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SUPREME COURT  
STATE OF WASHINGTON  
9/22/2025  
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Court of Appeals  
Division I  
State of Washington  
9/22/2025 8:00 AM

COURT OF APPEALS, DIVISION ONE,  
OF THE STATE OF WASHINGTON

Michael Schermerhorn, Pro Se

Appellants,

v.

WSLCB, SCIDEU, SKAGIT COUNTY et al

Respondent(s).

[In re Matter of Michael Schermerhorn/Co-op138 et al,  
Skagit County Superior Court Case No. 22-2-00050-2]

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PETITION FOR DISCRETIONARY REVIEW

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Representing Coop138  
-Michael Schermerhorn  
-Roxanna Larson  
- Michelle Larson  
- Jennifer Olds

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NO. 86929-9

COURT OF APPEALS, DIVISION I  
OF THE STATE OF WASHINGTON

MICHAEL A.	)	
SCHERMERHORN, Pro Se	)	PETITION FOR
FOR CO-OP 138	)	DISCRETIONARY
	)	REVIEW
Appellant,	)	
vs.	)	
	)	
SKAGIT COUNTY	)	
INTERLOCAL DRUG	)	
ENFORCEMENT UNIT	)	
(SCIDEU); WASHINGTON	)	
STATE LIQUOR AND	)	
CANNABIS CONTROL	)	
BOARD (WSLCB), ET AL	)	
	)	
Respondents.	)	
	)	

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I. INTRODUCTION

COMES NOW, Appellant Michael Schermerhorn,  
Pro Se, on behalf of all members of Cooperative138,



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Michelle Larson, Jennifer Olds, Roxanna Larson, and Michael Schermerhorn and requests a Petition for Review to the Supreme Court of Appeals due to the incredible lack of accuracy and constitutional law violations pursuant to RAP 13.4(b)(3) and (4) according to the WA State Constitution and our rights under the Constitution of the United States.

II. IDENTITY OF PETITIONER

I am a disabled person who cannot read nor write [CP 66]. I was forcibly, and unlawfully deprived of my presumption of innocence and Due Process, as was Roxanna Larson, Michelle Larson, and Jennifer Olds.

III. DECISION

A decision made of August 21, 2025 by the WA State Court of Appeals Denying Motion for Reconsideration. We request the court review and lawfully investigate failures in acceptance of a



perjured search warrant [CP 36] and the denial of our rights of Due Process.

#### IV. ISSUES PRESENTED FOR REVIEW

A. Pursuant to RAP 13.4 (b) (3) – significant question(s) of law under the Constitution of Washington State and involves the Constitution of the United States, whereas we state the violations overlooked as follows:

1. Pre-warrant conspiracy to commit fraud in search warrant application under RCW 69.50.407.
2. Executing the search warrant under false parameters
3. Evaluation of required evidence, including identifying all documents that were verifiable and validatable prior to seizing them and depriving owners of their authority which was lawfully issued by the WA State DOH and the WSLCB

4. Blatant constitutional violations

B. Pursuant to RAP 13.4 (b) (4) whereas, there is an issue of substantial public interest, we state as follows:

1. Violations of our Constitutional Rights of U.S.

Citizens and Federal Law:

- a. Due Process
- b. Innocence before Guilt
- c. Illegal Search and Seizure
- d. Abuse of Power
- e. Entrapment
- f. Falsifying and manufacturing evidence
- g. Aiding and Abetting after the Fact

2. Consumer Fraud



V. STATEMENT OF THE CASE

**Listed in order of issues in RAP 13.4(b)(3), as follows:**

a. Violation of Due Process in Search Warrant

Application- On September 3, 2019 when WSP agent Frank Black requested a search and seizure warrant [CP 36, App. A] it was signed with claim that he would not lie in the search warrant – which equates to perjury under RCW 9A.70.020. The parameters of the search warrant were to search 12356 Old Fidalgo Bay Road, Anacortes WA under the allegation of a non-compliant location and not the domicile of a cooperative member, as can clearly be seen in the allegation where a cooperative member is used. In violation of WA State cooperative members rights Frank Black, WSP willfully violated the law under RCW 69.51A.045. This RCW states you must give

cooperative members 24 hour notice of inspection to include a search and seizure warrant. That search was conducted unlawfully because we gave Anacortes law enforcement permission to enter our facility at any time.

Furthermore, as stated in RCW 69.51A.045 (EX A) law enforcement can only seize unlicensed cannabis. That means that if you have four active licensees and a validatable, active cooperative registrations [Opening Brief, now OB, Att A] at that location, then under the search and seizure parameters the only plants that can be seized are unlicensed and above the limit authorized in the documents listed at Cooperative 138. It is important at this time to note that active licenses were posted at Michelle Larson's Cooperative 138, as well as an active medical



cooperative registration which holds one of the keys in our inventory catalog showing which plant license belongs to which licensed holder within the cooperative. This eliminates any confusion in the plant count and identifying who was in violation.

Under the search warrant parameters this was supposed to be an investigative search and seizure. Michelle Larson had an active medical cannabis license issued to her by her oncologist from Swedish Hospital, the WA State DOH, and the WSLCB. She also had a WA State licensed and registered Care Provider, Michael Schermerhorn [EX B]. She paid Michael to finish the construction of her home while she was confined to the hospital getting open heart surgery and treatment for Stage 3/Stage 4 colon cancer which took several years. She was prepared to

address on September 6, 2019 the allegation of non-compliant location, and not the domicile of a cooperative member. This information, required by law, clearly noted and referenced in all documents with WA Attorney General, WSLCB, and WA State DOH. At this time, when Frank Black, WSP and SCIDEU asked for a search warrant all the required documents were valid and in place as required by law. We were prepared to defend those documents September 6, 2019 by stating that it is unconstitutional to put a one mile moat and boundary around their revenue collection sites. In our opinion it violates multiple constitutional rights and property rights. This is taxation without representation, by charging us \$.47 on the dollar tax on medical cannabis in 2019. That is an excise tax plus sales tax which was not voter approved, and illegally increased the



cost of our cancer medication. We were never able to present this argument because Frank Black, WSP, and SCIDEU lied about the parameters of their information in order to apply for and execute a search and seizure of false parameters and pretenses.

Michelle Larson filed five burglary complaints in 2019 and authorized her security subcontractor to turn over the video security footage over to Corporal Leetz of the Anacortes Police Department. Michael Schermerhorn was present in the subcontractors business office when Corporal Leetz received the security video footage from the subcontractor, directly.

From that security footage, which Michelle Larson paid for, they quickly identified Tammer O'Conner

and associates driving up into the property, drilling out the locks, removing a freezer which contained her medical, Schedule I, cancer medication, including \$20,000-\$30,000 worth of property.

At that time Anacortes PD, not being aware of the cost LED lighting made specifically for our cooperative, was paid for by two donations from Puget Sound Energy for over \$150,000. The ownership of that property is undeniable and each light costs over \$2000. Tammer O'Conner was caught on our video surveillance stealing these and the cannabis plants they were hanging over, which were licensed and registered. We need to contrast that at this time and make a distinction for the courts.



At this time Tammer O'Conner should have been served a search and seizure warrant under an allegation of illegal manufacturing and burglary so that our licensed and registered plants and property could be retrieved and returned to us. This is exactly what law enforcement alleged I was doing.

In defiance of the authority granted to us by our doctors, the WA State DOH, the WSLCB, law enforcement stated there was only one license at the location and it was expired (my deceased father) so that they could execute a search and seizure instead of an inspection. The parameters for a search and seizure warrant were definitely fulfill-able with Tammer O'Conner who was caught on camera committing the very same crimes they alleged I committed. That is obvious interference in a criminal

investigation where they could retrieve our property in thefts over \$100,000. This is where the abuse of power is quite obvious , and a violation occurred again in the search warrant application.

I was hospitalized with a broken, Shoulder, hip, and foot as I was leaving the Anacortes Mayor's office after attempting to file complaints on behalf of Michelle Larson who was confined to a hospital. A clear violation of WAC 9A.84.040. I feel quite certain that if I were allowed to file this complaint a search and seizure warrant would not be issued.

I went, first, to the Anacortes PD to file a complaint. They told me, with three officers there in the parking lot, that I could either have an investigation into the burglary that occurred or I could file a complaint



against these officers. This was said by the Sergeant I requested to file a complaint against these officers. They told me then that if I wanted an investigation we could do that now and file a complaint the next day, but they couldn't do both at that time, even though there were three officers there standing around and doing nothing. I agreed to their option. I had to have an investigation prior to retrieving Michelle Larson's property which was strewn about in a staging pattern for quick removal. Mind you, this was also caught on our video surveillance footage. The only reason law enforcement could allege I was committing a burglary is because they lied about who was seen removing property from that location. In retaliation, instead of requesting a search and seizure warrant for Tammer O'Conner, Paul Ware, and associates, who were seen stealing Michelle Larson's Schedule I narcotics and

personal property which were reported in all five burglaries. It is clear that they unlawfully requested the search and seizure warrant to cover up Tammer O'Conner's theft of Michelle Larson's property, and further interfere with the retrieval of her property and unlawfully complicate the information on the return document dated September 17, 2019. They made no attempt to validate anybody's licensing. That information is made clear through public record documents and goes to prove intent of their criminal conduct.

b/c. Innocence Before Guilt – In violation of RCW 9A.04.100. Due to our disabilities the State of WA provided us with free taxpayer supported healthcare. In accordance State law Molina Insurance paid for our Michelle Larson's medical cannabis license, Michael



Schermerhorn's medical cannabis license. At no time were those medical licenses inactive, nor has there been a accusation lawfully made against them.

Further the WSLCB has two investigative bodies under its' pervue, recreational and medical. In order to verify and validate medical cannabis licensing and histories you must contact the appropriate person and the appropriate enforcement side. If you contact anybody other than (360) 664-1717, LCB Dustin Dickson, or the person filling that position with the LCB are the only people who have the authority granted by the State of Washington to verify documents through public record. Dustin Dickson of the LCB was contacted by us to see if there was ever an investigation conducted, as was alleged by Frank Black, WSP in his conversation with Shannon Angell,

LCB. Public record documents clearly show there were no WA State law enforcement agents who legally conducted an investigation from their agency. There was a violation in 2019 for non-compliant location. We were addressing this baseless and unconstitutional allegation on September 6, 2019. It is a violation of our presumption of innocence to state that Michelle Larson, Jennifer Olds, Roxanna Larson, and Michael Schermerhorn, who all had active medical cannabis license posted at Michelle Larson's domicile. This is the only lawful conclusion that could be submitted in a search warrant application and is required by law as a receipt of authorization we posted these documents so that we could lawfully possess and process in accordance with WA State law.



