NOTIFICATIONS

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West Seventh Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

2022ABC1090

September 1, 2022

State Fire Marshal
Attn: Timothy Fisher, timothy.fisher@alaska.gov
Isobelle Mahoney, isobelle.mahoney@alaska.gov

License Number:	14302
License Type:	Limited Marijuana Cultivation Facility
Physical Address:	60390 Bryant Ct. Homer, AK 99603

Transferor:	Jesse Sherwood
Doing Business As:	Sherwood's Magical Forest
Designated Licensee:	Jesse Sherwood
Phone Number:	907-299-2986
Email Address:	ceo@smfak.com

Transferee:	Sherwood's Magical Forest, LLC
Doing Business As:	Sherwood's Magical Forest
Designated Licensee:	Jesse Sherwood
Phone Number:	907-299-2986
Email Address:	smfalaska@gmail.com

☒ **Transfer of Ownership Application** ☐ **Transfer of Controlling Interest**

3 AAC 306.300(a)(2)(B), 3 AAC 306.400(b)(2)(B), 3 AAC 306.500(b)(2)(B), and 3 AAC 306.605(b)(2)(B) require that an applicant for a marijuana establishment license operate in compliance with each applicable public health, fire, safety, and tax code and ordinance of the state and the local government in which the applicant's proposed licensed premises are located. This letter serves to provide written notice and request for compliance status from the above referenced entities regarding the above application (application documents will be sent separately via ZendTo). **Please complete and return this form to the AMCO office at the email below**.

REVIEWER: IMahoney ☒ Fire Marshal

DATE: 09/07/2022 PHONE: (907) 269-2004 ☒ Compliant ☐ Non-compliant

COMMENTS: Building reviewed, ownership updated, no issues.

If you have any questions, please send them to the email address below.

Sincerely,

Joan Wilson, Director
marijuana.licensing@alaska.gov

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

Alcohol and Marijuana Control Office

550 West 7th Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

September 1, 2022

Department of Revenue, Tax Division
Department of Labor, Employment Security
Department of Labor, Workers' Compensation
Via email: theresa.mitchell@alaska.gov
velma.thomas@alaska.gov
bradley.talbert@alaska.gov
ben.roundy@alaska.gov

License Number:	14302
License Type:	Limited Marijuana Cultivation Facility
Physical Address:	60390 Bryant Ct. Homer, AK 99603

Transferor (from):	Jesse Sherwood
Doing Business As:	Sherwood's Magical Forest
Designated Licensee:	Jesse Sherwood
Phone Number:	907-299-2986
Email Address:	ceo@smfak.com
EIN:	86-1542338

Transferee:	Sherwood's Magical Forest, LLC
Doing Business As:	Sherwood's Magical Forest
Designated Licensee:	Jesse Sherwood
Phone Number:	907-299-2986
Email Address:	smfalaska@gmail.com

☒ **Transfer of Ownership Application** ☐ **Transfer of Controlling Interest**

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REVIEWER: Kendra Bolin

DATE: 09/02/2022 PHONE: 907-465-5542

☐ DOR Tax Division
☒ Employment Security
☐ Workers' Compensation

COMMENTS: No employees currently, no account.

☒ Compliant/Does not owe tax
☐ Non-compliant/Owes tax

If you have any questions, please send them to marijuana.licensing@alaska.gov

Sincerely,

Joan Wilson, Director

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

Alcohol and Marijuana Control Office

550 West 7th Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

September 1, 2022

Department of Revenue, Tax Division
Department of Labor, Employment Security
Department of Labor, Workers' Compensation
Via email: theresa.mitchell@alaska.gov
velma.thomas@alaska.gov
bradley.talbert@alaska.gov
ben.roundy@alaska.gov

License Number:	14302
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Email Address:	ceo@smfak.com
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Transferee:	Sherwood's Magical Forest, LLC
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Designated Licensee:	Jesse Sherwood
Phone Number:	907-299-2986
Email Address:	smfalaska@gmail.com

