 1984 asaa ka 1985 ah 1

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Page 1 of 3 Revised April 2007

			gram to 3 grams of dried marihuana for medical purposes, whether it is taken orally, or inhaled or a of both.
a,	The and		ased daily amount of dried marihuana is less than or equal to
b.	the	follov	ving method and form of administration (please check appropriate box):
	Ø	Inhali	ation Order 45ES A Valorizer , tea baked good
Not B	Info	rmat	ciens: For more information on daily amounts, you can refer to the following documents: on for Health Care Professionals — Marihuana ount Fact Sheet
http	r//hc	sc.ge	nts can be found on the Health Canada Web site at c.ca/dhp-mps/marihuana/index_e.html or frec at 1-866-337-7705.
B2	4	Dair	afton)
i kan	lar th	a Ma	ribuone Madinal Accord Basedations on Australian to Possess may be leveled for a nariori of un to 17 months
-			rihuana Medical Access Regulations, an Authorization to Possess may be Issued for a period of up to 12 months.
-			rihvans Medical Access Regulations, an Authorization to Possess may be Issued for a period of up to 12 months.  Ing the authorization for a shorter period, places specify the number of months:
lf γ	ou ar	e sigr	diesel Procutioner's Declaration and Signature
lf γ	ou ar	e sigr	ting the authorization for a shorter period, places specify the number of months:  Clical Procurioner's Declaration and Signature  sign and date the document in the space provided on Page 3.
lf γ	ou ar	e sign	dieg the authorization for a shorter period, plaase specify the number of months:
BZZ Pje	ou ar	e sign Me resd, : The Cate con	ting the authorization for a shorter period, please specify the number of months:  dic al Procurioner's Declaration and Signature  sign and date the document in the space provided on Page 3.  applicant's symptom(s) listed in Page 1 of this form falls under Cetegory 2 (symptoms that do not fall under
BZZ Pje	ou array ase s	read, : The Cate con inef	dig the authorization for a shorter period, please specify the number of months:  dig air Procediment's Declaration and Signature  sign and date the document in the space provided on Page 3.  applicant's symptom(s) listed in Page 1 of this form falls under Category 2 (symptoms that do not fall under agory 1);  ventional treatment(s) for the Category 2 symptom(s) have been tried or considered, and have been found to be
B22 Ple 1.	ou array ase s	e sign read, : The Cent con inef n swa I effer	dig at Protetrioner's Declaration and Signature  sign and date the document in the space provided on Page 3.  applicant's symptom(s) listed in Page 1 of this form falls under Category 2 (symptoms that do not fall under agory 1);  ventional treatment(s) for the Category 2 symptom(s) have been tried or considered, and have been found to be fective or medically inappropriate for the treatment of the applicant.  are that a Natice of Compliance has not been issued under the Food and Drugs Regulations concerning the safety
β2. Ple 1.	eu arrae : a. b. i and	The Cate con in sweet 1 effecting the first parties of the first parties	direct Prostitioner's Declaration and Signature  sign and date the document in the space provided on Page 3.  applicant's symptom(s) listed in Page 1 of this form falls under Cetegory 2 (symptoms that do not fall under egory 1);  ventional treatment(s) for the Category 2 symptom(s) have been tried or considered, and have been found to be fective or medically inappropriate for the treatment of the applicant.  are that a Natice of Compliance has not been issued under the Food and Drugs Regulations concerning the safety criveness of marihuana as a drug.
β2. Ple 1.	eser a. b.	we sign read, : The Can con inet inet inet if you	dival Proculioner's Declaration and Signature  sign and date the document in the space provided on Page 3.  applicant's symptom(s) listed in Page 1 of this form falls under Catagory 2 (symptoms that do not fall under agory 1);  ventional treatment(s) for the Catagory 2 symptom(s) have been tried or considered, and have been found to be fective or medically inappropriate for the treatment of the applicant.  are that a Notice of Compliance has not been issued under the Food and Drugs Regulations concerning the safety of the americal specialist that your area of medical specialization is relevant to the treatment of the applicant's dical condition; or
