	formation to identify the case:
Debtor 1	Gen Canna
Debtor 2 (Spouse, if filing)	
	Bankruptcy Court for the Eastern District of Kentucky
Caca number	20-50133

3531

RECEIVED

FEB 2 1 2020

Proof of Claim

LEGAL SERVICES

04/16

Read the instructions before filling out this form. This form is for making a claim for payment i make a request for payment of an administrative expense. Make such a request according to 1

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents that support the claim, such as promissory notes, purchase orders, invoices, itemized stat mortgages, and security agreements. Do not send original documents; they may be destroyed afte explain in an attachment.

Filed: USBC - Eastern District of Kentucky GenCanna Global USA, Inc., Et al (810) 20-50133 (GRS)

GCA

0000000004

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or bountroated 97 וואס פרים אונים אוני

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the C	laim	
Who is the current creditor?	Tegnetta Lynn Middleto. Name of the current creditor (the person or entity to be paid for this cl.) Other names the creditor used with the debtor Jeanett	n Ramsey a Ramsey
Has this claim been acquired from someone else?	No Yes. From whom?	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Teanetta Bansey Name H52 Biownings Corner Rd Number Street Falmoutt Ky 41040 City Stafe ZIP Code Contact phone 859-620-5732 Contact email Trettlynnayahoo. Com Uniform claim Identifier for electronic payments in chapter 13 (If you to	Where should payments to the creditor be sent? (if different) Name Number Street City State ZIP Code Contact phone Contact email
Does this claim amend one already filed?	No Yes. Claim number on court claims registry (if known) _	Filed on MM / OD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	No Yes. Who made the earlier filing?	

ŀ	and 24 Give informat	tion About the Claim as of the Date the Case Was Fil	ed
6.	Do you have any number you use to identify the debtor?	er No No Yes. Last 4 digits of the debtor's account or any number	you use to identify the debtor:
7.	How much is the claim?	s 45, 375. 00 / 4 Does this amoun	t include interest or other charges?
		Yes. Attach stacharges	atement itemizing interest, fees, expenses, or other required by Bankruptcy Rule 3001(c)(2)(A).
8.	What is the basis of the claim?	Examples: Goods sold, money loaned, lease, services performance Attach redacted copies of any documents supporting the cla	· · · · · · · · · · · · · · · · · · ·
	•	Limit disclosing information that is entitled to privacy, such a	
		Vell of hump Crop	
9.	is all or part of the claim secured?	No Question is secured by a lien on property.	
		Nature of property:	
	•	Real estate. If the claim is secured by the debt Attachment (Official Form 410-A) Motor vehicle Other. Describe:	or's principal residence, file a Mortgage Proof of Claim with this Proof of Claim.
	•	•	
		Basis for perfection:	
		Attach redacted copies of documents, if any, that s	show evidence of perfection of a security interest (for sing statement, or other document that shows the lien has
			•
		Value of property: \$	
		Amount of the claim that is secured: \$	
		Amount of the claim that is unsecured: \$	(The sum of the secured and unsecured amounts should match the amount in line 7.)
		Amount necessary to cure any default as of the	e date of the petition: \$
		Annual Interest Rate (when case was filed) Fixed Variable	%
10.	. Is this claim based on a	∑ No	-
	lease?	☐ Yes. Amount necessary to cure any default as of the	date of the petition. \$
11.	. Is this claim subject to a	a Z e No	
	right of setoff?	☐ Yes. Identify the property:	
		·	