☒ **Transfer of Ownership Application** ☐ **Transfer of Controlling Interest**

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REVIEWER: Velma Thomas

DATE: 09/07/2022 PHONE: 907-465-6045

☐ DOR Tax Division
☐ Employment Security
☑ Workers' Compensation

COMMENTS: _____

☑ Compliant/Does not owe tax
☐ Non-compliant/Owes tax

If you have any questions, please send them to marijuana.licensing@alaska.gov

Sincerely,

Joan Wilson, Director

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

Alcohol and Marijuana Control Office

550 West 7th Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

September 1, 2022

Department of Revenue, Tax Division
Department of Labor, Employment Security
Department of Labor, Workers' Compensation
Via email: theresa.mitchell@alaska.gov
velma.thomas@alaska.gov
bradley.talbert@alaska.gov
ben.roundy@alaska.gov

License Number:	14302
License Type:	Limited Marijuana Cultivation Facility
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Transferor (from):	Jesse Sherwood ✓
Doing Business As:	Sherwood's Magical Forest
Designated Licensee:	Jesse Sherwood
Phone Number:	907-299-2986
Email Address:	ceo@smfak.com
EIN:	86-1542338

Transferee:	Sherwood's Magical Forest, LLC ✓
Doing Business As:	Sherwood's Magical Forest
Designated Licensee:	Jesse Sherwood
Phone Number:	907-299-2986
Email Address:	smfalaska@gmail.com

☒ **Transfer of Ownership Application** ☐ **Transfer of Controlling Interest**

3 AAC 306.300(a)(2)(B), 3 AAC 306.400(b)(2)(B), 3 AAC 306.500(b)(2)(B), and 3 AAC 306.605(b)(2)(B) require that an applicant for a marijuana establishment license operate in compliance with each applicable public health, fire, safety, and tax code and ordinance of the state and the local government in which the applicant's proposed licensed premises are located. This letter serves to provide written notice and request for compliance status from the above referenced entities regarding the above application (see attached application documents for more information). **Please complete and return this form to the AMCO office at the email below.**

REVIEWER: Bradley Talbert

DATE: 9/2/2022 PHONE: (907)269-2047

☑ DOR Tax Division
☐ Employment Security
☐ Workers' Compensation

COMMENTS: Reviewed MJ-17C and all financially interested parties.

☑ Compliant/Does not owe tax
☐ Non-compliant/Owes tax

If you have any questions, please send them to marijuana.licensing@alaska.gov

Sincerely,

Joan M. Wilson

Joan Wilson, Director

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

Marijuana Establishment
Form MJ-17c: License Transfer Application

What is this form?

This form must be used to initiate a transfer of ownership of a marijuana establishment license under 3 AAC 306.045. This transfer application must be completed and submitted to AMCO's main office, along with all necessary supplemental documents and fees listed in **Form MJ-17b: License Transfer Application Checklist**, before a transfer of ownership, including a change that affects the controlling interest of an entity, will be considered by the Marijuana Control Board.

Please note that licensees seeking to change controlling interest of an entity that owns multiple licenses must submit a separate completed copy of this form and the required supplemental documents and fees for each license.

Section 1 – Transferor Information

Enter information for the ***current*** licensee and licensed establishment.

Licensee:	Jesse Sherwood	**License Number:**	14302		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	Sherwood's Magical Forest				
Premises Address:	60390 Bryant Ct.				
City:	Homer	**State:**	Alaska	**ZIP:**	99603
Email:	chopsherwood@yahoo.com				
Local Government:	City of Kachemak/Kenai Peninsula Borough				

☑ Regular ownership transfer ☐ Transfer of controlling interest in the licensed entity

Section 2 – Transferee Information

Enter information for the ***new*** applicant seeking to be licensed. The business license # should be issued for the DBA listed below, and held by the transferee.

