Alcohol & Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
marijuana.licensing@alaska.gov
https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

Alaska Marijuana Control Board

Cover Sheet for Marijuana Establishment Applications

What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

Items that are submitted without this page will be returned in the manner in which they were received.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	Royal Mountain Extracts LLC	**License Number:**	13249		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	X-TRACTED LABORATORIES				
Physical Address:	38957 S COMMERCIAL DR				
City:	Talkeetna	**State:**	AK	**Zip Code:**	99676
Designated Licensee:	Joe McAneney				
Email Address:	joe@thehighexpedition.com				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	Form MJ-09 Statement of Financial Interest for Dan Nelson JR

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

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Alaska Marijuana Control Board

Form MJ-09: Statement of Financial Interest

What is this form?

A statement of financial interest completed by each proposed licensee (as defined in 3 AAC 306.020(b)(2)) and affiliate (as defined in 3 AAC 306.990(a)(1)) is required for all marijuana establishment license applications, per 3 AAC 306.020(b)(4). A person other than a licensee may not have direct or indirect financial interest (as defined in 3 AAC 306.015(e)(1)) in the business for which a marijuana establishment license is issued, per 3 AAC 306.015(a).

This form must be completed and submitted to AMCO's main office by each proposed licensee or affiliate before any license application will be considered complete.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	Royal Mountain Extracts LLC	**License Number:**	13249		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	X-TRACTED LABORATORIES				
Premises Address:	38957 South Commercial Drive				
City:	Talkeetna	**State:**	Alaska	**ZIP:**	99676

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Dan Nelson JR
Title:	Owner
SSN:	[redacted]

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Form MJ-09: Statement of Financial Interest

Section 3 – Certifications

I certify that no person other than a proposed licensee listed on my marijuana establishment license application has a direct or indirect financial interest, as defined in 3 AAC 306.015(e)(1), in the business for which a marijuana establishment license is being applied for.

I further certify that any ownership change shall be reported to the board as required under 3 AAC 306.040.

I declare under penalty of perjury that I have examined this form, including all accompanying schedules and statements, and to the best of my knowledge and belief find it to be true, correct, and complete.

Signature of licensee/affiliate

Dan Nelson JR

Printed name

Subscribed and sworn to before me this 20th day of June, 2017.

Cynthia K. Giddens

Notary Public in and for the State of Alaska.

My commission expires: 1-1-2019

OFFICIAL SEAL
Cynthia K. Giddens
Notary Public-State of Alaska
My Comm. Expires 01/01/2019

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Physical Address:	38957 S COMMERCIAL DR				
City:	Talkeetna	**State:**	AK	**Zip Code:**	99676
Designated Licensee:	Joe McAneney				
Email Address:	joe@thehighexpedition.com				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	Form MJ-09 Statement of Financial Interest for Joe McAneney

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Doing Business As:	X-TRACTED LABORATORIES				
Premises Address:	38957 South Commercial Drive				
City:	Talkeetna	**State:**	Alaska	**ZIP:**	99676

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Joe McAneney
Title:	Owner
SSN:	[redacted]

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I further certify that any ownership change shall be reported to the board as required under 3 AAC 306.040.

I declare under penalty of perjury that I have examined this form, including all accompanying schedules and statements, and to the best of my knowledge and belief find it to be true, correct, and complete.

Signature of licensee/affiliate

Joe McAneney

Printed name

Subscribed and sworn to before me this 20th day of June, 2017.

Cynthia K. Giddens

Notary Public in and for the State of Alaska.

My commission expires: 1-1-2019

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City:	Talkeetna	**State:**	AK	**ZIP:**	99676

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Christina Tersine
Title:	Owner
SSN:	[redacted]

Received by AMCO 12.21.17

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Section 3 – Certifications

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I further certify that any ownership change shall be reported to the board as required under 3 AAC 306.040.

I understand that my fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI), and that I have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record.
The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

Christina Tersine
Signature of licensee

Christina Tersine
Printed name of licensee

Cynthia K. Giddens
Notary Public in and for the State of Alaska

My commission expires: 1-1-2019

Subscribed and sworn to before me this 11th day of December, 2017.

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Notary Public-State of Alaska
My Comm. Expires 01/01/2019

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Premises Address:	38957 South Commercial Drive				
City:	Talkeetna	**State:**	AK	**ZIP:**	99676

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Samuel Benson
Title:	Owner
SSN:	[redacted]

Received by AMCO 12.21.17

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I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

Signature of licensee

Cynthia K. Giddens
Notary Public in and for the State of Alaska

Samuel Benson
Printed name of licensee

My commission expires: 1-1-2019

Subscribed and sworn to before me this 11th day of December, 2017.

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