### **Notice of Violation**

(3AAC 304.525)

This form, all information provided and responses are public documents per Alaska Public Records ACT AS 40.25

Date: 11/15/19

License #/Type: 5638

Beverage Dispensary - Duplicate

Licensee: Palmer Alehouse, LLC

Address: 320 E. Dahlia, Palmer, AK

**DBA: Palmer City Alehouse** 

AMCO Case #: 19-1727

This is a notice to you as licensee that an alleged violation has occurred. If the Alcoholic Beverage Control Board decides to act against your license, under the provisions of AS 44.62.330 - AS 44.62.630 (Administrative Procedures Act) you will receive an Accusation and Notice of your right to an Administrative Hearing.

Note: This is not an accusation or a criminal complaint.

You have an unreported change of ownership Details are as follows:

New officers added:

Steven Dike- Removed title "Manager"

Date of unreported change of officers/ownership: 11/23/2018 reported to CBPL (change of officials)

Your attention is referred to AS 04.11.045: Change of managers.

J.R. Hamilton

See A Horhed - A hiles of Organization - Amended - Notice of chose of official

You are directed to respond in writing to this Notice of Violation within 10 days of receipt to explain what action you have taken to prevent a re-occurrence of this violation. FAILURE TO RESPOND TO THIS NOTICE OF VIOLATION WITHIN 10 DAYS WILL RESULT IN YOUR APPEARANCE, EITHER IN PERSON OR TELEPHONICALLY, BEFORE THE ABC BOARD AT THEIR NEXT REGULARLY SCHEDULED BOARD MEETING.

\*Please send your response to the address below and include your alcohol license number in your response.

3 AAC 304.525 (B) provides that upon receipt of a Notice of Violation, a licensee may request to appear before the Director and be heard regarding the Notice of Violation. The request must be made within ten days after receipt of the Notice and the Director must grant an appearance within ten days after receipt of a request. A Licensee shall respond, either orally or in writing, to the Notice.

**Alcohol & Marijuana Control Office ATTN: Enforcement** 550 W. 7th Ave, Suite 1600 Anchorage, Alaska 99501 amco.enforcement@alaska.gov

Issuing Investigator: J. Hamilton

Received by:

SIGNATURE:

SIGNATURE:

Delivered VIA: Mail

Date:

Department of Commerce, Community and Economic Development Division of Corporations, Business and Professional Licensing

**Corporations Section** 

State Office Building, 333 Willoughby Avenue, 9th Floor

PO Box 110806, Juneau, AK 99811-0806 Phone: (907) 465-2550 • Fax: (907) 465-2974

Email: corporations@alaska.gov Website: Corporations.Alaska.Gov COR

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# **Notice of Change of Officials**

# Domestic Limited Liability Company (AS 10.50)

- This Notice of Change of Officials form is only for Domestic Limited Liability Companies and is used to report changes between biennial reporting periods in: members, managers, and percentage of interest held.
- This Notice of Change of Officials will not be filed if the entity's blennial report is not current. To verify the entity's blennial report due date, go online to www.Corporations.Alaska.Gov and select Search
- Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days. All filings are reviewed in the date order they are received.
- The information you submit is a public record and will be posted on the State's website.

| 1. Important: |
|---------------|
|---------------|

AS 10,50,765

Each Domestic Limited Liability Company is required to notify this office when there is a change of officials.

— AS 10.50.765

Failure to meet this requirement may result in involuntary dissolution of the entity's authority to transact business in the State of Alaska.

The Domestic Limited Liability Company is to keep and make available the records of the official(s) changes.

— AS 10.50.860-.870

2. Fee:

\$25 Nonrefundable Filing Fee

(CORF)

3 AAC 16.065(b)

Mail this form and the non-refundable \$25 filling fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.