Licensee:	Sherwood's Magical Forest, LLC	**Alaska Entity #**	10152436		
Mailing Address:	PO Box 3226				
City:	Homer	**State:**	Alaska	**ZIP:**	99603
Doing Business As:	Sherwood's Magical Forest				
Business License #:	2122001	**Business Phone:**	907-299-2986		

Designated Licensee:	Jesse Sherwood		
Contact Email:	smfalaska@gmail.com	**Phone #**	907-299-2986

Received by AMCO 3.18.22

Alaska Marijuana Control Board

Form MJ-17c: License Transfer Application

Section 3 – Entity Ownership Information

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 4. If any entity official is another entity, you must include the AK Entity # of that entity in the Entity Official Name field, attach a separate completed copy of this page that breaks down the ownership information for that entity, and submit the supplemental documents and fingerprint fees listed on Form MJ-17b required for each individual entity official. Entity documents must be submitted for each entity listed on this form.

If more space is needed, please attach additional completed copies of this page.

- If the applicant is a **corporation**, list each ***officer or director, and owner of any of the corporation's stock***.
- If the applicant is a **limited liability company**, list each ***member holding any ownership interest and each manager***.
- If the applicant is a **partnership** or **limited partnership**, list each ***partner holding any interest and each general partner***.

Entity Official Name:	Jesse Sherwood				
Title(s):	Member	**Phone:**	907-299-2986	**% Owned:**	100
Email:	smfalaska@gmail.com				
Mailing Address:	PO Box 3226				
City:	Homer	**State:**	Alaska	**ZIP:**	99603

Entity Official Name:					
Title(s):		**Phone:**		**% Owned:**	
Email:					
Mailing Address:					
City:		**State:**		**ZIP:**	

Entity Official Name:					
Title(s):		**Phone:**		**% Owned:**	
Email:					
Mailing Address:					
City:		**State:**		**ZIP:**	

Entity Official Name:					
Title(s):		**Phone:**		**% Owned:**	
Email:					
Mailing Address:					
City:		**State:**		**ZIP:**	

Entity Official Name:					
Title(s):		**Phone:**		**% Owned:**	
Email:					
Mailing Address:					
City:		**State:**		**ZIP:**	

Received by AMCO 3.18.22

Section 4 – Other Licenses

Ownership and financial interest in other marijuana establishments:

	Yes	No
Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other marijuana establishment that is licensed in Alaska?	☑	☐

If "Yes", disclose which individual(s) has the financial interest, which license number(s), and license type(s):

Jesse Sherwood has a financial interest in Standard Cultivation #31565 and Product Manufacturing facility #31566.

Section 5 – Authorization

Communication with AMCO staff:

	Yes	No
Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?	☑	☐

If "Yes", disclose the name of the individual and the reason for this authorization:

JDW, LLC Attorney Jana Weltzin and staff

Section 6 – Transferee Certifications

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

I certify that all proposed licensees (as defined in 3 AAC 306.020) have been listed on this application. [initials]

Completed copies of all required documents and fees listed on Form MJ-17b are attached to this form. [initials]

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

I agree to provide all information required by the Marijuana Control Board in support of this application. [initials]

As an applicant for a marijuana establishment license, I declare under penalty of unsworn falsification that I have read and am familiar with AS 17.38 and 3 AAC 306, and that this form, including all accompanying schedules and statements, is true, correct, and complete.

Signature of transferee

Jesse Sherwood
Printed name of transferee

MOLLY GREGOIRE
Notary Public
State of Alaska
My Commission Expires Jan 11, 2026

Molly Gregoire
Notary Public in and for the State of Alaska.
My commission expires: Jan 11, 2026

Subscribed and sworn to before me this 7th day of March, 2022.

Section 7 – Transferor Certifications

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of unsworn falsification that the undersigned represents a controlling interest of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) approve of the transfer of this license, and that the information on this form is true, correct, and complete.

MOLLY GREGOIRE
Notary Public
State of Alaska
My Commission Expires Jan 11, 2026

Signature of transferor

Jesse Sherwood
Printed name of transferor

Molly Gregoire
Notary Public in and for the State of Alaska.