Every single item on the evidence report sheet is below numbers allowable for cooperatives. By failing to acknowledge active licenses registered by the State of WA and stating that there was only one and it was expired is a violation of our innocence. This legally changes the parameters of a search and seizure application. By decreasing the allowable quantities by 300%, from four licenses to one. It is also important to note at this time that two weeks prior to September 3, 2019 Tammer O'Conner orchestrated a burglary for the 5<sup>th</sup> time. After any one of these burglaries WSP Frank Black, SCIDEU, and Anacortes PD shouldn't have conspired to commit fraud by alleging Michael Schermerhorn was in possession of property that Tammer O'Conner was seen on video tape committing the very same crime the search and

seizure warrant alleges Michael Schermerhorn committed.

In complete and easily provable formula for this violation is by taking the information they alleged Michael Schermerhorn did contrasting it with how this search warrant should have been applied to Tammer O'Conner, Paul Ware and associates, who were literally caught on camera removing our cannabis lighting, our cannabis plants, our cannabis flower, our cannabis oils, our cannabis topicals. They had absolutely no licensing and were not making any attempts in falling into compliance with the State of WA. Tammer O'Conner and Paul Ware were purposefully and illegally trying to get around WA State tax law so that they could generate illicit profits. We refused to be a part of that illegal endeavor and

for that they stole our processing equipment, growing equipment, and cannabis so they could create an illegal drug empire to ship cannabis across State lines. Law enforcement would have gotten a conviction if they would have executed a search and seizure against Tammer O'Conner in 2019 after any of the five burglaries.

This is an obvious violation of presumption of innocence. This is called a frame-up and cover-up to conceal Michelle Larson's property in avoidance of admitting their mistakes.

d. The above statement is a perfect example of an abuse of power. Law enforcement had Tammer O'Conner captured on video committing these crimes which includes theft of Schedule I narcotics, Michelle Larson's cancer medication. By what authority can



they allege Michael Schermerhorn committing these crimes against Michelle Larson who is her best friend and charged with taking care of her garden while undergoing severe life saving medical treatments.

When going through great lengths to file complaints as was instructed by Anacortes PD I was set up and ambushed as I was leaving Anacortes City Hall trying to file a complaint with the Mayor. I left my I.D. and phone number with the Mayor's receptionist and the receptionist of the Parks and Recreation Dept. Their failure to note this is to cover-up the fact that Don Messemer, in a violation of RCW 9A.84.040 called 911 to lie and say that I was there threatening employees of Anacortes City Hall. That is an out and out lie.

As I was leaving City Hall I was assaulted by Anacortes PD under false pretenses, violation of RCW 9A.80.040. I was charged with DWLS/3 and trespassed off City Hall for a year. I refused to pay the fine and requested a court hearing with the Judge in Anacortes. I was given a public defender who represented me. I asked for a court hearing and was never given one.

Law enforcement, to this day, have continued to deny me, Michelle Larson, and Roxanna Larson of filing complaints. Michelle Larson has showed up in person and given her I.D. to Captain Fuller of the Anacortes PD who was instructed by Chief, Dave Floyd, who was present at that time to take her complaint.

Captain Fuller took her I.D., returned it to her and left, and refused to take her complaint. On that very same

day we left Anacortes PD drove to Skagit County Sheriff, where again we tried to file a complaint with Skagit County Sheriff Tobin Meyer, who also heads up the SCIDEU. He turned around, grabbed a 1"x1" yellow post-it note and with a smirk said, "here's your complaint form", and left.

Michelle Larson then showed up by leaving Swedish Hospital to Skagit Superior Court on five different occasions while literally carrying her artificial heart in a back pack with tubes leaving her backpack and going into her chest that required her to inject over 100 syringes of NPT a day to stay alive. She showed up there to request her property back. She was denied a voice in court.

It is a violation of our constitutional rights to disregard the truth. For any State Agency,



specifically, Washington State Attorney General Penny Allen, who we were schedule to appear before Judge Bryant on September 6, 2019 to arbitrate the unsubstantiated and unconstitutional, in our opinion, to recognize Michelle Larson's domicile while she is confined at Swedish Hospital due to medical procedures for long periods of time. Michael Schermerhorn, a trusted friend, was tasked with helping her get her house ready even though we did not know if she would live. She was then confined to wearing a backpack with a mechanical pump so had to wear and inject a solution 100 times per day just to stay alive. Where is her justice?

Further in violations of her human rights Michelle Larson was made to sit in court for hours with us before bringing up our case. It is very important to

note at this time that Skagit County Superior Court Clerk and Skagit county Superior Court Judge Elizabeth Yost-Neidewski were given notes from our doctors describing the latest stoppage of Michael Schermerhorn's heart and if they could expedite the wait and to do everything possible to reduce the stress due to the risk of another heart stoppage. They failed to adhere to that doctors request thereby causing the stoppage of my heart while trying to file a complaint, and they replicated this exact scenario, which caused the stoppage of my heart, in every hearing thereafter.

e. Entrapment – It is entrapment when an allegation is made against factual evidence, then withhold that evidence without retracting the allegation. In the medical cannabis industry whereas after five burglaries we relied on donations from other medical patients to cover for the theft of our

prescribed medication. Entrapment would be to allege anything other than that.

f. Falsifying and Manufacturing Evidence – It is false to allege and provide information that is factually different or alters the meaning of documents issued to us by the State of Washington without citing authority. It is illegal for law enforcement to use any other document, or in place of a document, construct a document that changes the authority granted to the holder of that document [EX D]. Meaning, that if the State of WA issued a cooperative, registration, and accepted it's filing, and then noted it wasn't in a compliant location, we said that it was, and we agreed to meet in court to decide that difference. At this time we were addressing the allegations on September 6, 2019 to Judge Charles Bryant, Office of Administrative Hearings.



It is a violation of our constitutional rights, blatant, gross disregard for the rule of law. Rod Moody, our attorney, should have brought up actual facts and challenged the search warrant and fought for our constitutional rights. *Franks v. Delaware, 438 U.S. 154(1978)* states ...'we have the right to challenge the truthfulness of statements in a search warrant affidavit. The court held that if a defendant can show that a false statement in the affidavit was included knowingly, intentionally, or with reckless disregard for the truth, and that the false statement was necessary for the finding of probable cause, then the warrant is invalid.' Rod Moody failed us.

Law enforcement manufactured a false narrative against the facts, intent, and purpose of the documents issued to us by the State of WA, meaning law

enforcement is manufacturing intent and illegal conduct by unlawfully withholding documents issued to us by the State of WA that gave Cooperative 138 the legal authorization to manufacture medical cannabis for their medical purposes. There is not one factual component that is supportable in their allegations. It is important to note, again, you would not have to manufacture this information if you would have applied Tammer O'Conner and associates to the search and seized warrant applied to Michael Schermerhorn. This is unconstitutional and unlawful.

g. Aiding and abetting after the fact – It is asinine to allege, without contacting Dustin Dickson, LCB Medical Cannabis Enforcement at (360) 664-1717, or his equal, to call and verify if there were active licenses and registrations the day of the raid, as is required by law, giving authority to the parameters of

their search and seizure. Here again, it is important to note that the search and seizure was for unlicensed and unregistered cannabis. By denying the existence of active licenses and registration law enforcement has aided Tammer O'Conner's, Paul Ware, and associates, burglaries of over \$100,00 and illegal manufacturing, in order to violate WA State tax laws governing the sale and distribution of cannabis. This goes directly to the heart and center of all laws made to protect recreational owners from illegal manufacturing. The law was also made to protect licensed and registered medical cannabis patients from illegal search and seizure. As can clearly be shown law enforcement violated the purpose and the intent that we voted on to make cannabis legal for medical use and give patients arrest exemption. I personally am a member of the American Medical



Cannabis Reform Board, and in 2015 raised \$60,000 with the help of Snoop Dog to author 4 HB's and 2 SB's, which four passed unanimously through WA State legislation, and two are now law. I testified before a house panel.

At no time, ever, having undergone a minimum of 100 interactions with law enforcement in 2019 alone, and during the investigation at Michelle Larson's domicile, 12356 Old Fidalgo Bay Road, Anacortes, where WA law enforcement was inside with cameras, collecting finger prints, taking pictures, and conducting what they said constituted an investigation of a burglary at Michelle Larson's domicile. At no time did they ever contact the WA State LCB to state we were in violation of a plant count, as is required by law.

Instead, after seizing Michelle Larson's license and registration which was required to be posted at her domicile by WA State Law so that law enforcement can inspect them prior to conducting a search and seizure. In violation of that posted authority they went on and unlawfully conducted a seizure anyway despite having four easily validated and verifiable medical cannabis licenses through the proper channels, which were up to date, along with a verifiable cooperative registration. This is easy because we were in court at that time under the WA State Attorney General, WSLCB, and the Dept of Administrative Hearing, Judge Charles Bryant. He would be determining whether we had 14 days to change location [CP 98, EX 2], or in our opinion, we would not have to move. If, after all appeals are

exhausted, we would have 14 days to actually move. In violation of that constitutionally protected right, and omission of facts in the search and seizure warrant, which would give the Judge reason to deny it based on the evidence seized. By failing to verify and validate the documents with regards to registration and licensing law enforcement further aided and abetted criminal conduct. They violated Michelle Larson's property rights, Jennifer Olds property rights, Roxanna Larson's property rights, and Michael Schermerhorn's property rights. Property confiscated BY WSP is listed in [EX C].

2. Consumer Fraud – When our medical insurance providers pay for our prescriptions and authorizations it is consumer fraud when one state agency doesn't recognize the authority that we purchased from



another state agency. Because the state benefits financially by not recognizing our licenses, or staying quiet about them, they have violated the authority we had purchased through our medical insurance provider, namely Molina Healthcare. We were required to have these documents under the threat of being prosecuted criminally. Allegedly, by having these documents we are protected from arrest and/or allegations of wrong doing. That being said, when we were conducting ourselves lawfully, and executing the service we paid for it is fraudulent for the State or any of its actors to allege otherwise. This constitutes consumer fraud. We bought the documents solely for purposes of lawful cannabis manufacturing. By altering the quantity of documents at the location 12356 Old Fidalgo Bay Road, Anacortes, WA law enforcement has committed consumer fraud.