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β2. Ple 1.	eser a. b.	The Cate con inet in extremely if your it you it yo	direct Protetrioner's Declaration and Signature  sign and date the document in the space provided on Page 3.  applicant's symptom(s) listed in Page 1 of this form falls under Category 2 (symptoms that do not fall under agory 1);  ventional treatment(s) for the Category 2 symptom(s) have been tried or considered, and have been found to be fective or medically inappropriate for the treatment of the applicant.  are that a Notice of Compliance has not been issued under the Food and Drogs Regulations concerning the safety cliveness of marihuana as a drug.  but are a medical specialist that your area of medical specialization is relevant to the treatment of the applicant's dical condition; or  but are not a medical specialist, please declare:  that the applicant's case has been assessed by a specialist;  the specialist's area of specialization is relevant to the treatment of the applicant's medical condition;  that the specialist concurs that conventional treatments for the symptom are ineffective or medically
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ne: Under the <i>Marihuana Mei</i> idical licencing authority of the tice given under Section 58 or	e province in which	the practitioner is aut	is a practitioner thorized to practic	who is recognized as a p ce medicine and who is n	rectitioner by the ot named in a
I declare that the information	on contained in this f	orm is correct and co	omplete.		
DR J	r. s. M	landiciz	-///	uc_	
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Form A: Application for Author If you check the box above, If not, please check the box OR I plan to produce marihuana se Page 1 of Form A: Application If you make this selection, p	please proceed direct below and provide the procedure other than at m for Authorization to Poss	ly to C3. requested informat  y ordinary place of re- ess Marihuana for Mac	sidence (the add lical Purposes).	ress that was provided or tment Number:
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C3 Mode of Production	
I plan to produce marihuana (please choose only one):	
☐ entirely indoors;	
OR	
□ entirely outdoors;	
OR	
Na indoors in the winter and outdoors in the summer.	
<ul> <li>IMPORTANT:</li> <li>1. The Regulations allow you to grow marihuana indoors in the winter and grow marihuana indoors and outdoors at the same time.</li> <li>2. Please be sure to read Part C5 of this form with respect to growing minors if you plan to grow marihuana outdoors.</li> </ul>	
C4 Security Measures for Growing and Storing Marihuana	
IMPORTANT: The Marihuana Medical Access Regulations state that "the I maintain measures necessary to ensure the security of marihuana in the	
Please describe the security measures that will be used at the proposed products against loss or the file people from Site is located on low-traffic cal de-sac. They unfort I are alone, coccupy the house on the land. The entering have food force designed to protect the planting from productors. Dut door planting with very low visibility from autoria the property of two sextions located some is the dissement of urndowless and venter.	ion site to protect your crop of marihuana
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Please describe the security measures that will be used to protect your dried ma	rihuana against loss or theft:
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Market and the state of the sta	
Brown (1984) which is the second of the seco	
and a superior of the contraction of the contractio	The state of the s
Address where the marihuana will be stored:	
Address: 6860 WAYNE PLACE	Apartment Number:
Address: 6860 WAYNE PLACE  City: LANTZVILLE Province: B. C.	Postal Code: VOR 2HO
IMPORTANT: Please note that if the marihuana is not stored at the produced ordinary place of residence.	

