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-20a: Residency Exception Affidavit *(if applicable)*

What is this form?

This residency exception affidavit may be submitted with a marijuana establishment renewal application for each licensee whose residency status has changed so that the licensee is no longer considered a resident of the state as defined at 3 AAC 306.015(e)(2).

Section 1 – Establishment Information

Enter information for the licensed establishment, as identified on the license application.

Licensee:	H.E. Holdings, LLC	**License Number:**	12488		
License Type:	Standard Cultivation				
Doing Business As:	ThirdState				
Premises Address:	200 Pheasant Farm Rd				
City:	Fairbanks	**State:**	AK	**ZIP:**	99712

Section 2 – Individual Information

Enter information for the individual licensee who is completing this form.

Name:	Haley Essig
Title:	Owner

Section 3 – Changes to Residency

Read each line below, and then sign your initials in the box to the right of all statements: Initials

I certify that **my primary residence is in Alaska.** HE

I certify that **I have good cause**, as stated below, **for not meeting the requirements to be a resident of the state** as defined at 3 AAC 306.015(e)(2). HE

I did not meet residency requirements for the dividend because I was out of state for 10 months for cancer treatment from March 2020 to December 2020.

I certify that **the cause of not meeting the requirements to be a resident of the state** as defined at 3 AAC 306.015.(e)(2) **is temporary**. HE

I anticipate being able to meet the requirements to be a resident of the state as defined at 3 AAC 306.015(e)(2) at the following time:

For the 2021 dividend year

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Section 4 – Certifications

Read the statement below, and then sign your initials in the box to the right: Initials

I certify that I understand that providing a false statement on this form or any other form provided by or to AMCO is grounds for rejection or denial of this application or revocation of any license issued. HE

As a marijuana establishment licensee, I declare under penalty of unsworn falsification that this form is true, correct, and complete. I agree to provide all information required by the Marijuana Control Board in support of this form and understand that failure to do so by any deadline given to me by AMCO staff may result in action upon the license by the Board.

Haley Essig

Signature of licensee

Haley Essig

Printed name of licensee

Teneisha Monae McRoy

Notary Public in and for the State of Virginia TMM

SS: State: VA & County: Prince William TMM

My commission expires: 02/28/2025

Notarized online using audio-video communication

Subscribed and sworn to before me this 10th day of June, 20 21.

COMMONWEALTH OF VIRGINIA · ELECTRONIC NOTARY PUBLIC · N

Teneisha Monae McRoy

REGISTRATION NUMBER
7910327
COMMISSION EXPIRES
February 28, 2025