## VI. ARGUMENT

Law enforcement does not have the authority to cover-up crimes. They do have the authority to register the complaints and can choose not to investigate the crimes, but they cannot, with false pretenses, create parameters in order to execute a search and seizure warrant. We challenge the search warrant and refer to *Franks v. Delaware* 438 U.S. 154 (1978) due to blatant and reckless disregard for the truth. In the face of those parameters, law enforcement secreted the documents that were paid for by the licensee that gave them the authority to do exactly as they were doing. This is easily verifiable. Rod Moody should have done his due diligence by simply taking the time to see what was seized and contrast it with RCW 69.51A.045(1)(2). This

overrides any criminal intent that can be alleged in the search warrant application in so far as it involves illegal manufacturing, by simply saying the licenses aren't active the day of the raid. Law enforcement failed to demonstrate where they verified or invalidated those documents, and the authority granted to the licensees by the State of Washington.

This lawsuit is about a failure by law enforcement to conduct itself lawfully. In an investigation that has several components. Law enforcement had no lawful reason to couple the cannabis count violation with the burglary violation other than to interfere with a criminal investigation done at our request. Our requests revolves around the theft of over \$100,000 of property. We pay law enforcement to retrieve that stolen property with tax dollars and by lying to a



Judge and including this unsustainable and unlawful burglary accusation. Upon finding no evidence that falls within the parameters of the search warrant application, failing to substantiate any of the four allegations on the search warrant application, Frank Black, WSP and SCIDEU are required by law to return the property and pay for damages. What that means is Frank Black, WSP and Fred Haist, Skagit County Prosecutor, told the court that they investigated the evidence and could not find any other active or verifiable cannabis licenses or cooperative registration forms. They even testified in court to win a verdict, unlawfully so. At this time we are demanding the Court look at the WSP Evidence Report (EX C) and contrast it with RCW 69.51A.045 (EX A) which states that, if over the quantities allowed by active documents they seized unlawfully,

and shown in the evidence report, #C as unlawfully identified "MJ Permits" which is the legal cannabis authorizations they seized.

#### VII. REMEDY

An allegation does not supersede the documents issued to us by the State of Washington. Law enforcement was required by law to pay damages and return all property that was protected by those documents. We now ask the court to examine those documents and enforce the authority given to us by them, as is required by WA State Law and US Federal Law. We are asking for immediate return of our property and damages awarded to all four members of Cooperative138.

#### VIII. CONCLUSION

We also ask to be able to continue to file complaints against law enforcement in Anacortes, law

enforcement in Skagit county, and WSP law enforcement agent, Frank Black. This complaint will include obstruction of justice, perjury, interference with the filing of a complaint, interference with a criminal investigation, excessive force, three counts of assault against 3 Anacortes police officers who two weeks prior to the request for a search warrant assaulted Michael Schermherhorn on August 20, 2019 while attempting to file complaints about 5 burglaries on behalf of Michelle Larson, Roxanna Larson, Jennifer Olds, and Michael Schermerhorn.

Skagit County Sheriff's office, Anacortes Chief of Police, and Anacortes Captain Fuller never took down our complaints. We request that the court require an outside investigative body to see if the assault committed against me in Anacortes in August in



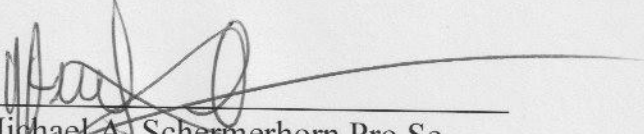
2019, before the execution of the search warrant is lawful. I'm alleging they assaulted me then committed perjury in a search warrant application to cover-up the assault. Law enforcement simply will not field my complaint.

Rod Moody was paid, in advance, to prove to the court and law enforcement that on the day they executed a search warrant at our licensed and registered cooperative, when seizing Michelle Larson's license and registration off her domicile wall, where it was required to be posted, law enforcement lied to a judge in support of their efforts to commit fraud and seize Michelle Larson's property without first serving her. Rod Moody did not subpoena video surveillance and lawful licenses

unlawfully seized and not returned to us, as we  
requested. He failed to do the job he was paid to do.

This document contains 4,964 words, excluding the  
parts of the document exempted from the word count  
by RAP 18.17.

RESPECTFULLY SUBMITTED, this 21st day of  
September 2025.



---

Michael A. Schermerhorn Pro Se  
(360) 840-2758

IX.

CERTIFICATE OF SERVICE

I, Roxanna Larson, residing at 915 N 8<sup>th</sup> Street, Mount  
Vernon do hereby swear that a true and correct copy  
of Motion for Consideration was submitted via Efile

Portal and email copy to:

Frederick Haist, WSBA 48937  
Deputy Prosecuting Attorney  
605 3<sup>rd</sup> Street, Courthouse Annex  
Mount Vernon WA 98273  
Email: [phaist@co.skagit.wa.us](mailto:phaist@co.skagit.wa.us)

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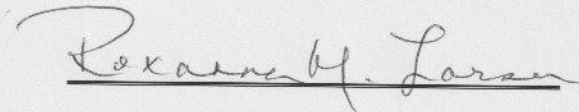


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DATED this 21<sup>st</sup> day of September, 2025

A handwritten signature in cursive script, reading "Roxanna M. Larson", is written over a horizontal line.

Roxanna M Larson

X.

EXHIBIT A



**RCW 69.51A.045 Possession of plants, cannabis concentrates, useable cannabis, or cannabis-infused products exceeding lawful amount**  
**—Affirmative defense.** (1) A qualifying patient or designated provider in possession of plants, cannabis concentrates, useable cannabis, or cannabis-infused products exceeding the limits set forth in this chapter but otherwise in compliance with all other terms and conditions of this chapter may establish an affirmative defense to charges of violations of state law relating to cannabis through proof at trial, by a preponderance of the evidence, that the qualifying patient's necessary medical use exceeds the amounts set forth in RCW 69.51A.040.

(2) An investigating law enforcement officer may seize plants, cannabis concentrates, useable cannabis, or cannabis-infused products exceeding the amounts set forth in this chapter. In the case of plants, the qualifying patient or designated provider shall be allowed to select the plants that will remain at the location. The officer and his or her law enforcement agency may not be held civilly liable for failure to seize cannabis in this circumstance. [2022 c 16 s 120; 2015 c 70 s 29; 2011 c 181 s 405.]

**Intent—Finding—2022 c 16:** See note following RCW 69.50.101.

**Short title—Findings—Intent—References to Washington state liquor control board—Draft legislation—2015 c 70:** See notes following RCW 66.08.012.





# Washington State Medical Marijuana Authorization

This form must be completed and signed by the authorizing practitioner or delegate. This authorization form is not a prescription and does not provide protection from arrest unless the qualifying patient and their designated provider is also entered in the medical marijuana authorization database and holds a recognition card.

## I. Patient and Designated Provider Information

Issue Type (check one): ☐ Initial ☒ Renewal

1	Patient's Full Name: (same as state-issued ID)	Michelle Frances Larson	Date of Birth: 03/28/88	
2	Street address: (No P.O. Box)	130 SW 112TH ST APT B203	City: SEATTLE	State: WA Zip: 98146
3	Does the patient have a designated provider (DP)? (check one below)			
	<input checked="" type="checkbox"/> Yes, patient sign's item 6 below, unless they are a minor (under age 18) <input checked="" type="checkbox"/> No, continue to Section II			
4	DP or Parent/Legal Guardian's Name:	Michael Schermerhorn	Date of Birth: 03-22-66	
5	Street address: (No P.O. Box)	915 N 8th St.	City: Mt. Vernon	State: WA Zip: 98273
6	I am an adult patient (18 and older) and agree the person named above will serve as my designated provider.			
	Patient Signature:	Michelle Larson	Date: 3-27-20 (RCW 69.51A.010(4))	

## II. Healthcare Practitioner Information

7	Healthcare Practitioner's Name (as it appears on license):	WA License Number: (Example: MD000011110): MD60205189		
	Melinda Egan Hawkins			
8	Office/Clinic Address (No P.O. Box)	City:	State:	Zip:
	1101 MADISON SUITE 510	SEATTLE	WA	98104
				Phone: (206) 386-6600

## III. In signing this form, I certify and recommend the following:

9. I am a Washington State licensed healthcare practitioner and allowed to authorize my patients to use marijuana for medical purposes under RCW 69.51A.010. In my professional opinion, as the treating healthcare practitioner, the above named patient may benefit from the medical use of marijuana for the qualifying condition(s) below (check all that apply):

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Cancer   | <input type="checkbox"/> Chronic Renal Failure Requiring Hemodialysis | <input checked="" type="checkbox"/> Crohn's Disease |
| <input type="checkbox"/> Epilepsy/Other Seizure Disorder   | <input type="checkbox"/> Glaucoma                                     | <input type="checkbox"/> Hepatitis C                |
| <input type="checkbox"/> HIV   | <input type="checkbox"/> Intractable Pain                             | <input type="checkbox"/> Multiple Sclerosis         |
| <input type="checkbox"/> Posttraumatic Stress Disorder   | <input type="checkbox"/> Spasticity Disorder                          | <input type="checkbox"/> Traumatic Brain Injury     |
| <input type="checkbox"/> A disease that results in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms or spasticity |   |   |

10. In my professional opinion, the above named patient is eligible for a compassionate care renewal of their authorization form and registration in the medical marijuana authorization database per RCW 69.51A.030 (check one):

- ☒ Yes, is eligible (Patient's DP may renew database registration on the their behalf) ☐ No, is not eligible

11. By issuing this authorization, I understand a patient or their designated provider on the patient's behalf, may grow up to four plants within their domicile. If entered into the database, the patient (or designated provider) may grow up to six plants within their domicile. In my professional opinion, I have determined the patient's medical needs exceed the amounts provided and recommend additional plants (check one below):

- ☒ Yes, I recommend 15 number of plants (enter 6-15) ☐ No recommendations

12. This authorization was issued 03/10/20 (today's date) and needs to be renewed before 03/10/21 (expiration date\*).  
\*Adult patient authorizations may be valid for up to one year from issue date; up to six months for minor patients.