NEIL ALLARD

## C5 Declarations and Signature

- If I've indicated on this application that I plan to produce marihuana outdoors, I declare and confirm that the production site does not share a border or common point of contact with a school, public playground, day-care facility or other public place frequented mainly by persons under 18 years of age.
- ii. I declare and confirm that the dried marihuana will be stored indoors.

ili. I declare and confirm that the information contained in this form is correct and complete.

APPLICANT'S SIGNATURE DATE DATE

NEIL ALLARD

PRINT NAME

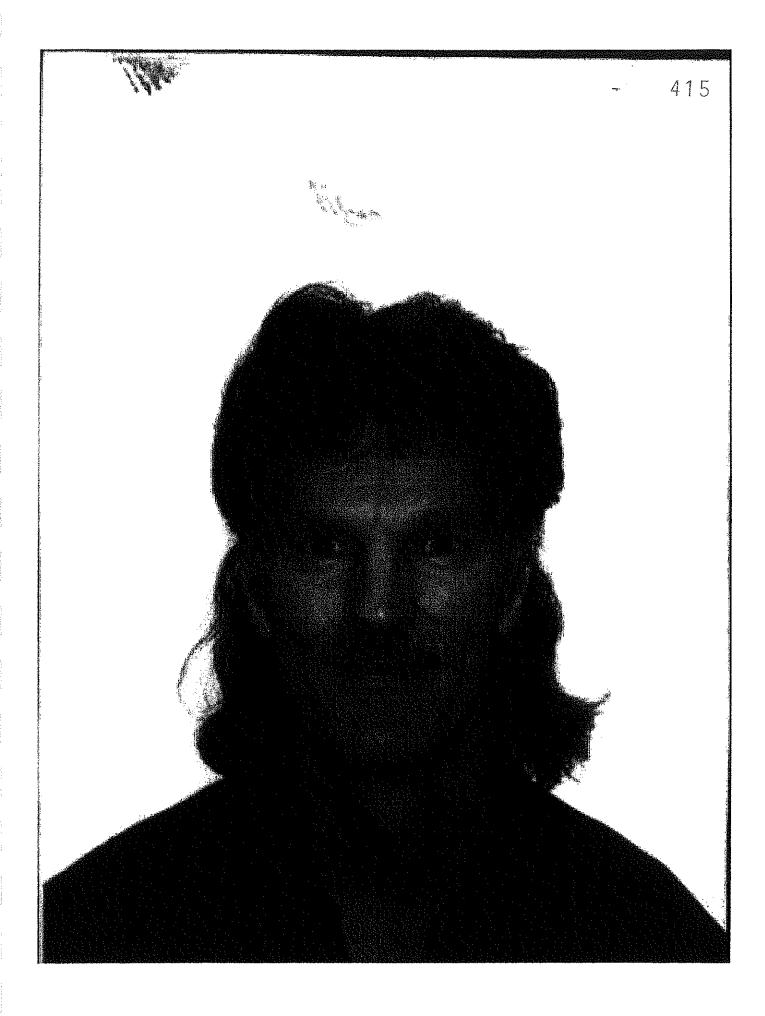
#### IMPORTANT:

1. Please ensure that you have signed and dated the declaration indicating that the information on this form is correct and complete.

It is important to understand that all mandatory information requested must be provided to avoid unnecessary delays.

3. We cannot process the application until ALL appropriate forms are received.

Please retain a photocopy of this form for your files.
 If you have questions regarding this form, please contact Health Canada toll-free at 1-866-337-7705.

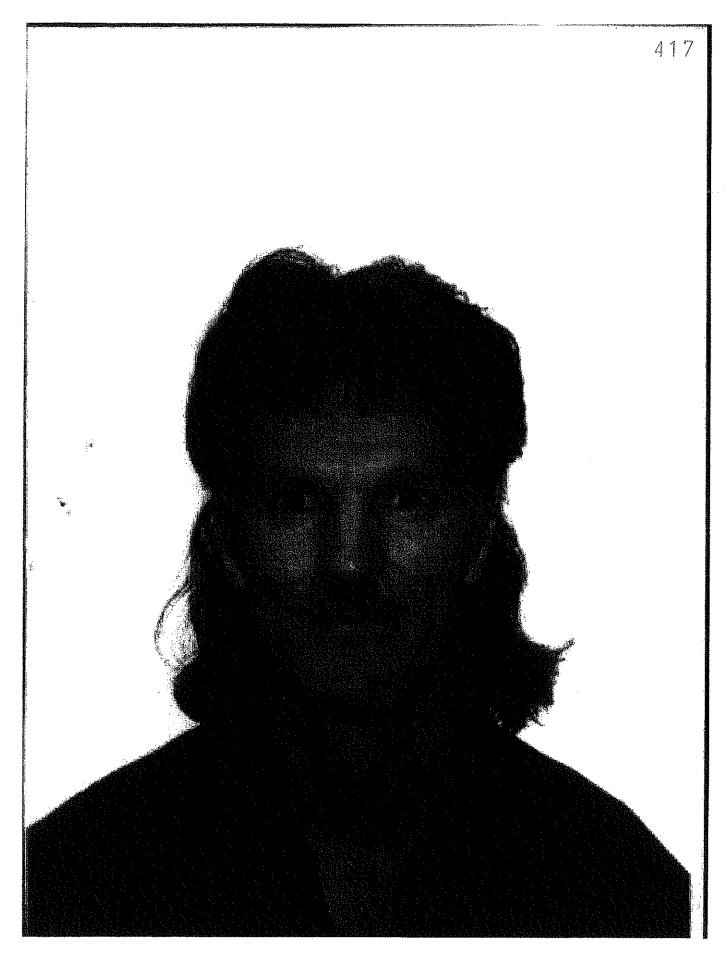


Wed-Mark Fortration

6631 Island Highway Arrivation
Namalino, E.C.
Voltania

Phomas of NELL V. ALLARD

24/MAR/2009



MAR 0 4 2009

NELL 1 2009

Certify this to be a true

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24/MAR /2009

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"High dosage (10g), need to confirm with new MD. -MP (2009-04-03)