12. Is all or part of the claim entitled to priority under	☑ No ☐ Yes: Check one:	Amount entitled to priority
11 U.S.C. § 507(a)?		Amount entitled to priority
A claim may be partly priority and partly	Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$
nonpriority. For example, in some categories, the law limits the amount	Up to \$2,850* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	\$
entitled to priority.	The state of the s	
	Wages, salaries, or commissions (up to \$12,850*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	\$
	☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	\$ <u>·</u>
	Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	\$
	Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.	\$
	* Amounts are subject to adjustment on 4/01/19 and every 3 years after that for cases begun on or aft	er the date of adjustment.
Sim Balau		
Part 3: Sign Below		
The person completing	Check the appropriate box:	
this proof of claim must sign and date it.	am the creditor.	•
FRBP 9011(b).	I am the creditor's attorney or authorized agent.	
If you file this claim	I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.	
electronically, FRBP	☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.	
5005(a)(2) authorizes courts	Tam a guarantor, surety, chastisti, or other codestor. Surmicipely reals of	•
to establish local rules specifying what a signature		Alica colore entropolation des
is.	I understand that an authorized signature on this <i>Proof of Claim</i> serves as an acknowledgment amount of the claim, the creditor gave the debtor credit for any payments received toward the design of the claim.	that when calculating the lebt.
A person who files a	amount of the claim, the crosses gave the desire should be any payments	
fraudulent claim could be	I have examined the information in this Proof of Claim and have a reasonable belief that the info	ormation is true
fined up to \$500,000, imprisoned for up to 5	and correct.	•
years, or both.	I declare under penalty of perjury that the foregoing is true and correct.	
18 U.S.C. §§ 152, 157, and		
3571.	Executed on date $\frac{2}{MM}$ / DD / YYYY	,
	Georgia & M. Garrey	
	Print the name of the person who is completing and signing this claim:	
	Name Jeanetta Lynn Ramsel First name Middle name Last name	r
	Title	
•		
	Company Identify the corporate servicer as the company if the authorized agent is a servicer.	
	Address 452 Brownings Corner Road	
	Number Street Ky - 4104 City State ZIP Code	0
	Contact phone 859-620-5732 Email The	Junn@Ushon.
	January Property of the Control of t	

3531 1970 Total paid
\$24,750.50

Balan e #45,375. 6/44

3531

GenCanno CFN Farmers Name:

GenCanno CFN Farmers KDA License Number:

GenCanno CFN Farmers KDA License Number:

GenCanno CFN Farming Region:

Date of Last Harvest Delivery

Date Invoice Submitted

Jaenetta Ramsey

19-0770-G

CKY

Tuesday, October 29, 2019

Wednesday, November 20, 2019



1											1
	SEQUENTIAL LOAD NUMBER 1-1049181	DATE AND TIME RECEIVED	ORIGINATING FARM Januatta Ramsey	WEIGHT (lbs)	TARE WEIGHT (TOS)	WEIGHT (lbs)	ESTIMATED COMPOSITE MOISTURE (%)	DRYLBAT	DRYLBAT	INMALS	
CKY.	V-1049182 411	10/2/19 @ 18:34 10/29/19 @ 23:33	Janeata Ramsey	07,130,00	22,740.00	17,230,00 14,410.00	73.50% 78.50%	4,565.95 3,386.35	5,073.28 3,762.61	SLC	ĺ
			//	34,380.00 115,730.00	22,910.00 73,620.00	11,470.00 43,110.00	75.90% 75.30%	2,764.27	3,071,41	DIC	

GenCanna CFN 2019 Industrial Hemp Growing Se	ason C	cotract Simonary
Legas Ligured (britishati to biguited tebout)		11.00
Estimated plants per acre (-10% for attrition)		3,420.00
Estimated Total Plants Planted		37,620
Estimated Total Dry Pounds Delivered Before Floral Separation		11,907.30
Estimated Average Floral Content of Crop Delivered		57.179
Estimated Average Non-Floral Content of Crop Delivered		37.839
Estimated Total Dry Pounds Delivered of Floral Material		11,907,30
Estimated Average Dry Floral Yield per Plant in Pounds		0.3165
Estimated Average Yield per Acre in Pounds		1,082,48
Qualified Harvest Yield Tier		
		1
Acres Planted (pursuant to painting report) Payment per Qualified Acre	_	11.00
Estianted Total Contract Amount	\$	00,000,0
	_\$	66,000.00
First Advance Payment Date Paid First Advance Payment Document Number		Monday, September 30, 2019 4892
Inst Advance Payment Amount Paid stimated Sub-Total Balance	_\$	5.500.00
	_\$	69,500.00
Second Avancement Payment Due	F	riday, December 20, 2019
Second Advance Payment Amount	\$	5,500.00
stimated Remining Balance Due	\$	55,000.00