13. Practitioner's Signature

*Melinda Egan Hawkins*

Date signed 3/10/20

**ST. LOUIS PUBLIC HEALTH DEPARTMENT**

CARD# 1833 6959 1076 5054

MICHELLE E. LARSON

**PATIENT**



DATE OF BIRTH: 11/11/1978  
 SEX: F  
 RACE: W  
 ETHNICITY: N  
 ADDRESS: 1000 S. G. ST. #100  
 ST. LOUIS, MO 63104  
 PHONE: 314.435.1234  
 EMAIL: M.LARSON@STLOUIS.PH.DEP

**ST. LOUIS PUBLIC HEALTH DEPARTMENT**

CARD# 1833 6959 1076 5054



TRANSACTION AMOUNT: \$10.00

DATE OF TRANSACTION: 11/11/2018

LOCATION: ST. LOUIS PUBLIC HEALTH DEPARTMENT

QUESTIONS? CALL 314.435.1234





X.

EXHIBIT C



(CHECK ONLY ONE):

[illegible]

<input type="checkbox"/> EVIDENCE		<input type="checkbox"/> SAFEKEEPING	<input type="checkbox"/> FOUND	<input checked="" type="checkbox"/> ASSET SEIZURE	<input type="checkbox"/> WEAPONS FORFEITURE		
OBTAINED BY (LAST, FIRST, MI) Cervantes, Sergio			BADGE # 402	DIST / DET / UNIT 11/70	CASE / PROPERTY NUMBER 19-016688 -001 <i>E</i>		
<input checked="" type="checkbox"/> DEFENDANT <input type="checkbox"/> OWNER <input type="checkbox"/> FINDER			LOCATION OBTAINED (ADDRESS, STREET, HWY, MP) 49 Willow Lane Mount Vernon				
NAME (LAST, FIRST, MI) Schmerhorn, Michael A.		DATE OF BIRTH 3-22-1966	<input type="checkbox"/> WACIC / NCIC CHECKED <input type="checkbox"/> ENTERED INTO COMPUTER <input type="checkbox"/> VIN NUMBER CHECKED <input type="checkbox"/> FOUND PROPERTY MSG. SENT		DATE OBTAINED	9-5-19	
STREET ADDRESS 12356 S Fidalgo Bay Road		HOME PHONE ( ) ( )			TIME OBTAINED	1000	
CITY, STATE, ZIP CODE Anacortes, WA		WORK PHONE ( ) ( )			CITATION #	COURT Skagit CO	DATE DEPOSITED
					TIME DEPOSITED	1700	
<input checked="" type="checkbox"/> ADDITIONAL DEFENDANT <input type="checkbox"/> OWNER			<input type="checkbox"/> ADDITIONAL DEFENDANT <input type="checkbox"/> OWNER				
NAME (LAST, FIRST, MI) Carson, Roxanne M		DATE OF BIRTH 12-23-1961	NAME (LAST, FIRST, MI)		DATE OF BIRTH		
STREET ADDRESS 49 Willow Lane			STREET ADDRESS				
CITY, STATE, ZIP CODE Mount Vernon			CITY, STATE, ZIP CODE				
HOME PHONE ( ) ( )	WORK PHONE ( ) ( )	CITATION #	HOME PHONE ( ) ( )	WORK PHONE ( ) ( )	CITATION #		
CRIMINAL CHARGE(S)? YES <input type="checkbox"/> NO <input type="checkbox"/> LIST CHARGE(S):							
ITEM #	QTY.	PROPERTY DESCRIPTION	LIST MANUFACTURER'S NAME, CALIBER, ARTICLE TYPE, MODEL #, SERIAL #, OWNER APPLIED #, IF APPLICABLE	ITEM WEIGHT	PACKAGE WEIGHT	PKG. #	BIN #
CT0001	8	Illumitex Power Harvest LED Lights					
CT0005	1	In-line filter					
CT0006	1	Platinum Vacuum pump					
EV2035 ?	1	Magnetic Stirrer					
RECEIVED BY: <i>[Signature]</i>			X397		9-6-19 0800		
SIGNATURE OF PROPERTY CUSTODIAN			PERSONNEL #		DATE / TIME		
ADDITIONAL REMARKS		(READ REVERSE SIDE FOR FOUND PROPERTY)		DISPOSAL STATUS CHECK			
<input type="checkbox"/> Type of Drug				DATE	DISPOSITION	INITIALS	
<input type="checkbox"/> Disposal <input type="checkbox"/> Return to Owner/Claimant (For Property Technician Only)							
PEC Signature _____				Date _____			
Witness Signature _____				Date _____			
Note _____							









# PROPERTY/EVIDENCE REPORT

(CHECK ONLY ONE):

PAGE 1 OF 2

☐ EVIDENCE ☐ SAFEKEEPING ☐ FOUND ☒ ASSET SEIZURE ☐ WEAPONS FORFEITURE

OBTAINED BY (LAST, FIRST, MI) Cervantes, Sergio		BADGE # 402	DIST / DET / UNIT 11/70	CASE / PROPERTY NUMBER 19-016688 - 001 3			
<input checked="" type="checkbox"/> DEFENDANT <input type="checkbox"/> OWNER <input type="checkbox"/> FINDER		LOCATION OBTAINED (ADDRESS, STREET, HWY, MP) 12356 S. Fidalgo Bay Road					
NAME (LAST, FIRST, MI) Schermerhorn, Michael A.		DATE OF BIRTH 3-22-1966	<input type="checkbox"/> WACIC / NCIC CHECKED <input type="checkbox"/> ENTERED INTO COMPUTER <input type="checkbox"/> VIN NUMBER CHECKED <input type="checkbox"/> FOUND PROPERTY MSG. SENT		DATE OBTAINED 9-5-19		
STREET ADDRESS 12356 S Fidalgo Bay Road		HOME PHONE ( )			TIME OBTAINED 1000		
CITY, STATE, ZIP CODE Anacortes, WA		WORK PHONE ( )	CITATION #	COURT Skagit CO	DATE DEPOSITED 9-5-19		
					TIME DEPOSITED 1700		
<input checked="" type="checkbox"/> ADDITIONAL DEFENDANT <input type="checkbox"/> OWNER		<input type="checkbox"/> ADDITIONAL DEFENDANT <input type="checkbox"/> OWNER					
NAME (LAST, FIRST, MI) Carson, Roxanne M		DATE OF BIRTH 12-23-1961	NAME (LAST, FIRST, MI)		DATE OF BIRTH		
STREET ADDRESS 49 Willow Lane		STREET ADDRESS					
CITY, STATE, ZIP CODE Mount Vernon		CITY, STATE, ZIP CODE					
HOME PHONE ( )	WORK PHONE ( )	CITATION #	HOME PHONE ( )	WORK PHONE ( )	CITATION #		
CRIMINAL CHARGE(S)? YES <input type="checkbox"/> NO <input type="checkbox"/> LIST CHARGE(S):							
ITEM #	QTY.	PROPERTY DESCRIPTION	LIST MANUFACTURER'S NAME, CALIBER, ARTICLE TYPE, MODEL #, SERIAL #, OWNER APPLIED #, IF APPLICABLE	ITEM WEIGHT	PACKAGE WEIGHT	PKG. #	BIN #
CS9992	1	Husky 175 PSI Compressor					
CS9993	20	Illumitex Focused Lighting 80 W					
CS9994	1	DeLonghi Humidifier					
CS9995	1	20 Ton Hydraulic Bottle Jack					
?	1	Mash press sensor					
CS9996	20	Illumitex Power Harvest LED Lights					
CS9997	2	Light Ballast Combo					
CS9998	1	GE Humidifier					
RECEIVED BY: <u>Joe Mcet</u> <u>X397</u> <u>9-6-19 0800</u>							
SIGNATURE OF PROPERTY CUSTODIAN PERSONNEL # DATE / TIME							
ADDITIONAL REMARKS		(READ REVERSE SIDE FOR FOUND PROPERTY)		DISPOSAL STATUS CHECK			
<input type="checkbox"/> Type of Drug				DATE	DISPOSITION	INITIALS	
<input type="checkbox"/> Disposal <input type="checkbox"/> Return to Owner/Claimant (For Property Technician Only)							
PEC Signature				Date			
Witness Signature				Date			
Note							







# PROPERTY/EVIDENCE REPORT

(CHECK ONLY ONE):

PAGE 1 OF 2

☒ EVIDENCE ☐ SAFEKEEPING ☐ FOUND ☐ ASSET SEIZURE ☐ WEAPONS FORFEITURE

OBTAINED BY (LAST, FIRST, MI) Cervantes, Sergio BADGE # 402 DIST / DET / UNIT 11/70 CASE / PROPERTY NUMBER 19-016688-002 2


<input checked="" type="checkbox"/> DEFENDANT <input type="checkbox"/> OWNER <input type="checkbox"/> FINDER		LOCATION OBTAINED (ADDRESS, STREET, HWY, MP) <u>49 Willow Lane Mount Vernon</u>	
NAME (LAST, FIRST, MI) <u>Schermerhorn, Michael A.</u>		DATE OF BIRTH <u>3-22-1966</u>	
STREET ADDRESS <u>12356 S Fidalgo Bay Road</u>		HOME PHONE ( ) ( )	
CITY, STATE, ZIP CODE <u>Anacortes, WA</u>		WORK PHONE ( ) ( )	
CITATION #		COURT <u>Skagit CO</u>	
<input type="checkbox"/> WACIC / NCIC CHECKED <input type="checkbox"/> ENTERED INTO COMPUTER <input type="checkbox"/> VIN NUMBER CHECKED <input type="checkbox"/> FOUND PROPERTY MSG. SENT		DATE OBTAINED <u>9-5-19</u>	
		TIME OBTAINED <u>1000</u>	
		DATE DEPOSITED <u>9-5-19</u>	
		TIME DEPOSITED <u>1700</u>	

<input checked="" type="checkbox"/> ADDITIONAL DEFENDANT <input type="checkbox"/> OWNER		<input type="checkbox"/> ADDITIONAL DEFENDANT <input type="checkbox"/> OWNER	
NAME (LAST, FIRST, MI) <u>Carson, Roxanne M</u>		DATE OF BIRTH <u>12-23-1961</u>	
STREET ADDRESS <u>49 Willow Lane</u>		STREET ADDRESS	
CITY, STATE, ZIP CODE <u>Mount Vernon</u>		CITY, STATE, ZIP CODE	
HOME PHONE ( ) ( )		HOME PHONE ( ) ( )	
WORK PHONE ( ) ( )		WORK PHONE ( ) ( )	
CITATION #		CITATION #	

CRIMINAL CHARGE(S)? YES ☐ NO ☐ LIST CHARGE(S):

ITEM #	QTY.	PROPERTY DESCRIPTION	LIST MANUFACTURER'S NAME, CALIBER, ARTICLE TYPE, MODEL #, SERIAL #, OWNER APPLIED #, IF APPLICABLE	ITEM WEIGHT	PACKAGE WEIGHT	PKG. #	BIN #
CT0002		Dry Marijuana Bud		1449g		A	
CT0003		White lid plastic container/MJ rolled joint		58g	68g	B	
CT0004		Plastic bag Marijuana Bud			252g	C	
CT0007	1	ZTE Cell Phone				D	
CT0008	2	Digital Scales				E	
CT0009	1	Box containing THC edibles			1927g	F	
CT0010	18	Boo Boo Crème THC			615.8g	G	
CT0011		Bag of MJ Seeds			387.8g	H	
CT0012		Paper bag containing BHO MJ concentrate				I	
CT0013		Plastic bag of MJ Shake		493g	504.8g	J	
CT0014		Envelope with Packing Material				K	

RECEIVED BY: [Signature] SIGNATURE OF PROPERTY CUSTODIAN X397 PERSONNEL # 9-6-19 0800 DATE / TIME

ADDITIONAL REMARKS (READ REVERSE SIDE FOR FOUND PROPERTY)	DISPOSAL STATUS CHECK		
	DATE	DISPOSITION	INITIALS
<input type="checkbox"/> Type of Drug			
 Transported from Burlington to Marysville by X397 on <u>9-6-19</u>			

☐ Disposal ☐ Return to Owner/Claimant (For Property Technician Only)

PEC Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Note \_\_\_\_\_



X.