My commission expires: Jan 11, 2026

Subscribed and sworn to before me this 7th day of March, 2022.

Signature of transferor

Printed name of transferor

Notary Public in and for the State of Alaska.

My commission expires: _____

Subscribed and sworn to before me this ____ day of _____, 20____.

Signature of transferor

Printed name of transferor

Notary Public in and for the State of Alaska.

My commission expires: _____

Subscribed and sworn to before me this ____ day of _____, 20____.

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West Seventh Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

September 1, 2022

City of Kachemak
Attn: Erica Fitzpatrick, City Clerk
VIA Email: kachemak@xyz.net
CC: jblankenship@kpb.us
micheleturner@kpb.us
jratky@kpb.us
mjenkins@kpb.us
MAldridge@kpb.us
slopez@kpb.us
ncarver@kpb.us
JVanHoose@kpb.us
assemblyclerk@kpb.us

License Number:	14302
License Type:	Limited Marijuana Cultivation Facility
Physical Address:	60390 Bryant Ct. Homer, AK 99603

Transferor:	Jesse Sherwood
Doing Business As:	Sherwood's Magical Forest
Designated Licensee:	Jesse Sherwood
Phone Number:	907-299-2986
Email Address:	ceo@smfak.com

Transferee:	Sherwood's Magical Forest, LLC
Doing Business As:	Sherwood's Magical Forest
Designated Licensee:	Jesse Sherwood
Phone Number:	907-299-2986
Email Address:	smfalaska@gmail.com

☒ **Transfer of Ownership Application** ☐ **Transfer of Controlling Interest**

AMCO has received a complete application for a marijuana establishment within your jurisdiction. This notice is required under 3 AAC 306.045(c)(2). Application documents will be sent to you separately via ZendTo.

To protest the approval of this application pursuant to 3 AAC 306.060, you must furnish the director **and** the applicant with a clear and concise written statement of reasons for the protest within 60 days of the

date of this notice, and provide AMCO proof of service of the protest upon the applicant. If the protest is a “conditional protest” as defined in 3 AAC 306.060(d)(2) and the application otherwise meets all the criteria set forth by the regulations, the Marijuana Control Board may approve the transfer, but require the applicant to show to the board’s satisfaction that the requirements of the local government have been met before the director issues the license.

3 AAC 306.010, 3 AAC 306.080, and 3 AAC 306.250 provide that the board will deny an application for a marijuana establishment license if the board finds that the license is prohibited under AS 17.38 as a result of an ordinance or election conducted under AS 17.38 and 3 AAC 306.200, or when a local government protests an application on the grounds that the proposed licensed premises are located in a place within the local government where a local zoning ordinance prohibits the marijuana establishment, unless the local government has approved a variance from the local ordinance.

This application will be in front of the Marijuana Control Board at our September 21-22, 2022, meeting.

Sincerely,

Joan Wilson, Director
amco.localgovernmentonly@alaska.gov

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West Seventh Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

September 1, 2022

State Fire Marshal
Attn: Timothy Fisher, timothy.fisher@alaska.gov
Isobelle Mahoney, isobelle.mahoney@alaska.gov

License Number:	14302
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REVIEWER: _____ ☐ Fire Marshal

DATE: _____ PHONE: _____ ☐ Compliant ☐ Non-compliant
COMMENTS: _____

_____

If you have any questions, please send them to the email address below.

Sincerely,

Joan Wilson, Director
marijuana.licensing@alaska.gov

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

Alcohol and Marijuana Control Office

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Anchorage, AK 99501
Main: 907.269.0350

September 1, 2022

Department of Revenue, Tax Division
Department of Labor, Employment Security
Department of Labor, Workers' Compensation
Via email: theresa.mitchell@alaska.gov
velma.thomas@alaska.gov
bradley.talbert@alaska.gov
ben.roundy@alaska.gov