ment Summary Due Date		
one nate	Amo	runt Due
Friday, December 20, 2019 Sunday, January 19, 2020 Tuesday, Fobruary 18, 2020 Thursday, March 19, 2020	\$ \$ \$	19,250,00 13,750,00 13,750,00 13,750,00 66,000,00
,	Sunday, January 19, 2020 Tuesday, February 18, 2020	Sunday, January 19, 2020 \$ Tuesday, February 18, 2020 \$

NOTE: The information contained in this document, including without limitation the yield and harvest payments, is confidental and proprietary information of GenCanna Global USA, Inc. and may not be disclosed to third parties without the express written consent of GenCanna Global USA, Inc. Pursuent to the Parties' industrial Homp Cultivation Agreement, Payment will be made after acceptance of the product, belowing inspection and testing, and based on the CBD content and weight of Floral Material.

Ryan F. Quarles Commissioner



Kentucky Department of Agriculture

Office of Agriculture Marketing Industrial Hemp Program 111 Corporate Drive Frankfort, KY 40601 Phone: (502) 573-0282

> 3531 1970

Industrial Hemp Research Pilot Program Grower License

License Holder	Jeanetta Lynn Middleton Ramsey
License Number	19-0770-G
Signing Authority (if different from License Holder)	
Mailing Address	452 Brownings Corner Rd Falmouth, KY 41040

DATE OF ISSUANCE	DATE OF EXPIRATION
03/1/2019	03/31/2020

The terms and conditions of this license are identical to the terms and conditions stated in the License Holder's current *Grower Licensing Agreement*. Refer to page 2 of this license for a complete list of licensed growing and storage locations for this License Holder.

This Industrial Hemp Research Pilot Program License has been issued under the authority of KRS 260.850 to 260.869. This license is non-transferable. This license does not automatically renew; License Holders must re-apply to the program to renew the Grower License past the date of expiration listed in this document.

Law enforcement officials or individuals with questions should contact KDA Industrial Hemp Program Manager Doris Hamilton at <u>Doris.Hamilton@ky.gov</u> or 502-782-4113 for confirmation and further details.