I spoke with the receptionnist in Dr. Mander's office. I informed her that I require a confirmation of Mr. Allard's dosage. She said that she will pass along the message to Dr. Mander and have him call me back.

Dr. Mander called back and left a message on my machine asking me to call him back. However, he did not provide any confirmation of dosage. -MP (2009-04-06)

Left a detailed message with the receptionnist, asking her to confirm with Dr. Mander the daily dosage of 10g.

-MP (2009-04-06)

Call closed. Sending letter to Dr. Mander. -MP (2009-04-14)"

Reference #MMAD-02935-09

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"LEGACY correspondence notes - Letter to appl - response to a letter regarding using the same specialist assessment when specialist is retired.

Sori, please review letter. -MP (2009-04-14)

Reviewed the letter. Ronald: for your signature. - Sori (Apr 14, 2009)"

## Reference #21875C

Contact Date In First Name Nell	Surneme Alfard	712 Femilijir Ave:	Melling Address Nancismo, BC, V9R AGB, Cene	de changagairtí	Dele Of Dirth Primary Phot 1 1954-05-25   250-763-0125 (WA)	
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"I called the College of Physicians and Surgeons of BC. They confirmed that Dr. Carruthers no longer has an active practice and is currently in the process of retiring from the College. -MP (2009-04-09)"

Physician Search Results

Page 1 of 1

# Physician Search Results



Name

Carruthers, Dr. Bruce Magoffin

Vancouver, BC

Canada

Address*

Accepting new patients*

Réferral Required

Gender

Male

Physician Status

Licensed for Practice

Practicing in BC

Yes

Credentials

RCPSC - Internal Medicine

Degree

M.D., C.M. - 1956 - Queen's (Canada)

Additional Language(s)*

N/A

Disciplinary Action



#### Footnotes:

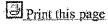
*The information collected in this field is self-reported and updated by the physician.

All physicians in BC are required to be proficient in the English language.

+ Non-Canadian Certification

CCFP = Certificate, College of Family Physicians

RCPSC = Royal College of Physicians and Surgeons of Canada recognized certification



# Physician Search Results



Name

Mander, Dr. Jatinder Singh

Medical Arts Centre

Port Place

30-650 Terminal Ave S

Business Address 1*

Nanaimo, BC V9R 5E2

Canada

Phone: 250-753-3431

Accepting new patients*

No

Gender

Male

Physician Status

Licensed for Practice

Practicing in BC

Yes

Credentials

Degree

M.B., Ch.B. - 1999 - Sheffield (United Kingdom)

Additional Language(s)*

Hindi

Punjabi

Disciplinary Action



#### Footnotes:

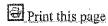
*The information collected in this field is self-reported and updated by the physician.

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CCFP = Certificate, College of Family Physicians

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To/A; Monaid Denault  Sandra Toscano  Jacques Bergerón  Michelle Ho  Sort Libe  Michael Assad  Marie-Anne Paré  For/Poure Direct Signature/Signature directe  Reply/Réponse:  Reply/Réponse:  Reply/Réponse:  APR 14 2009  APR 14 2003  Approved/Approuvé	ket Number: Limés de dosier:	MMAD-02986-09 200 MMAD-02912-09	Last Name: #96LBAD NY Date: APR 1 /2 2008 Revisions Dates:	97 (5) 40 10 (5) 40
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Healthy Environments and Consumer Salety Branch

Direction générale; Santé environnementale et sécurité des consommateurs 1009 +04- 14

Address Locator: 3503B Ottawa ON K.I.A. 189

Your file - Valve reference

Our Da | Notes selectrics

Dr. Jalinder Singh Mander 30-650 Terminal Aye'S Nanaimo BC V9R 5E2

Dear Dr. Mander:

## Subject: Application under the Marikuana Medical Access Regulations (MMAR)

This is further to your patient Mr. Neil Victor Allard's application under the Murihuana Medical Access Regulations for an Authorization to Possess dried marihuana for a medical purpose:

In order to continue to process your patient's application, the following element will be required:

We would like to take this opportunity to provide you with a copy of the document "Information for Health Care Professionals" and a Daily Amount Fact Sheet (Dosage) as part of our initiative to provide physicians with information on daily amount.

