Alcohol and 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

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OCT 23 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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:	Fairbanks Analytical Testing, LLC.	**License Number:**	15124		
License Type:	Marijuana Testing Facility				
Doing Business As:	Fairbanks Analytical Testing, LLC.				
Premises Address:	1521 Stacia Street, Suite A				
City:	Fairbanks	**State:**	AK.	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Ronald Eads		
Title:	Member LLC		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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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 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.

Signature of licensee

Notary Public in and for the State of Alaska

Ronald Eads
Printed name of licensee

My commission expires: 11/19/2018

Subscribed and sworn to before me this 20th day of October, 2018.

STATE OF ALASKA
NOTARY PUBLIC
Michael Cassel
My Commission Expires: November 19, 2018

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License Type:	Marijuana Testing Facility				
Doing Business As:	Fairbanks Analytical Testing, LLC.				
Premises Address:	1521 Stacia Street, Suite A				
City:	Fairbanks	**State:**	AK.	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Dylanne Rae Macomber		
Title:	Member/Manager		
SSN:	[redacted]	**Date of Birth:**	[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.

D. Macomber
Signature of licensee/affiliate

Dylanne Macomber
Printed name

Subscribed and sworn to before me this 17 day of October, 2017.

Notary Public in and for the State of Alaska.

My commission expires: August 14, 2021

WALESKA PEREZ
My Commission Expires
NOTARY PUBLIC
August 14, 2021
STATE OF ALASKA