Just Vinen	3/1/2019
Keith L. Rogers, Chief of Staff	Date



Form W-9

(Rev. November 2017) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	To to the think ago with the first										
	1 Name (as shown on your income tax return). Name is required on this line; do	not leave this line blank.									
l	2 Business name/disregarded entity name, if different from above										
n page 3.	Check appropriate box for federal tax classification of the person whose name following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):									
s of	Individual/sole proprietor or C Corporation S Corporation single-member LLC	☐ Trust/estate									
9 2		Exempt payee	code (if any)								
Print or type. Specific Instructions on page	Limited liability company. Enter the tax classification (C=C corporation, S=S Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded from another LLC that is not disregarded from the owner for U.S. federal tax pur is disregarded from the owner should check the appropriate box for the tax	vner. Do not check wner of the LLC is	Exemption from code (if any)	m FATCA reporting							
ecit	☐ Other (see instructions) ▶	Classification of its own	J.	(Applies to accounts	maintained outside the U.S.)						
ğ	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name a		·-						
See	6 City, state, and ZIP code	hd									
-	Falmouth Ky 41040 7 List account number(s) here (optional)										
	- accessive manuscript mana (operation)										
Part	Taxpayer Identification Number (TIN)	· · · · · ·									
	our TIN in the appropriate box. The TIN provided must match the name	given on line 1 to avo	oid								
backup resider	o withholding. For individuals, this is generally your social security numb at alien, sole proprietor, or disregarded entity, see the instructions for Pa by it is your employer identification number (EIN). If you do not have a nu	er (SSN). However, for	or a								
	f the account is in more than one name, see the instructions for line 1. A	ilso see What Name a	and Employer	dentification n	umber						
Numbe	er To Give the Requester for guidelines on whose number to enter.										
			-	.							
Part	II Certification										
	penalties of perjury, I certify that:										
2. I am Serv	number shown on this form is my correct taxpayer identification number not subject to backup withholding because: (a) I am exempt from back ice (IRS) that I am subject to backup withholding as a result of a failure anger subject to backup withholding; and	up withholding, or (b)	I have not been no	tified by the I	nternal Revenue						
	a U.S. citizen or other U.S. person (defined below); and										
4. The	FATCA code(s) entered on this form (if any) indicating that I am exempt	from FATCA reporting	g is correct.								
you hav	ation instructions. You must cross out item 2 above if you have been notify re failed to report all interest and dividends on your tax return. For real estat tion or abandonment of secured property, cancellation of debt, contribution an interest and dividends, you are not required to sign the certification, but	e transactions, item 2 s to an individual retire	does not apply. For	mortgage inte (IBA), and gen	erest paid, erally, payments						
Sign Here	Signature of U.S. person > Clarette Banese	1	ate > 12/2	119							
Gen	eral Instructions	• Form 1099-DIV (div funds)	idends, including t	hose from sto	ocks or mutual						
Section noted.	references are to the Internal Revenue Code unless otherwise	• Form 1099-MISC (various types of income, prizes, awards, or gross									
related	developments. For the latest information about developments	proceeds) • Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)									
	· ·	• Form 1099-S (proce									
_		• Form 1099-K (merc									
An indi- informa	vidual or entity (Form W-9 requester) who is required to file an tion return with the IRS must obtain your correct taxpayer	 Form 1098 (home n 1098-T (tuition) 	nortgage interest),	1098-E (stude	ent loan interest),						
identific	cation number (TIN) which may be your social security number	• Form 1099-C (canc	eled debt)								
(SSN), i	ndividual taxpayer identification number (ITIN), adoption	• Form 1099-A (acqui	sition or abandonn	nent of secure	d property)						
(EIN), to	er identification number (ATIN), or employer Identification number or report on an information return the amount paid to you, or other reportable on an information return. Examples of information	Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.									

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,

later.

returns include, but are not limited to, the following.
• Form 1099-INT (interest earned or paid)

1049181 1735 WEIGHED ON A-FAIRBANKS SCALE TICKET HIMBER RM ADDRESS COMMODITY ___ CARRIER ___ INBGUND 45200 lb LOOF ID 029 Jeanetta Ramsey Farmer 10/29/2019_{TIME} Variety: 06:29 PM INBOUND DATE 10/29/2019TIME 1049181 07:06 PM Number OUTBOUND DATE 10/29/2019 Delivery: 45200 lb GROSS 27970 lb TARE 17230 lb NET 18:29 Delivery: 45200 ght (lbs): LOOP ID 27970 ght (lbs): 17230 red (lbs): DRIVER ON 73.50% terial (%): Date: Tuesday October 29, 2019 SHIPPER MEIS GHASON WEIGHER s Name: Sarah Clark Date: Tuesday October 29, 2019

CONFIDENTIAL - Property of GenCanna Global, USA - All Rights Reserved - DO NOT DISCLOSE

Signature:

FAIRBANKS SCALE CAT. 96754

WEIGHED ON A FAIRBANKS SCALE TICKET NUMBER ADDRESS COMMODITY ______ CARRIER _____ INBOUMD LOOP ID 37150 lb 70 mer: Jeanetta Remsey 10/29/2019 TIME 06:34 pm riety: INBOUND DATE Phase 3 10/29/2019 TIME 07:08 PM OUTBOUND DATE mber 1049182 very: 10/29/2019 37150 1b GROSS 22740 1b TARE 14410 1b NET very: 18:34 (lbs): 37150 LCOP 16 (lbs): 22740 (lbs): 14410 DRIVER ON (%): 78.50% Date: Tuesday October 29, 2019 SHIPPER Date: Tuesday October 29, 2019 FAIRBANKS SCALE CAT. 96754 CONFIDENTIAL - Property of GenCanna Global, USA - All Rights Reserved - DO NOT DISCLOSE

