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

October 11, 2023

**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
savannah.ritter@alaska.gov

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|---|---|
| **License Number:** | 29493 |
| **License Type:** | Standard Marijuana Cultivation Facility |
| **Physical Address:** | 29945 Aspen Ave<br>Sterling , AK 99672 |

| | |
|---|---|
| **Transferor (from):** | L&H Enterprises, LLC – see yellow highlight for breakdown of ownership and changes |
| **Doing Business As:** | L&H Enterprises, LLC |
| **Designated Licensee:** | Stephen Lovelace |
| **Phone Number:** | 907-398-0000 |
| **Email Address:** | stephenjanenelovelace@gmail.com |
| **EIN:** | 86-2775317 |

| | |
|---|---|
| **Transferee (to):** | L&H Enterprises, LLC -- see yellow highlight for breakdown of new ownership |
| **Doing Business As:** | L&H Enterprises, LLC |
| **Designated Licensee:** | Stephen Lovelace |
| **Phone Number:** | 907-398-0000 |
| **Email Address:** | stephenlovelace@gmail.com |

☒ **Transfer of Controlling Interest:** Current structure: L & H Enterprises, LLC owned by Stephen Lovelace 50% and Shantell Hacker 50%. New structure: L&H Enterprises, LLC owned by Stephen Lovelace 50% and Janene Lovelace 1%.

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: _____

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