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REVIEWER: _____

DATE: _____ PHONE: _____

☐ DOR Tax Division
☐ Employment Security
☐ Workers' Compensation

COMMENTS: _____

☐ Compliant/Does not owe tax
☐ Non-compliant/Owes tax

If you have any questions, please send them to marijuana.licensing@alaska.gov

Sincerely,

Joan Wilson, Director

THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

Alcohol and Marijuana Control Office

550 West 7th Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

September 1, 2022

Sherwood's Magical Forest, LLC
DBA: Sherwood's Magical Forest
Via email: smfalaska@gmail.com

Re: Application Status for License #14302

Dear Applicant:

AMCO has reviewed your transfer application of a licensed marijuana facility. Your application documents appear to be in order, and it has been determined that your application is complete for purposes of 3 AAC 306.025(d).

Your application will now be sent electronically, in its entirety, to your local government(s), your community council if your proposed premises is in Anchorage or certain locations in the Mat-Su Borough, and to any non-profit agencies who have requested notification of applications. The local government(s) has 60 days to protest the issuance of your license or waive protest.

We must receive all necessary approvals such as local government, Department of Environmental Conservation, Fire Marshal, Department of Revenue, and Department of Labor before the transfer to the new ownership can be finalized, and any other delegation by the board. If applicable, we must also wait for the criminal history report for each individual licensee who submitted fingerprint card(s).

Your application may be considered by the board while some approvals are still pending. However, the transfer will not be finalized or a license issued for the new ownership until all necessary approvals are received and a preliminary inspection of your premises by AMCO enforcement staff is completed.

Your application will be scheduled for the September 21-22, 2022. board meeting for Marijuana Control Board consideration. The meeting agenda gets posted on our website 7 days before the board meeting. **Your appearance at the meeting, via Zoom or telephonic, is required.**
The Zoom Meeting information will be on the homepage of our website under MCB Board Meeting here:
https://www.commerce.alaska.gov/web/amco/

Please feel free to contact us through the marijuana.licensing@alaska.gov email address if you have any questions.

Sincerely,

Joan M Wilson

Joan WIlson, Director
907-269-0350

From:	Marijuana Licensing (CED sponsored)
To:	smfalaska@gmail.com; Jesse Sherwood
Cc:	Marijuana Licensing (CED sponsored); Jana Weltzin; Brenda Butler
Subject:	Complete Transfer Application - Sherwood"s Magical Forest - #14302
Date:	Thursday, September 1, 2022 12:44:00 PM
Attachments:	14302 Complete Transfer Notice.pdf image001.png

Hello,

Attached is correspondence regarding your marijuana establishment transfer application. Please direct all correspondence to marijuana.licensing@alaska.gov.

Thank you,

Jacqlene Drulis
Local Government Specialist
Alcohol & Marijuana Control Office (AMCO)
550 West 7th Avenue, Suite 1600
Anchorage, Alaska 99501
(907) 334-2195

From:	Marijuana Licensing (CED sponsored)
To:	Mitchell, Theresa S (DOL); Thomas, Velma L (DOL); Talbert, Bradley R (DOR); Roundy, Benjamin M (DOR)
Cc:	Marijuana Licensing (CED sponsored)
Subject:	DOL & DOR Notice - Transfer - Limited Cultivation - Sherwood"s Magical Forest - #14302
Date:	Thursday, September 1, 2022 12:49:00 PM
Attachments:	14302 DOL & DOR Notice.pdf 14302 MJ-17c Transfer Application.pdf image001.png

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Hello,

Attached is a notice of transfer of a marijuana establishment license, along with a copy of the transfer application.

Please direct any correspondence to marijuana.licensing@alaska.gov

Thank you,

Jacqlene Drulis
Local Government Specialist
Alcohol & Marijuana Control Office (AMCO)
550 West 7th Avenue, Suite 1600
Anchorage, Alaska 99501
(907) 334-2195

From:	Marijuana Licensing (CED sponsored)
To:	Fisher, Timothy W (DPS); Mahoney, Isobelle L (DPS)
Cc:	Marijuana Licensing (CED sponsored)
Subject:	Fire Notice - Transfer - Limited Cultivation - Sherwood"s Magical Forest - #14302
Date:	Thursday, September 1, 2022 12:48:00 PM
Attachments:	14302 Transfer Fire Notice.pdf image002.png

Dear Fire Marshal officials,

Please find the attached notification for a marijuana establishment license Transfer. Please direct all correspondence to marijuana.licensing@alaska.gov.

