Completed Internet Form - NOT FOR SUBMISSION **DEA/Control Number:** W26087690E **Submission Date:** Thu Jun 18 15:41:47 EDT 2026	**APPLICATION FOR REGISTRATIONUNDER CONTROLLED SUBSTANCES ACT OF 1970**	**Form** DEA 225 Completed Internet Receipt. NOT FOR SUBMISSION
NAME: Applicant or Business (LAST) GREEN SCIENCE EXTRACTS, LLC	**(First, MI)**	Application Complete. Tracking Number: 15272080 Fee Paid: 3699
TAX IDENTIFYING NUMBER and/or [redacted]	**SOCIAL SECURITY NUMBER**	For more information regarding SSN/TIN, See Note 3 under ADDITIONAL INFORMATION below
PROPOSED BUSINESS ADDRESS. (When entering a P.O. box, you are required to enter a street address)		
6055 S INDUSTRIAL DR		
CITY CHELSEA	**STATE** OK **ZIP CODE** 74016-2037	
APPLICANT'S BUSINESS PHONE NUMBER 8559625326	**POC CELL PHONE NUMBER** [redacted]	
POC NAME LARRY CARDWELL	**POC EMAIL ADDRESS** LARRY@GSXOK.COM	
REGISTRATION CLASSIFICATION		
BUSINESS ACTIVITY: MANUFACTURER	**INDICATE HERE IF YOU REQUIRE ORDER FORMS.** N	
Drug Schedules: 3N		

State License/Liability Information

You must be currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate. Failure to provide VALID and ACTIVE state licenses will be cause to declare the application as defective and it will be withdrawn **WITHOUT refund.**

State License No. PAAA-3FI7-4LYE State: OK Expire Date: 12-13-2026

State Controlled License No. Expire Date:

1. Has the applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law, or been excluded or directed to be excluded from participation in a medicare or state health care program, or any such action pending?	N
2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied, or is any such action pending?	N
3. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?	N
4. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder or proprietor been convicted of a crime in connection with controlled substance(s) under state or federal law, or ever surrendered or had a federal controlled substance registration revoked, suspended, restricted or denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?	N

Registration Fee: Registration Fee Paid: 3699

Certification for Fee Exemption (if applicable)

Certifying Official's Name		**Certifying Official's Title**	
Certifying Official's Phone		**Certifying Official's Email**	
Name of Fee Exempt Institution			

Practitioner Information (if applicable)

National Provider ID		**Professional Degree**	
Date of Birth		**Graduation Year (Medical/Professional School)**	
Medical/Professional School			

Manufacturer Details (if applicable)

Category/Schedule	1	2	2N	3	3N	4	5	L1
Bulk, Synthesizer - Extractor								
Dosage Form					X			
Repacker - Relabeler								
Non-Human Consumption								