



JANET T. MILLS
GOVERNOR

STATE OF MAINE
OFFICE OF MARIJUANA POLICY
162 STATE HOUSE STATION
32 BLOSSOM LANE
AUGUSTA, MAINE 04333-0162

ADMINISTRATIVE & FINANCIAL SERVICES

KIRSTEN LC FIGUEROA
COMMISSIONER

OFFICE OF MARIJUANA POLICY

ERIK GUNDERSEN
DIRECTOR

August 12, 2019

Via Certified Mail and USPS First Class Mail

Adam Beauchesne
[REDACTED]

Subject: Notice of Revocation of Registry Identification Card

Dear Mr. Beauchesne:

The Maine Department of Administrative & Financial Services, Office of Marijuana Policy (Department) is responsible for the administration and oversight of the Maine Medical Use of Marijuana Program (MMMP). Protection for authorized conduct requires compliance with the Maine Medical Use of Marijuana Act and program rules. Pursuant to its authority under 22 M.R.S., Chapter 558-C, §2430-F, the Department revokes your Caregiver Registry Identification (CGI21192). Such revocation is effective three (3) calendar days after the date of this notice.

I. Justification for revocation:

The Department's decision to revoke your registration is based on your violation of the Maine Medical Use of Marijuana Act. More specifically, the Department's field investigation staff and the Lewiston Police Department have provided the Department with sufficient evidence to demonstrate the following statutory and regulatory violations:

- On February 15, 2019, you sold medical marijuana to a person who is not authorized to possess marijuana for medical purposes. Selling to non-patients is a violation of 22 M.R.S., Chapter 558-C, §2430-F(2).

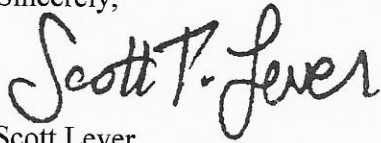
For this reason, your eligibility to participate in the MMMP has been revoked. Please immediately return your Registry Identification Card to:

Department of Administrative & Financial Services
Office of Marijuana Policy
Maine Medical Use of Marijuana Program
162 State House Station
Augusta, ME 04333-0162

II. Registration Revocation and Right to Request an Informal Hearing:

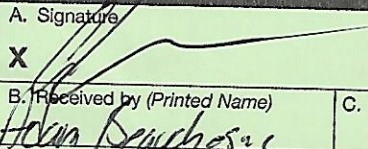


Pursuant to 22 M.R.S. §2430-F, the Department may suspend or revoke a registry identification card for violation of Chapter 558-C and the rules adopted by the Department. Unless specified as final agency action, a person who has had authorization for conduct under Chapter 558-C revoked due to failure to comply with Chapter 558-C and rules adopted by the Department may request an informal hearing. If you would like to request an informal hearing, please notify the Department in writing within thirty (30) calendar days of the revocation effective date at the address information provided above. If the Department does not receive a hearing request in accordance with the policy, the revocation becomes final.

Sincerely,



Scott Lever
Deputy Director
Office of Marijuana Policy

Cc: file

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>														
<p>1. Adam Beauchesne 10 Kensington Terrace Lewiston, ME 04240</p>	<p>B. Received by (Printed Name)  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery</p>														
 9590 9402 4303 8190 1610 68	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>														
<p>2. Article Number (Transfer from service label) 7018 1130 0000 9435 3230</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Registered Mail Restricted Delivery (\$500)</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Registered Mail Restricted Delivery (\$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
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<input type="checkbox"/> Registered Mail Restricted Delivery (\$500)															
PS Form 3811, July 2015 PSN 7530-02-000-9053	<p>Signature <input checked="" type="checkbox"/> Receipt Restricted</p>														

Handwritten signature: Jeff. Jones

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT <i>Domestic Mail Only</i>	
For delivery information, visit our website at www.usps.com ®.	
<h1>OFFICIAL USE</h1>	
<p>Certified Mail Fee \$</p> <p>Extra Services & Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$</p> <p><input type="checkbox"/> Return Receipt (electronic) \$</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$</p> <p><input type="checkbox"/> Adult Signature Required \$</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$</p>	<p>Postmark Here </p>
<p>Postage \$</p>	
<p>Total Postage \$</p>	
<p>Sent To</p>	
<p>Street and</p>	
<p>City, State</p>	
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p>	

7018 1130 0000 9435 3230

Adam Beauchesne
10 Kensington Terrace
Lewiston, ME 04240