Further to this, we would appreciate confirmation of the daily amount indicated in Part B2-3 of Form B2.

Please complete Form B2 and return it to our office by mail or fax.

Should you have any questions, please visit the Health Canada website at <a href="https://www.healthcanada.gc.ca/mma">www.healthcanada.gc.ca/mma</a>, or call our office toll-free at 1-866-337-7705, or fax at (613) 952-2196.

Sincerely

Ronald Dengult, Manager
Marihuana Medical Access Division
Tobacco and Drugs Directorate

Enclosures

o.c.: Mr⊇Neil Victor Allard 6860 Wayne Pl, RR 2 Lantzville BC VOR 2H0

Canada

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Health Canada Santé Canada

Healthy Environments and Consumer Safety Branch Direction générale. Santé environnementale et sécurité des consommateurs

Address Locator: 3503B Ottawa ON K1A 1B9 2009 -04- 1 T

Your No. Voice reference

Our tro Note reference MMAD-02935-09

Mr. Neil Victor Allard 6860 Wayne Pl, RR 2 Lantzville BC VOR 2H0

Dear Mr. Allard;

## Subject: Application under the Marihuana Medical Access Regulations (MMAR)

This is further to your letter dated March 25, 2009. We acknowledge your concerns regarding the specialist assessment requirement on Form B2.

As mentioned in a previous letter, dated July 3, 2008, on Form B2 the general practitioner will need to declare that your case has been assessed by a specialist and provide some details regarding the assessment. Please be advised that your physician may choose to declare for every renewal that Dr. Bruce Carruthers has assessed your medical conditions and is aware that marihuana is being considered as an alternative treatment.

However, we suggest that at some point a new specialist assessment be provided, as Dr. Carruthers has retired from his medical practice. Dr. Mander may choose to have a new specialist assessment conducted when he considers necessary.

Should you have any questions, please visit the Health Canada website at <a href="https://www.frealthcanada.gc.cu/mma">www.frealthcanada.gc.cu/mma</a>, or call our office toll-free at 1-866-337-7705, or fax at (613) 952-2196.

Marihuana Medical Access Division Tobacco and Drugs Directorate Health Canada Address Locator; 3503B Ottawa ON: KIA 1B9

Ronald Denault, Manager

Marihuana Medical Access Division Tobacco and Drugs Directorate

c c : Dr. Jatinder Singh Mander 30-650 Terminal Ave S Nanaimo BC V9R 5E2

Canada

## Reference #22393C

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223930	Closed 👻	2009-04-24	Call 1	Out∈ ⊱	General Inquiry	
MMAD-03861	Closed 🛨	2009-04-27	Mall 🔄		Other	(D)
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"4/24/2009 12:45:16 PM

Language: E

NEIL ALLARD

6860 WAYNE PL

LANTZVILLE, BC VOR2HO

Telephone: (250) 390 2822 Ext.:

Telephone (evening):

Best time to call: 1-5pm, ET

Request for Further Information:

The caller would like to speak with Ronald Denault in regards to his application. A callback would be appreciated. A detailed message can be left on his answering machine.

April 27, 2009

I was able to speak directly with Mr. Neil Allard, regarding the letters he received concerning his specialist, and the dosage letter to Dr. Mander. I attempted to discuss the purpose of the letter with Mr. Allard, however he states, MMAD is harassing his new MD with the dosage issue, as he's been constantly harassed for the past 7 years with our program. He would like to know what questions were not answered pertaining to the daily dosage that was incomplete in his B2 form? I informed him that it is common practice for MMAD to inform new supporting MD's of the daily dosage fact sheet. MMAD will require that Dr. Mander confirm the daily dosage in B2 form, before MMAD is able to finalise the review of this years renewal request.