EXHIBIT D



Is

**Bob Ferguson**

**ATTORNEY GENERAL OF WASHINGTON**

Government Compliance & Enforcement Division  
PO Box 40100 • Olympia, WA 98504-0100 • (360) 664-9006

**REQUEST FOR ASSIGNMENT  
OF ADMINISTRATIVE LAW JUDGE**

DATE: August 16, 2019

TO: Office of Administrative Hearings  
MS: WT-54

FROM: *VL* Kelli Lewis  
Legal Assistant  
Government Compliance & Enforcement  
Office of the Attorney General

SUBJECT: **Client Agency: Liquor & Cannabis Board/Licensing & Regulation Division**  
**Case Name: Cooperative138 dba Cooperative138**  
**Agency Number: M-27,237**  
**License No.: 428651**

This notice serves as a request for the assignment of an administrative law judge to schedule and conduct a hearing in the above referenced matter. Kindly assign the case to an OAH field office and schedule the hearing as identified below. The following information is provided at the request of the Office of Administrative Hearings. All Notices and Orders should be sent to the following parties unless otherwise designated.

**PARTIES:**

Agency Contact: N/A

Agency Representative: Penny Allen, Senior Counsel  
Office of the Attorney General  
PO Box 40100  
Olympia, WA 98504-0100  
(360) 586-1520  
Penny.allen@atg.wa.gov



ATTORNEY GENERAL OF WASHINGTON

Cooperative138  
August 16, 2019  
Page 2

**LICENSEE:** Cooperative138 dba Cooperative138  
12356 S Fidalgo Bay Rd  
Anacortes, WA 98221

**MAILING:** Cooperative138  
49 Willow Ln #B  
Mount Vernon, WA 98273  
(360) 840-2758

**COUNSEL:** None as of July 22, 2019

**CHARGING DOCUMENTS:** Attached.

**STATUTORY OR  
RULE AUTHORITY:** [RCW 69.51A.250; WAC 314-55-410]

**INTERPRETER REQUESTED:** ☒ None

**Hearing:** Settlement Conference ☐ Hearing ☒

PLA:kl

**Attachments:** Statement of Intent to Withdraw and Deny Marijuana Cooperative  
Registration Application  
Request for Hearing

**cc:** Michael Schermerhorn, Licensee Representative  
Brenda Pearson, WSLCB

# APPENDIX C

428651-3c



Washington State  
Liquor and Cannabis Board

Marijuana Unit  
PO Box 43098  
3000 Pacific Ave SE  
Olympia WA 98504  
Phone: (360) 664-1600

For Validation Only

5/31/2019

COOPERATIVE 138

## Cooperatives Registration Application to Register a Cooperative

This application is for qualified patients or designated providers to form a cooperative. Cooperatives may share responsibility for acquiring and supplying the resources needed to produce and process medical marijuana. Only members of the cooperative may use medical marijuana produced by the cooperative.

- To qualify for this authorization, the cooperative must meet all of the requirements outlined on the following page.
- Additional documentation will be requested at a later date.
- Complete this form, obtain initials, sign and then scan and email to [mjcooperatives@lcb.wa.gov](mailto:mjcooperatives@lcb.wa.gov).

For more information, please visit [lcb.wa.gov](http://lcb.wa.gov). If you have any questions, please contact the Licensing Division at 360-664-1600.

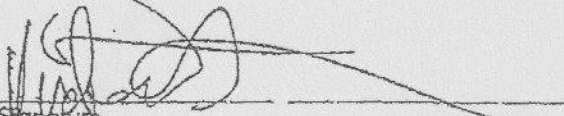
Location Address <sup>OLD</sup> (Suburban Propane Bldg)	
12356 S. Flamingo Bay Rd ANACORTES 98221-8310	
Mailing Address	
49 B. Willow Lane MOUNT VERNON 98273	
Primary contact for cooperative	Contact Telephone Number(s)
Michael A. Schermerhorn	360-840-2758
Email Address	
spydeeeemike@gmail.com	

Note: The person(s) listed above will be the person(s) the Liquor and Cannabis Board contacts to complete this application and will serve as an on-site contact for the Liquor and Cannabis Board. You must inform the Liquor and Cannabis Board within 15 days of the date the qualifying patient or designated provided ceases participation.

Name of Participants and/or Designated Providers	Date of Birth	Mailing Address	Designated Provider?
Michael A. Schermerhorn	3-22-66	49 B. Willow Lane Mount Vernon, wa 98273	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Roxanne H. Larson	12-23-61	49 B. Willow Lane Mount Vernon, wa 98273	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Jennifer Olds	7-24-1975	3717 148th St SW, #6103 Lynnwood, wa 98087	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Michelle F. Larson	3-28-1988	2036 NE Haring Vista Dr Poulsbo, wa 98370	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>




Each participant and/or designated provider listed on page one of this application is required to sign and date:

  
Signature

5-13-2019  
Date

Michael A. Schermerhorn  
Print Name

  
Signature

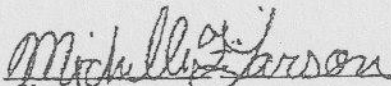
5-13-2019  
Date

Roxanna M. Larson  
Print Name

  
Signature

5/22/19  
Date

Jennifer R. Olds  
Print Name

  
Signature

5-16-2019  
Date

Michelle F. Larson  
Print Name



# Medical Marijuana Authorization Form

This authorization does not provide protection from arrest unless the qualifying patient or designated provider is also entered in the medical marijuana authorization database and holds a recognition card.

## Patient Information and Attestation

Full Legal Name

Michael Alan Schermerhorn

Date of Birth

3-22-1966

Street Address

49 B Willow Ln.

City

Mt. Vernon

State

WA

Zip Code

98273

I hereby attest that I have discussed the risks and benefits of the medical use of marijuana with my healthcare practitioner. I understand some of the risks may include possible long-term effects to the brain in the areas of memory, coordination, and cognition; impairment of the ability to drive or operate heavy machinery; physical or psychological dependence; and respiratory damage if smoked. I understand that I may revoke my designated provider (if applicable) at any time in writing. I have read Chapter 69.51A RCW and understand the legal requirements of being a patient.

Patient Signature

*Michael Alan Schermerhorn*

Date

July 5<sup>th</sup> 2018

## Designated Provider Information and Attestation (If any - Mark N/A in each box if not applicable)

Full Legal Name

Date of Birth

Street Address

City

State

WA

Zip Code

I hereby attest that I am over the age of 21 and agree to serve as the designated provider for the patient identified on this form. I understand I may serve as the designated provider for only one patient at a time. I can stop serving as designated provider for this patient by revoking the designation in writing. The revocation must be signed, dated, and provided to the patient and the medical marijuana authorization database administrator if I am entered into the database. I understand 14 days must go by before I may begin serving as the designated provider for a different patient. I have read Chapter 69.51A RCW and understand the legal requirements of being a designated provider.

Designated Provider Signature

Date

## Authorizing Healthcare Practitioner Information and Attestation

Name of Healthcare Practitioner (as it appears on license)

Healthcare Practitioner License # (Ex: MD00001111)

Katrina Iiams-Hauser

NT60398060

Office Address

1902 120th PL SE Suite 102A

City

Everett

State

WA

Zip Code

98208

Phone (Please list the phone number where this authorization can be verified during normal business hours. 425-420-6329 or verify online at: [www.cannabisverify.com](http://www.cannabisverify.com) ID: DF 00590)

I am licensed in the state of Washington and have diagnosed the above named patient as having the following terminal or debilitating medical condition that is severe enough to significantly interfere with the patient's activities of daily living and ability to function, and can be objectively assessed and evaluated (check all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Chronic renal failure requiring hemodialysis | <input type="checkbox"/> Crohn's disease        |
| <input type="checkbox"/> Epilepsy or other seizure disorder   | <input type="checkbox"/> Glaucoma                                     | <input type="checkbox"/> Hepatitis C            |
| <input type="checkbox"/> HIV  | <input checked="" type="checkbox"/> Intractable pain                  | <input type="checkbox"/> Multiple sclerosis     |
| <input type="checkbox"/> Post traumatic stress disorder   | <input type="checkbox"/> Spasticity disorder                          | <input type="checkbox"/> Traumatic brain injury |
| <input checked="" type="checkbox"/> A disease that results in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms or spasticity |   |   |

I further attest that I have performed an in-person examination of the above named patient and assessed his or her medical history and medical condition. I have advised this patient about the potential risks and benefits of the medical use of marijuana. It is my professional opinion that this patient may benefit from the medical use of marijuana.

Healthcare Practitioner Signature

*D. Katrina Iiams-Hauser*

Issue Date

07-05-2018

Authorization Expiration Date: Maximum from issue date of six months for minors and one year for adults.

07-05-2019

## Additional Plant Authorization (Optional)

This provision is valid only if the person is entered into the authorization database and possesses a recognition card. A second signature is required if authorizing additional plants. Authorization must not exceed 15 plants.

