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

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)) 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 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:	Three Sisters, LLC	**License Number:**	21069		
License Type:	Retail Marijuana Store				
Doing Business As:	Wildflower				
Premises Address:	158 Alimaq Dr				
City:	Kodiak	**State:**	Alaska	**ZIP:**	99615

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Kim Perkins		
Title:	Member of Hibernation Holding Company, LLC		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 4/28/2020

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Alaska Marijuana Control Board

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 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

Kim Perkins
Printed name of licensee

BRITTANY M. WILLIAMS
NOTARY PUBLIC
MY COMMISSION EXPIRES August 1st, 2020
STATE OF ALASKA

Brittany M. Williams
Notary Public in and for the State of Alaska

My commission expires: 03/04/2020

Subscribed and sworn to before me this 21 day of November, 2019.

AMCO Received 4/28/2020

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Doing Business As:	Wildflower				
Premises Address:	158 Alimaq Dr				
City:	Kodiak	**State:**	Alaska	**ZIP:**	99615

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Janiese Stevens		
Title:	Manager of Hibernation Holding Company, LLC		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO
JAN 31 2020

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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

Janiese Stevens
Printed name of licensee

ALMA N. FINNERTY NOTARY PUBLIC My Comm. Exp. March 5, 2023 STATE OF ALASKA

Notary Public in and for the State of Alaska

My commission expires: 03·05·2023

Subscribed and sworn to before me this 24th day of January, 20 20.

AMCO
JAN 31 2020

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License Type:	Retail Marijuana Store				
Doing Business As:	Wildflower				
Premises Address:	158 Alimaq Dr				
City:	Kodiak	**State:**	Alaska	**ZIP:**	99615

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Louis Rocheleau		
Title:	Member of Hibernation Holding Company, LLC		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 4/28/2020

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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

Louis Rocheleau
Printed name of licensee

ALMA N. FINNERTY NOTARY PUBLIC My Comm. Exp. March 5, 2023 STATE OF ALASKA

Notary Public in and for the State of Alaska

My commission expires: 03·05·2023

Subscribed and sworn to before me this 25th day of November, 2019.

AMCO Received 4/28/2020

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License Type:	Retail Marijuana Store				
Doing Business As:	Wildflower				
Premises Address:	158 Alimaq Drive				
City:	Kodiak	**State:**	Alaska	**ZIP:**	99615

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Dan Coglianese		
Title:	Member of Hibernation Holding Company		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 5/28/2020

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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

Dan Coglianese
Printed name of licensee

Michelle Choi
NOTARY PUBLIC
STATE OF ALASKA
My Commission Expires 04/07/2023

Notary Public in and for the State of Alaska

My commission expires: 4/7/2023

Subscribed and sworn to before me this 16TH day of MAY, 20 19.

AMCO Received 5/28/2020

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Doing Business As:	Wildflower				
Premises Address:	158 Alimaq Drive				
City:	Kodiak	**State:**	Alaska	**ZIP:**	99615

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	George Kirk		
Title:	Member of Hibernation Holding Company		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 5/28/2020

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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

George Kirk
Printed name of licensee

MARILOU FRANCISCO NOTARY PUBLIC STATE OF ALASKA

Marilou Francisco
Notary Public in and for the State of Alaska

My commission expires: 01/18/2022

Subscribed and sworn to before me this 14 day of May, 2019

AMCO Received 5/28/2020

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Doing Business As:	Wildflower				
Premises Address:	158 Alimaq Dr				
City:	Kodiak	**State:**	Alaska	**ZIP:**	99615

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Erik Fellows		
Title:	Member of Hibernation Holding Company, LLC		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 5/28/2020

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Signature of licensee

Erik Fellows
Printed name of licensee

VIRGINIA D. WISE
My Commission Expires
NOTARY PUBLIC
Jun. 1, 2021
STATE OF ALASKA

Notary Public in and for the State of Alaska

My commission expires: 06-01-2021

Subscribed and sworn to before me this 27th day of May, 2020.

AMCO Received 5/28/2020