Mr. Allard, had asked me for my name, I informed him that employee's only provide their first name, and not last in our division due to security purposes.

He indicated that he had requested to speak with Ronald Denault directly, and the purpose he wanted my name, was due to ligation purposes, he's thinking to sue HC for all the harassment MMAD has caused him over the past several years.

I informed him that M. Denault was not available to speak with him right now, but I will be happy to forward the request to him. He states that I just wasted his F*&\$#% time, and hung up the phone on me.

Cheryle.A"

## Reference #MMAD-03861-09

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"LEGACY: Mail Subject - Other - letter (difficulties with MMAR)

LEGACY correspondence notes - For review - Eric - May 7, 2009

Letter Prepared - Tammy

Mailed Out - May 19, 2009 - Johnny LEGACY correspondence notes - Letter"

C.C.



"Glenda Allard Barr" <glenda_barr@telus.net> 2009-04-24 03:32 PM

To <ronald_denault@hc-sc.gc.ca>

<LunneJ@parl.gc.ca>, "Leona Aglukkaq" <Minister_Ministre@hc-sc.gc.ca>, "Nell" <twinmind@telus.net>

Subject difficulties with MMAR re: Nell Allard

April 24, 2009 6860 Wayne Place Lantzville, BC 250 390 2822

Health Canada / Santé Canada MMAD-05861-07 소설을 2 7 2009

Mr. Ronald Denault, Manager Marihuana Medical Access Division

Dear Mr. Denault,



I am writing with the faint hope of appealing to your sense of compassion and fairness.

My husband, Neil Allard, has submitted his sixth application under the MMAR regulations. His specialist had retired and he is using a doctor, Dr. Jatinder Singh Mander, who is familiar with the use of medical marijuana from his practice in Britain, but signed the Health Canada forms for the first time in support of Neil's application.

All of the paperwork was in order, and then, yesterday, Neil received a letter signed by yourself, and a copy of a letter to his doctor requesting that he again complete form B2. Although reference is made to the need to confirm the dosage, no indication is given of the reason for completing the form again. If there is a need for further confirmation, the form should be designed to reflect this. It does not seem reasonable to ask for resubmission of a form without explaining why the original is not acceptable, or to submit the patient or, indeed, the doctor to the additional stress of dealing with additional paperwork.

Is any consideration made of the fact that MMAD is set up to deal with sick and dying Canadians? Most of the conditions that qualify patients for access to this program are greatly exacerbated by stress, and the application process, including finding a doctor who is willing to deal with the extra work, and, indeed, at times, harassment, involved in the application, is quite onerous. This seems to be a deliberate attempt to discourage doctors from supporting applications under MMAR and limit their ability to best serve the patient.

In my husband's case, as in others I am acquainted with, the relief provided by the use of cannabis as a medicine is a requirement to make life livable. Ordinary tasks that seem quite mundane to those of us who are fortunate enough to have good health can be quite overwhelming to those who are struggling with a terrible illness.

It is a beautiful, summy day here, and Neil was feeling sufficiently well enough to enjoy the day, to venture outdoors as he is rarely able to do. He has suffered a terrible setback due to what amounts to harassment from MMAD, and is in bed, so far unable even to eat. The stress involved in dealing with this "health" program sabotages his ability to take small pleasures from life.

Neil tried to call you to obtain some answers and assurances, but, as usual, his call was answered by a powerless Call Centre employee who advised that the call would be returned within 3 business days for a call back. Since this is Friday, it is unlikely that call would come before Tuesday or Wednesday. This is a great problem for many patients, since that call back may come when they are sleeping or not fit, because of their health condition, to take the call.

Waiting for that call back and clarification of the issue will take a terrible toll on Neil's health. He is asking if there is any point in continuing with this life if he must continue to endure this kind of suffering. I am not over-dramatizing the effect of this issue. Is this the kind of burden Health Canada wants to inflict on ailing citizens of our great nation?

Neil is fastidious about conforming to the MMAR requirements, yet this is not enough and more hurdles are imposed.

Please, Mr. Denault, could you give some consideration to the suffering endured by our fellow citizens who are in need of support, rather than hindrance, for their well-being. I beseech you to respond to the issues I have raised and contact me to clarify the reason for the challenges presented to participants in this program.

I await your reply and hope for a better future for Canadians who benefit from marijuana as a medicine.