The application and all supporting documentation will be sent to each of you via the State of Alaska Drop Box called ZendTo.

You will receive an email that looks like this:

This is an automated message sent to you by the Alaska ZendTo service.
Naomi Johnston (naomi.johnston@alaska.gov) has dropped-off 55 files for you.

IF YOU TRUST THE SENDER, and are expecting to receive a file from them, you may choose to retrieve the drop-off by clicking the following link (or copying and pasting it into your web browser):

https://drop.state.ak.us/drop/pickup.php?claimID=GvUTVMNQMb2yjSvp&claimPasscode=bHA9fU6g89H2uK6f&emailAddr=calderjp%40gmail.com

You have 4 days to retrieve the drop-off; after that the link above will expire. If you wish to contact the sender, just reply to this email.

Full information about the drop-off:

Claim ID: GvUTVMNQMb2yjSvp
Claim Passcode: bHA9fU6g89H2uK6f
Date of Drop-Off: 2016-04-22 12:17:49-0400

-- Sender --
Name: Naomi Johnston
Organisation: AMCO
Email Address: naomi.johnston@alaska.gov
IP Address: 10.3.202.35 (10.3.202.35)

Thank you,

Jacqlene Drulis
Local Government Specialist
Alcohol & Marijuana Control Office (AMCO)
550 West 7th Avenue, Suite 1600
Anchorage, Alaska 99501
(907) 334-2195

From:	AMCO Local Government Only (CED sponsored)
To:	kachemak@xyz.net
Cc:	Marijuana Licensing (CED sponsored); jblankenship@kpb.us; micheleturner@kpb.us; jratky@kpb.us; mjenkins@kpb.us; MAldridge@kpb.us; slopez@kpb.us; ncarver@kpb.us; JVanHoose@kpb.us; assemblyclerk@kpb.us
Subject:	LG Notice - Transfer - Limited Cultivation - Sherwood"s Magical Forest - #14302
Date:	Thursday, September 1, 2022 12:46:00 PM
Attachments:	14302 Transfer Local Government Notice.pdf image002.png

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Dear Local Government officials,

Please find the attached notification for a marijuana establishment license Transfer. Please direct all correspondence to amco.localgovernmentonly@alaska.gov.

The application and all supporting documentation will be sent to each of you via the State of Alaska Drop Box called ZendTo.

You will receive an email that looks like this:

This is an automated message sent to you by the Alaska ZendTo service.
Naomi Johnston (naomi.johnston@alaska.gov) has dropped-off 55 files for you.

IF YOU TRUST THE SENDER, and are expecting to receive a file from them, you may choose to retrieve the drop-off by clicking the following link (or copying and pasting it into your web browser):

https://drop.state.ak.us/drop/pickup.php?claimID=GvUTVMNQMb2yjSvp&claimPasscode=bHA9fU6g89H2uK6f&emailAddr=calderjp%40gmail.com

You have 4 days to retrieve the drop-off; after that the link above will expire. If you wish to contact the sender, just reply to this email.

Full information about the drop-off:

Claim ID: GvUTVMNQMb2yjSvp
Claim Passcode: bHA9fU6g89H2uK6f
Date of Drop-Off: 2016-04-22 12:17:49-0400

-- Sender --
Name: Naomi Johnston
Organisation: AMCO
Email Address: naomi.johnston@alaska.gov
IP Address: 10.3.202.35 (10.3.202.35)

Thank you,

Jacqlene Drulis
Local Government Specialist
Alcohol & Marijuana Control Office (AMCO)
550 West 7th Avenue, Suite 1600
Anchorage, Alaska 99501
(907) 334-2195