1049182 176.5/

1049198				•		•		•	•	
	/ .		•					*		-
WEIGHED ON A FAIRBANKS SCALE.				•						•
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THURST NUMBER				•						
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INBOUND 34380 1b 029	-							<u> - </u>	· · · · · · · · · · · · · · · · · · ·	
	rmer:	Jäenetta Ramsey								
		Sectional Names								
10/29/2019 11:33 Pill 10/29/2019	riety:	Phase 3					 _			
INBOUND DATE:		,			٠					
OUTBOUND DATE: 10/29/2019 TIME 11154 Pm	mber	1049198				,				
IOUIBOUND DATE:			,							
	ivery:	10/29/2019								
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34380 16 GROSS 22910 16 TARE 11470 16 NET	ivery:	23:33		-						
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	,									
LOOP ID:	(lbs):	22910	_				. '		'	
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DRIVER ON OFF	(lbs):	. 1 11470								
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SHIPPER	 	•		· · ·					1 1	
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WEIGHER 2		and the same	7						-	
	ature:	Lane/	<u> </u>			Date:		10/29	/2019	·
FAIRBANKS SCALE CAT. 96754	1				<u> </u>		· · · · -		·	
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	- 	•								
CONFIDENTI	AL - Pro	perty of GenCanna	Global, US	A - All Right	s Reserved -	DO NOT DI	SCLOSE		-	

43/10 # 3 tickets choose from dropdown
Farmer Jaenetta Ramsey

	_	1et Pmt	1st Pmt Date	2nd Pmt	2nd Pmt Date	3rd Pmt	3rd Pmt Date	4th Pmt.	4th Pmt Date	5th Pmt	5th Pmt Date	Total payments
A	Option A	9,625.00	12/20/19	13,750,00	1/19/20	13,750.00	2/18/20	13,750.00	3/19/20	10,175.00	4/18/20	61,050.00
8	Option B	0.00	12/20/19	13,750.00	1/19/20	13,750.00	2/18/20	13,750.00	3/19/20	24,750.00	4/18/20	66,000,00
С	Option C	0.00	12/20/19	0.00	1/19/20	0.00	2/18/20	0.00	3/19/20	71,500.00	4/18/20	71,500.00
D	Option D	19,250.00	12/20/19	0,00	1/19/20	13,750.00	2/18/20	13,750.00	3/19/20	16,500.00	4/18/20	63,250.00
E	Option E	19,250.00	12/20/19	0.00	1/19/20	0.00	2/18/20	45,375.00	3/19/20	0.00	4/18/20	64,625.00

Retail

US POSTAGE PAID

\$7.75

Origin: 41004 02/19/20 2009880624-0

PRIORITY MAIL 2-DAY ®

0 Lb 3.20 Oz

1006

EXPECTED DELIVERY DAY: 02/21/20

B900

SHIP

PO BOX 4419

BEAVERTON OR 97076-0419

USPS TRACKING®NUMBER



9505 5144 9926 0050 0543 91

PRESS FIRMLY TO SEAL

PRIORITY MAIL
POSTAGE REQUIRED

FROM: ILanetta Ramsey
452 Brownings Corner Rd
FAlmouth Ry 41040

Claims Processing Ctr Claims Processing Ctr Claims Processing Ctr Claims Processing Ctr Character Po Boy 4419 Beaverton, OR 97076-4419

RECEIVED

FEB 21 2020

- LEGAL SERVICES

VISIT US AT USPS.COM®
ORDER FREE SUPPLIES ONLINE





EP14F July 2013 OD: 12.5 x 9.5