

Designation Of Medical Marijuana "Designated Provider" As Enacted By The Legislature of the State Of Washington Under RCW 69.51 A.005 and 1999 c 2 s2; RCW 69.51A.010 and 1999c2s6;RCW 69.51A.040 and 1999c 2 s 5

I, the undersigned, hereby designate _____, to be my Designated Provider for obtaining and /or growing medical - grade marijuana. This relationship will ensure that I, the undersigned, a Washington State authorized medical marijuana patient, am supplied with and /or aided to grow sufficient medication as outlined in Chapter 69.51A RCW.

_____ is and will be my only Designated Provider.

Patient Signature, _____, Date ____ / ____ / ____ .

Designated Provider Signature, _____, Date ____ / ____ / ____ .