**Healthcare Practitioner Attestation:** In my professional opinion, the medical needs of this patient exceed the pre-sumptive number of plants allowed by law of 4 plants with just an authorization form or 6 plants if entered in the database. I recommend this patient or their designated provider be allowed to grow in his or her domicile up to 15 plants for the patient's personal use.

Healthcare Practitioner Signature

(second signature only required if recommending additional plants)

*D. Katrina Iiams-Hauser*







# Medical Marijuana Authorization Form

This authorization does not provide protection from arrest unless the qualifying patient or designated provider is also entered in the medical marijuana authorization database and holds a recognition card.

## Patient Information and Attestation

Full Legal Name

Michael Alan Schenker

Date of Birth

3-22-1966

Street Address

49 B Willow Ln

City

Mt. Vernon

State

WA

Zip Code

98273

I hereby attest that I have discussed the risks and benefits of the medical use of marijuana with my healthcare practitioner. I understand some of the risks may include possible long-term effects to the brain in the areas of memory, coordination, and cognition; impairment of the ability to drive or operate heavy machinery; physical or psychological dependence; and respiratory damage if smoked. I understand that I may revoke my designated provider (if applicable) at any time in writing. I have read Chapter 69.51A RCW and understand the legal requirements of being a patient.

Patient Signature:

[Signature]

Date:

10-16-18

## Designated Provider Information and Attestation (If any - Mark N/A in each box if not applicable)

Full Legal Name

N/A

Date of Birth

N/A

Street Address

N/A

City

N/A

State

WA

Zip Code

N/A

I hereby attest that I am over the age of 21 and agree to serve as the designated provider for the patient identified on this form. I understand I may serve as the designated provider for only one patient at a time. I can stop serving as designated provider for this patient by revoking the designation in writing. The revocation must be signed, dated, and provided to the patient and the medical marijuana authorization database administrator if I am entered into the database. I understand 14 days must go by before I may begin serving as the designated provider for a different patient. I have read Chapter 69.51A RCW and understand the legal requirements of being a designated provider.

Designated Provider Signature:

N/A

Date:

N/A

## Authorizing Healthcare Practitioner Information and Attestation

Name of Healthcare Practitioner (as it appears on license)

Katrina Iiams-Hauser, ND

Healthcare Practitioner License # (Ex: MD00001111)

NT 60398060

Office Address

111 SE Everett Mall Way Suite E-101

City

Everett

State

WA

Zip Code

98208

Phone (Please list the phone number where this authorization can be verified during normal business hours.)

425-420-6329 Verify online at [www.cannabisverify.com](http://www.cannabisverify.com) ID: DF 00590

I am licensed in the state of Washington and have diagnosed the above named patient as having the following terminal or debilitating medical condition that is severe enough to significantly interfere with the patient's activities of daily living and ability to function, and can be objectively assessed and evaluated (check all that apply):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Cancer   | <input type="checkbox"/> Chronic renal failure requiring hemodialysis | <input type="checkbox"/> Crohn's disease        |
| <input type="checkbox"/> Epilepsy or other seizure disorder   | <input type="checkbox"/> Glaucoma                                     | <input type="checkbox"/> Hepatitis C            |
| <input type="checkbox"/> HIV  | <input checked="" type="checkbox"/> Intractable pain                  | <input type="checkbox"/> Multiple sclerosis     |
| <input type="checkbox"/> Post traumatic stress disorder   | <input type="checkbox"/> Spasticity disorder                          | <input type="checkbox"/> Traumatic brain injury |
| <input checked="" type="checkbox"/> A disease that results in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms or spasticity |   |   |

I further attest that I have performed an in-person examination of the above named patient and assessed his or her medical history and medical condition. I have advised this patient about the potential risks and benefits of the medical use of marijuana. It is my professional opinion that this patient may benefit from the medical use of marijuana.

Healthcare Practitioner Signature:

Dr. Katrina Iiams-Hauser

Issue Date:

10-16-2018

Authorization Expiration Date: Maximum from issue date of six months for minors and one year for adults.

07-05-2019

## Additional Plant Authorization (Optional)

This provision is valid only if the person is entered into the authorization database and possesses a recognition card. A second signature is required if authorizing additional plants. Authorization must not exceed 15 plants.

**Healthcare Practitioner Attestation:** In my professional opinion, the medical needs of this patient exceed the pre-sumptive number of plants allowed by law of 4 plants with just an authorization form or 6 plants if entered in the database. I recommend this patient or their designated provider be allowed to grow in his or her domicile up to 13 plants for the patient's personal use.

Healthcare Practitioner Signature

(second signature only required if recommending additional plants)

Dr. Katrina Iiams-Hauser



WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

DESIGNATED PROVIDER



CARD# 2540 0783 0746 1052

MICHAEL SCHERMERHORN

EFFECTIVE DATE: 03-28-2023

EXPIRATION DATE: 08-29-2023

PLANT LIMIT: 15

Authorizing Healthcare Practitioner  
KATRINA IIAMS-HAUSER



Corresponding Patient Card#  
5180 0279 0048 1082

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

PATIENT



CARD# 1000 0136 6355 9848

MICHAEL A  
SCHERMERHORN

EFFECTIVE DATE: 09-16-2021

EXPIRATION DATE: 08-28-2022

PLANT LIMIT: 15

Authorizing Healthcare Practitioner  
KATRINA IIAMS-HAUSER



WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

PATIENT



CARD# 7790 0570 2716 7120

MICHAEL SCHERMERHORN

EFFECTIVE DATE: 08-22-2019

EXPIRATION DATE: 08-12-2020

PLANT LIMIT: 15

Authorizing Healthcare Practitioner  
KATRINA IIAMS-HAUSER



WASHINGTON STATE MEDICAL CANNABIS RECOGNITION CARD

PATIENT



CARD# 7528 0317 8337 6885

MICHEAL SCHERMERHORN

EFFECTIVE DATE: 10-14-2023

EXPIRATION DATE: 09-21-2024

PLANT LIMIT: 15

Authorizing Healthcare Practitioner  
KATRINA IIAMS-HAUSER



CARD# 2540 0783 0746 1052



NOT FOR IDENTIFICATION PURPOSES

WARNING: IT IS ILLEGAL TO DUPLICATE THIS  
CARD EXCEPT WHEN ALLOWED BY LAW

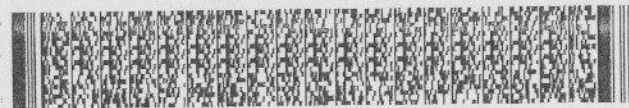


TRANSACTION AMOUNTS:

Usable Marijuana (3 ounces maximum)  
Solid Infusion (48 ounces maximum)  
Liquid Infusion (216 ounces maximum)  
Concentrates (21 grams maximum)

QUESTIONS?

Call the Washington State Department of Health  
Medical Marijuana Program (360) 236-4819



CARD# 1000 0136 6355 9848



NOT FOR IDENTIFICATION PURPOSES

WARNING: IT IS ILLEGAL TO DUPLICATE THIS  
CARD EXCEPT WHEN ALLOWED BY LAW

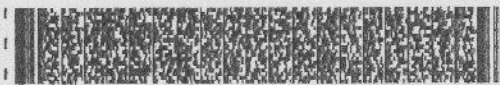


TRANSACTION AMOUNTS:

Usable Marijuana (3 ounces maximum)  
Solid Infusion (48 ounces maximum)  
Liquid Infusion (216 ounces maximum)  
Concentrates (21 grams maximum)

QUESTIONS?

Call the Washington State Department of Health  
Medical Marijuana Program (360) 236-4819



CARD# 7790 0570 2716 7120



NOT FOR IDENTIFICATION PURPOSES

WARNING: IT IS ILLEGAL TO DUPLICATE THIS  
CARD EXCEPT WHEN ALLOWED BY LAW



TRANSACTION AMOUNTS:  
Usable Marijuana (3 ounces maximum)  
Solid Infusion (48 ounces maximum)  
Liquid Infusion (216 ounces maximum)  
Concentrates (21 grams maximum)

QUESTIONS?

Call the Washington State Department of Health  
Medical Marijuana Program (360) 236-4819



CARD# 7528 0317 8337 6885



NOT FOR IDENTIFICATION PURPOSES

WARNING: IT IS ILLEGAL TO DUPLICATE THIS  
CARD EXCEPT WHEN ALLOWED BY LAW



TRANSACTION AMOUNTS:  
Usable Cannabis (3 ounces maximum)  
Solid Infusion (48 ounces maximum)  
Liquid Infusion (216 ounces maximum)  
Concentrates (21 grams maximum)

QUESTIONS?

Call the Washington State Department of Health  
Medical Cannabis Program (360) 236-4819





# Medical Marijuana Authorization Form

This authorization does not provide protection from arrest unless the qualifying patient or designated provider is also entered in the medical marijuana authorization database and holds a recognition card.

## Patient Information and Attestation

Full Legal Name

Date of Birth

Street Address

City

State  
WA

Zip Code

I hereby attest that I have discussed the risks and benefits of the medical use of marijuana with my healthcare practitioner. I understand some of the risks may include possible long-term effects to the brain in the areas of memory, coordination, and cognition; impairment of the ability to drive or operate heavy machinery; physical or psychological dependence; and respiratory damage if smoked. I understand that I may revoke my designated provider (if applicable) at any time in writing. I have read Chapter 69.51A RCW and understand the legal requirements of being a patient.

Patient Signature:

Date:

## Designated Provider Information and Attestation (If any - Mark N/A in each box if not applicable)

Full Legal Name

Date of Birth

Street Address

City

State  
WA

Zip Code

I hereby attest that I am over the age of 21 and agree to serve as the designated provider for the patient identified on this form. I understand I may serve as the designated provider for only one patient at a time. I can stop serving as designated provider for this patient by revoking the designation in writing. The revocation must be signed, dated, and provided to the patient and the medical marijuana authorization database administrator if I am entered into the database. I understand 14 days must go by before I may begin serving as the designated provider for a different patient. I have read Chapter 69.51A RCW and understand the legal requirements of being a designated provider.