Sincerely,

Glenda Allard Barr

cc Ms. Leona Aglukkaq, Minister of Health; Dr. James Lunney, MP: Neil Allard

"If the people let government decide what foods they eat and what medicines they take, their bodies will soon be in as sorry a state as are the souls of those who live under tyranny."

Thomas Jefferson



2009-04-28 10:31

MAY 19 2000

cc Jacques Bergeron/HC-SC/GC/CA@HWC

Subject Re: file... Mr. Allard

MAY 19 2009

Bonjour Sandra,

I checked Mr. Allard's file, unfortunately, his wife is NOT indicated as a representative.

Cheryle.A

Sandra Toscano/HC-SC/GC/CA



Sandra Toscano/HC-SC/GC/CA 2009-04-28 09:02 AM

To Cheryle Anderson/HC-SC/GC/CA@HWC

cc Jacques Bergeron/HC-SC/GC/CA@HWC

Subject file...

Bonjour Cheryle, ok we got a letter from Mr. Allard,s wife, I would like to know if she is a representative in the file.

I see that the frustration comes from the fact that we indicated in the letter to the MD to please complete B2 and send it back.
Unfortunately, I think this line should be taken out and just indicate that we would like confirmation of the daily amount.

I think I will ask Jacques (if he agrees) to call the MD, to clarify the situation and confirm the daily amount over the phone and I will prepare the response to the letter.

merci

Sandra

COPY/COPE



Sandra Toscano/HC-SC/GC/CA 2009-04-28 01:24 PM To Jacques Bergeron/HC-SC/GC/CA@HWC

cc Cheryle Anderson/HC-SC/GC/CA@HWC

bcc

Subject Re: file... Mr. Allard

nerci Jacques,

c, est simplement pour lui faire part que nous verifions le 'daily amount' parce que ce medecin est nouveau

avec notre programme

) et c,est une opportunité de lui envoyer de la documentation.

Egalement, la lettre dit de completer le formulaire B2 (a la fin) ceci a porté a confusion et M. Allard, d,apres la lettre de sa femme, est frustré parce que le MD doit compléter le formulaire a nouveau

CE qui n'est pas le cas. Une simple confirmation (dans ce cas verbale est suffisante, c'est un renouvellement)

voilà et merci!

Sandra
Jacques Bergeron/HC-SC/GC/CA

**₹** 

Jacques Bergeron/HC-SC/GC/CA

2009-04-28 12:31

To Sandra Toscano/HC-SC/GC/CA@HWC

CC

Subject Re: file... Mr. Allard

OK No problem

Jacques Sandra Toscano/HC-SC/GC/CA



Sandra Toscano/HC-SC/GC/CA 2009-04-28 11:33 AM

To Cheryle Anderson/HC-SC/GC/CA@HWC

cc Jacques Bergeron/HC-SC/GC/CA@HWC

Subject Re: file... Mr. Allard

thank you Cheryle, we will still contact the MD I think, just to confirm the daily amount and I will write a short letter then to the effect that I can't discuss the case.

Jacques ça va pour l'appel ?

Sandra Cheryle Anderson/HC-SC/GC/CA



Cheryle Anderson/HC-SC/GC/CA

To Sandra Toscano/HC-SC/GC/CA@HWC

4: Jaturder S. Mander 11415 confirmation of the Dosage we do this for all new Dr with => it may be done by phone of by => with a written confirmation made il on good occasion send info To the Md. The assessment Dr Carruthers is retired; if he his retered and not active you will have I find an active specialist légaly The licence are good Ro I year need To be sedo every year it so we 13 h 58 Dr. W. Hall Cet at merage To coff bach & Don't rever Kx by 1/2 Let a wessage to the seere tarry 5 call back at the office. I let my Tel

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"LEGACY: Mail Subject - RMI - Form B2

LEGACY correspondence notes - AP+PUPL LEGACY correspondence notes - For review - Eric - May 19, 2009

Review complete.

Christine, please create AP + PUPL. -MP (2009-05-21)

Johnny: - doc(s) done - please create card(s) - Christine - June 24, 2009

Card(s) Done - June 26, 2009 - Johnny

Please sign - july 8.09st,,,,sent via xpost july 8,2009..gordon

Done auth/PUPL CM July 10, 2009"