Designated Provider Signature:

Date:

## Authorizing Healthcare Practitioner Information and Attestation

Name of Healthcare Practitioner (as it appears on license)  
Katrina Iiams-Hauser

Healthcare Practitioner License # (Ex: MD00001111)  
RT 50398060

Office Address

City

State  
WA

Zip Code  
98208

111 SE Everett Mall Way Suite E-101

Everett

Phone (Please list the phone number where this authorization can be verified during normal business hours.)  
(425)420-6329 Verify online at: [www.cannabisverify.com](http://www.cannabisverify.com) ID: DF 06697

I am licensed in the state of Washington and have diagnosed the above named patient as having the following terminal or debilitating medical condition that is severe enough to significantly interfere with the patient's activities of daily living and ability to function, and can be objectively assessed and evaluated (check all that apply):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Cancer  | <input type="checkbox"/> Chronic renal failure requiring hemodialysis | <input type="checkbox"/> Crohn's disease        |
| <input type="checkbox"/> Epilepsy or other seizure disorder  | <input type="checkbox"/> Glaucoma                                     | <input type="checkbox"/> Hepatitis C            |
| <input type="checkbox"/> HIV   | <input checked="" type="checkbox"/> Intractable pain                  | <input type="checkbox"/> Multiple sclerosis     |
| <input type="checkbox"/> Post traumatic stress disorder  | <input type="checkbox"/> Spasticity disorder                          | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> A disease that results in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms or spasticity |   |   |

I further attest that I have performed an in-person examination of the above named patient and assessed his or her medical history and medical condition. I have advised this patient about the potential risks and benefits of the medical use of marijuana. It is my professional opinion that this patient may benefit from the medical use of marijuana.

Healthcare Practitioner Signature:

Issue Date:

Authorization Expiration Date: Maximum from issue date of six months for minors and one year for adults.

## Additional Plant Authorization (Optional)

This provision is valid only if the person is entered into the authorization database and possesses a recognition card. A second signature is required if authorizing additional plants. Authorization must not exceed 15 plants.

**Healthcare Practitioner Attestation:** In my professional opinion, the medical needs of this patient exceed the pre-sumptive number of plants allowed by law of 4 plants with just an authorization form or 6 plants if entered in the database. I recommend this patient or their designated provider be allowed to grow in his or her domicile up to 15 plants for the patient's personal use.

Healthcare Practitioner Signature:

(second signature only required if recommending additional plants)



PATIENT



CARD# 4470 0055 6551 7671

ROXANNA M. LARSON

DATE OF BIRTH: 01/15/1980

DATE OF ISSUE: 01/15/2014

DATE OF EXPIRATION: 01/15/2016

DATE OF LAST UPDATE: 01/15/2014

KATRINA HAMS-HAUSER



CARD# 4470 0055 6551 7671

TRANSACTION HISTORY

QUESTIONS

PATIENT



CARD# 4110 0568 4571 8014

ROXANNA M. LARSON

DATE OF BIRTH: 01/15/1980

DATE OF ISSUE: 01/15/2014

DATE OF EXPIRATION: 01/15/2016

DATE OF LAST UPDATE: 01/15/2014

KATRINA HAMS-HAUSER



CARD# 4110 0568 4571 8014

TRANSACTION HISTORY

QUESTIONS

PATIENT



CARD# 5070 4309 9781 4523

ROXANNA M. LARSON

DATE OF BIRTH: 01/15/1980

DATE OF ISSUE: 01/15/2014

DATE OF EXPIRATION: 01/15/2016

DATE OF LAST UPDATE: 01/15/2014

KATRINA HAMS-HAUSER



CARD# 5070 4309 9781 4523

TRANSACTION HISTORY

QUESTIONS

WASHINGTON STATE MEDICAL MARIJUANA RECOGNITION CARD

CARD# 2100 0151 0942 1381

ROXANNA M. LARSON

DATE OF BIRTH: 01/15/1980

DATE OF ISSUE: 01/15/2014

DATE OF EXPIRATION: 01/15/2016

DATE OF LAST UPDATE: 01/15/2014

KATRINA HAMS-HAUSER



CARD# 2100 0151 0942 1381

TRANSACTION HISTORY

QUESTIONS





# Washington State Medical Marijuana Authorization

This form must be completed and signed by the authorizing practitioner or delegate. This authorization form is not a prescription and does not provide protection from arrest unless the qualifying patient and their designated provider is also entered in the medical marijuana authorization database and holds a recognition card.

## I. Patient and Designated Provider Information

Issue Type (check one): ☐ Initial ☒ Renewal

1	Patient's Full Name: (same as state-issued ID) <u>Michelle Frances Larson</u>		Date of Birth: <u>03/28/88</u>	
2	Street address: (No P.O. Box) <u>130 SW 112TH ST APT B203</u>	City: <u>SEATTLE</u>	State: <u>WA</u>	Zip: <u>98146</u>
3	Does the patient have a designated provider (DP)? (check one below) <input checked="" type="checkbox"/> Yes, patient sign's item 6 below, unless they are a minor (under age 18) <input checked="" type="checkbox"/> No, continue to Section II			
4	DP or Parent/Legal Guardian's Name: <u>Michael Schermerhorn</u>		Date of Birth: <u>03-22-66</u>	
5	Street address: (No P.O. Box) <u>912 N 8th St</u>	City: <u>Mr. Kern</u>	State: <u>WA</u>	Zip: <u>98273</u>
6	I am an adult patient (18 and older) and agree the person named above will serve as my designated provider. Patient Signature: <u>Michelle Larson</u> Date: <u>3-27-20</u> (RCW 69.51A.010(4))			

## II. Healthcare Practitioner Information

7	Healthcare Practitioner's Name (as it appears on license): <u>Melinda Egan Hawkins</u>		WA License Number: (Example: MD000011110): <u>MD60205189</u>	
8	Office/Clinic Address (No P.O. Box) <u>1101 MADISON SUITE 510</u>	City: <u>SEATTLE</u>	State: <u>WA</u>	Zip: <u>98104</u>
				Phone: <u>(206) 386-6600</u>

## III. In signing this form, I certify and recommend the following:

9. I am a Washington State licensed healthcare practitioner and allowed to authorize my patients to use marijuana for medical purposes under RCW 69.51A.010. In my professional opinion, as the treating healthcare practitioner, the above named patient may benefit from the medical use of marijuana for the qualifying condition(s) below (check all that apply):

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Cancer   | <input type="checkbox"/> Chronic Renal Failure Requiring Hemodialysis | <input checked="" type="checkbox"/> Crohn's Disease |
| <input type="checkbox"/> Epilepsy/Other Seizure Disorder   | <input type="checkbox"/> Glaucoma                                     | <input type="checkbox"/> Hepatitis C                |
| <input type="checkbox"/> HIV   | <input type="checkbox"/> Intractable Pain                             | <input type="checkbox"/> Multiple Sclerosis         |
| <input type="checkbox"/> Posttraumatic Stress Disorder   | <input type="checkbox"/> Spasticity Disorder                          | <input type="checkbox"/> Traumatic Brain Injury     |
| <input type="checkbox"/> A disease that results in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms or spasticity |   |   |

10. In my professional opinion, the above named patient is eligible for a compassionate care renewal of their authorization form and registration in the medical marijuana authorization database per RCW 69.51A.030 (check one):

- ☒ Yes, is eligible (Patient's DP may renew database registration on the their behalf) ☐ No, is not eligible

11. By issuing this authorization, I understand a patient or their designated provider on the patient's behalf, may grow up to four plants within their domicile. If entered into the database, the patient (or designated provider) may grow up to six plants within their domicile. In my professional opinion, I have determined the patient's medical needs exceed the amounts provided and recommend additional plants (check one below):

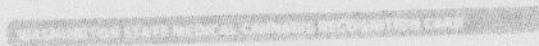
- ☒ Yes, I recommend 15 number of plants (enter 6-15) ☐ No recommendations

12. This authorization was issued 03/10/20 (today's date) and needs to be renewed before 03/10/21 (expiration date\*)  
 \*Adult patient authorizations may be valid for up to one year from issue date; up to six months for minor patients.

13. Practitioner's Signature

Melinda Egan Hawkins

Date signed 3/10/20



CARD# 1833 6959 1076 5054

MICHELLE LANSJON



PATIENT

DOB: 12/12/1978  
ADDRESS: 1234567890

MELINDA NAWKINS



CARD# 1833 6959 1076 5054



DEPARTMENT OF MEDICINE

RECEIVED: 11/14/2008 11:00 AM  
HOSPITAL PHYSICIAN: DR. J. L. LANE

OUTPATIENT







# Medical Marijuana Authorization Form

This authorization does not provide protection from arrest unless the qualifying patient or designated provider is also entered in the medical marijuana authorization database and holds a recognition card.

## Patient Information and Attestation

Full Legal Name

Jennifer Renee Olds

Date of Birth

07/24/1975

Street Address

3717 148th St. SW Apt B103

City

Lynnwood

State

WA

Zip Code

98087

I hereby attest that I have discussed the risks and benefits of the medical use of marijuana with my healthcare practitioner. I understand some of the risks may include possible long-term effects to the brain in the areas of memory, coordination, and cognition; impairment of the ability to drive or operate heavy machinery; physical or psychological dependence; and respiratory damage if smoked. I understand that I may revoke my designated provider (if applicable) at any time in writing. I have read Chapter 69.51A RCW and understand the legal requirements of being a patient.

Patient Signature:

Jennifer Olds

Date:

4-23-19

## Designated Provider Information and Attestation (If any - Mark N/A in each box if not applicable)

Full Legal Name

Michael Schermerhorn

Date of Birth

03/22/1966

Street Address

49B Willow Lane

City

Mt. Vernon

State

WA

Zip Code

98273

I hereby attest that I am over the age of 21 and agree to serve as the designated provider for the patient identified on this form. I understand I may serve as the designated provider for only one patient at a time. I can stop serving as designated provider for this patient by revoking the designation in writing. The revocation must be signed, dated, and provided to the patient and the medical marijuana authorization database administrator if I am entered into the database. I understand 14 days must go by before I may begin serving as the designated provider for a different patient. I have read Chapter 69.51A RCW and understand the legal requirements of being a designated provider.

Designated Provider Signature:

Date:

## Authorizing Healthcare Practitioner Information and Attestation

Name of Healthcare Practitioner (as it appears on license)  
Katrina Iiams-Hauser

Healthcare Practitioner License # (Ex: MD00001111)  
NT 60398060

Office Address

111 SE Everett Mall Way Suite E-101

City

Everett

State

WA

Zip Code

98208

Phone (Please list the phone number where this authorization can be verified during normal business hours.)

425-420-6329. Verify online at: [www.cannabisverify.com](http://www.cannabisverify.com) ID#: PF 00660

I am licensed in the state of Washington and have diagnosed the above named patient as having the following terminal or debilitating medical condition that is severe enough to significantly interfere with the patient's activities of daily living and ability to function, and can be objectively assessed and evaluated (check all that apply):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Cancer  | <input type="checkbox"/> Chronic renal failure requiring hemodialysis | <input type="checkbox"/> Crohn's disease        |
| <input type="checkbox"/> Epilepsy or other seizure disorder  | <input type="checkbox"/> Glaucoma                                     | <input type="checkbox"/> Hepatitis C            |
| <input type="checkbox"/> HIV   | <input type="checkbox"/> Intractable pain                             | <input type="checkbox"/> Multiple sclerosis     |
| <input checked="" type="checkbox"/> Post traumatic stress disorder   | <input type="checkbox"/> Spasticity disorder                          | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> A disease that results in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms or spasticity |   |   |

I further attest that I have performed an in-person examination of the above named patient and assessed his or her medical history and medical condition. I have advised this patient about the potential risks and benefits of the medical use of marijuana. It is my professional opinion that this patient may benefit from the medical use of marijuana.

Healthcare Practitioner Signature:

Dr. Katrina Iiams-Hauser

Issue Date:

04/23/2019

Authorization Expiration Date: Maximum from issue date of six months for minors and one year for adults.

04/23/2020

## Additional Plant Authorization (Optional)

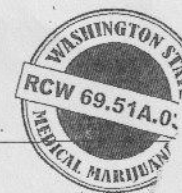
This provision is valid only if the person is entered into the authorization database and possesses a recognition card. A second signature is required if authorizing additional plants. Authorization must not exceed 15 plants.

**Healthcare Practitioner Attestation:** In my professional opinion, the medical needs of this patient exceed the presumptive number of plants allowed by law of 4 plants with just an authorization form or 6 plants if entered in the database. I recommend this patient or their designated provider be allowed to grow in his or her domicile up to N/A plants for the patient's personal use.

Healthcare Practitioner Signature:

(second signature only required if recommending additional plants)

N/A



# MICHAEL SCHERMERHORN - FILING PRO SE

September 21, 2025 - 1:04 PM

## Transmittal Information

**Filed with Court:** Court of Appeals Division I  
**Appellate Court Case Number:** 86929-9  
**Appellate Court Case Title:** Michael Schermerhorn, Appellant v. WSLCB and Cannabis Board, Respondents  
**Superior Court Case Number:** 24-2-00050-2

### The following documents have been uploaded:

- 869299\_Petition\_for\_Review\_20250921130155D1615965\_9126.pdf  
This File Contains:  
Petition for Review  
*The Original File Name was COA 869299 Petition for Discretionary Review.pdf*

### A copy of the uploaded files will be sent to:

- TORTTAP@atg.wa.gov
- anne.ryan@atg.wa.gov
- evefax@atg.wa.gov
- fhaist@co.skagit.wa.us
- haist2000@lawnet.ucla.edu
- jcw-assistants@favros.onmicrosoft.com
- jesse@favros.com
- john.versnel@wilsonelser.com
- jxw@leesmart.com
- ltl@leesmart.com
- mls@leesmart.com
- pmelesio@nwtrialattorneys.com
- skagitappeals@co.skagit.wa.us
- steve.puz@atg.wa.gov
- torolyef@atg.wa.gov
- torseaf@atg.wa.gov

### Comments:

Certificate of Service 40-41

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Sender Name: Michael Schermerhorn - Email: spydeeeeemike@gmail.com

Address:

915 N 8th Street

Mount Vernon, WA, 98273

Phone: (360) 840-2758

**Note: The Filing Id is 20250921130155D1615965**



IN THE COURT OF APPEALS OF THE STATE OF WASHINGTON

MICHAEL SCHERMERHORN/CO-OP  
138,

Appellant,

v.

WASHINGTON STATE LIQUOR AND  
CANNABIS BOARD and WILLIAM N.  
LUKELA (Official Capacity Only) and  
SKAGIT COUNTY DRUG  
ENFORCEMENT TASK FORCE  
(SCIDEU) and SKAGIT COUNTY  
PROSECUTOR'S OFFICE and ALL  
PROSECUTOR'S WHO TOUCHED MY  
CASE (In their Individual and Corporate  
Capacities) and FRANK BLACK (In his  
Individual and Corporate Capacities)  
and SKAGIT COUNTY SHERIFF DON  
MCDERMOTT (In his Individual and  
Corporate Capacities) and THE OFFICE  
OF THE SKAGIT COUNTY SHERIFF  
and ANACORTES PD and  
ANACORTES UNKNOWN OFFICERS,  
and JESSE C. WILLIAMS, ESQ.,

Respondents.

No. 86929-9-I

DIVISION ONE

UNPUBLISHED OPINION

COBURN, J. — Michael Schermerhorn appeals from the dismissal of his lawsuit against the Washington State Liquor and Cannabis Board, Board executive director William Lukela, Washington State Patrol detective Frank Black (collectively “State Defendants”), Skagit County Drug Enforcement Task Force, Skagit County Prosecutor’s

Office, “all prosecutors who touched my case,” Skagit County Sheriff Don McDermott, the Office of the Skagit County Sheriff (collectively “County Defendants”), Anacortes Police Department, Anacortes Unknown Officers (collectively “Anacortes Defendants”) and Jesse Williams. Because Schermerhorn does not make any cognizable legal argument, we dismiss his appeal.

## FACTS

The facts underlying this dispute were articulated in our opinion in In the Matter of the Forfeiture of Cannabis Grow Equip., No. 86120-4-I, slip op. (Wash. Ct. App. Mar. 10, 2025) (unpublished), <https://www.courts.wa.gov/opinions/pdf/861204.pdf>. We will not repeat them here.

On April 20, 2023, Schermerhorn filed a lawsuit against the County Defendants and Black under 42 U.S.C. §§ 1983 and 1985. Schermerhorn claimed that he was entitled to relief because the County Defendants and Black violated his right to procedural and substantive due process by illegally obtaining a search warrant for his cannabis grow operation in September 2019. On June 29, 2023, the superior court dismissed Schermerhorn’s lawsuit with prejudice under CR 12(b)(6) for failing to state a claim upon which relief can be granted. Schermerhorn did not appeal.

On June 14, 2023, Schermerhorn filed a lawsuit against the Anacortes Defendants, police chief Dave Floyd, retired director of planning Don Measamer, mayor Matt Miller, and the Office of the Skagit County Sheriff under 42 U.S.C. §§ 1983 and 1985. Schermerhorn claimed that he was entitled to relief because the Anacortes Police Department failed to properly investigate his reports of burglary, illegally obtained a search warrant for his cannabis grow operation, falsely arrested him, and caused him



physical injury. On October 26, 2023, the superior court entered an order dismissing all of Schermerhorn's claims with prejudice as time-barred by the applicable statutes of limitation. Additionally, the court found that Schermerhorn "has not established that his untimely filing should in any way be excused through any argument of equitable tolling." Schermerhorn did not appeal.

Schermerhorn filed this lawsuit against the Respondents on January 17, 2024. In his complaint, Schermerhorn asserted claims for violation of RCW 69.51A.230, violation of the Health Insurance Portability and Accountability Act (HIPAA), outrage, and deprivation of procedural and substantive due process in violation of 42 U.S.C. §§ 1983 and 1985 against all Respondents. Schermerhorn also asserted a claim for promissory and equitable estoppel against the State Defendants, and claims for assault and First Amendment violations against the Anacortes Defendants. Like in his previous lawsuits, Schermerhorn's claims were based upon the Respondents' actions in relation to the seizure of property from his cannabis grow operation in 2019.

The State Defendants, County Defendants, Anacortes Defendants, and Williams each separately moved to dismiss all of Schermerhorn's claims under CR 12(b)(6). The trial court heard all of the motions at a hearing on June 5, 2024. Following the hearing, the trial court granted all of the motions to dismiss and entered separate orders on each. The trial court dismissed Schermerhorn's claims against the County Defendants on multiple grounds, including claim preclusion, untimeliness under the applicable statutes of limitation, lack of a private action available under HIPAA, and failure to allege any facts that would support the claims asserted. The trial court dismissed Schermerhorn's claims against the Anacortes Defendants on the basis of claim and

issue preclusion, the statute of limitations, and the lack of private action available under HIPAA and RCW 69.51A.230. The trial court dismissed Schermerhorn's claims against the State Defendants and against Williams without stating its reasoning.

Schermerhorn appeals.

## DISCUSSION

Schermerhorn represents himself on appeal. While we recognize the difficulties of self-representation, “the law does not distinguish between one who elects to conduct his or her own legal affairs and one who seeks assistance of counsel—both are subject to the same procedural and substantive laws.” In re Marriage of Olson, 69 Wn. App. 621, 626, 850 P.2d 527 (1993) (quoting In re Marriage of Wherley, 34 Wn. App. 344, 349, 661 P.2d 155 (1983)). In other words, we hold pro se litigants to the same standards as attorneys. Id.

Pro se litigants, like those represented by counsel, must comply with all procedural rules on appeal. Olson, 69 Wn. App. at 626. In their opening brief, appellants must provide “assignments of error,” and “argument in support of the issues presented for review, together with citations to legal authority and references to relevant parts of the record.” RAP 10.3(a)(4), (6). Adherence to this rule is not “merely a technical nicety.” In re Estate of Lint, 135 Wn.2d 518, 532, 957 P.2d 755 (1998). This court will “not address issues that a party neither raises appropriately nor discusses meaningfully with citations to authority.” Saviano v. Westport Amusements, Inc., 144 Wn. App. 72, 84, 180 P.3d 874 (2008) (citing RAP 10.3(a)(6)).

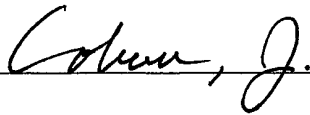
Although we would ordinarily exercise our discretion to consider an appeal that contains technical flaws in compliance with the Rules of Appellate Procedure, State v.




Olson, 126 Wn.2d 315, 323, 893 P.2d 629 (1995), the flaws in Schermerhorn's brief are far beyond technical. Schermerhorn's brief does not contain a single citation to legal authority. His brief also fails to identify any error made by the trial court. In fact, Schermerhorn does not even mention the trial court's orders of dismissal anywhere in his brief. Because Schermerhorn does not make any cognizable legal argument supported by authority, we are unable to reach the merits of his appeal.

CONCLUSION

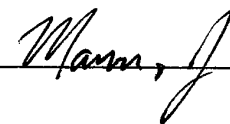
The appeal is dismissed.

  
\_\_\_\_\_

WE CONCUR:

  
\_\_\_\_\_

1 ACJ

  
\_\_\_\_\_