3. Entity Information:

AS 10.50.765

comy Name:

Palmer Alehouse LLC

Alaska Entity Number:

100 33182

| 4.                    | REMOVE from Record:  | AS 10  | 50.765(b                                   | <del></del> - |
|-----------------------|--|--|--|---------------|
|                       | The following officials (member  | rs and, if applicable, managers) will be completely removed from the   |  | ')<br>***     |
|                       | •  | , temoved holls the  | RECE                                       | IV1-1         |
|                       | Name:  | Name:  | Ancho                                      | )rage         |
|                       | Name:  | Name:  | 10V 27                                     | 2019          |
|                       | If an official is not being remove   | ed from record, then list them in Item #5 below (with their current info   | CBP<br>mation):                            | <u>L</u> .    |
| 5.                    | ALL Current Officials:   | AS 10.5  | 0.765(b)                                   |               |
|                       | The following is a complete list of this filing.   | of ALL remaining and new officials who will be on record as a result of  |  |               |
| 1                     | Members must own a % c     An LLC may be managed   | st one member who owns a % of the LLC. — AS 10.50.155(b) is who own 5% or more of the LLC. — AS 10.50.765 (b) of the LLC. A member may be a manager if the LLC is manager man by a manager if provided in Articles of Organization. A manager man iso owns a % of the LLC. — AS 10.50.075(5) and AS 10.50.110(b) | aged.<br>y be a                            |               |
| was britished at 1 th | <ul> <li>List <u>ALL</u> officials and th</li> <li>Manager will only be acce</li> <li>BOLD fields are required</li> </ul>              | eir current information to be on record. epted if the entity is manager-managed per the articles. d.   |  | <b>z</b> i.   |
|                       | FULL LEGAL NAME  | COMPLETE MAILING ADDRESS   | % OWNED                                    | Manager       |
| Ste                   | ven E. Dilce   | 11711 E. Jenny Civile, Pulmer AK 10<br>99645   | 20 )                                       | CX            |
|                       |  |  | f v v kenst så gun<br>∀ f Λ ( interseger , | Associate     |
|                       |  | upplement page and include all information required above in Item #  | 5.   |               |
| <u> </u>              | Required Signature:  | AS 10.   | 50.840                                     |               |
|                       | The Notice of Change of Officials manager managed (AS 10.50.840 documents filed with the commiss of a class A misdemeanor.  Signature: | must be signed by: a member (AS 10.50.840(a)(2)); or a manager if D(a)(1)); or an attorney-in-fact (AS 10.50.840(c)). Persons who sign ioner that are known to the person to be false in material respects an Date:  | e guilty                                   |               |
| - 1                   | Title of Authorized Signer;<br>f signing on behalf of a member or ma<br>vith the member entity. For example:                           | Member   | nct<br>authority                           |               |



PO Box 110806 Juneau, AK 99811-0806

Phone: (907) 465-2550 Fax: (907) 465-2974

Website: www.commerce.alaska.gov/occ

DO NOT STAMP ABOVE THIS BOX

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 $\mathsf{CBPL}$ 

## CONTACT INFORMATION SHEET

attached. NOTE: this form will not be filed for record or appear online. Name of entity as it appears on filing: To resolve questions with this filing, contact: Name: Email: Mailing address: Return documents to: Name: Company: Mailing address:

Please return this document with your filing. This information will only be used to resolve questions with the filings

Attach this form to your filings. Send all documents to: State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806



State of Alaska
Division of Corpor
CORPORATIONS

PO Box 110806 Juneau, AK 99811-0806 Phone: (907) 465-2550

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Website: www.commerce.alaska.gov/occ

sing

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CC 25-/

| ARTICLES OF AMENDMENT<br>Domestic Limited Liability Company<br>AS 10.50.100 |
|---|
|---|

| AS 10.50.100  \$25.00 Filing Fee (non-refundable)  | CC 25-/50-/3                     |
|--|----------------------------------|
| Pursuant to Alaska Statutes 10.50.100, the undersigned corporation adopts the following Corporation.   | wing amended Articles of         |
| ITEM 1: Name of the Entity:  Alaska En   | tity #:                          |
| Palmer Alchorse Lic 1003   | 33182                            |
| ITEM 2:  |                                  |
| Date the original Articles of Organization were filed: 11/3/201  | 5                                |
| ITEM 3: List each article number being amended, and the amended article in full. Any considered an amendment; this includes deletions, edits, corrections, or renumbering previous Articles of Organization and amendments already filed.  |                                  |
| #6-Management  |                                  |
| The Limited Liability company is managed by  | its manager                      |
| Attach a separate sheet if needed.   |                                  |
| Signature  For example: John Smith, President of XYZ Inc. the sole member of ABC LLC.  PITEM 4: The Articles of Amendment must be signed by a member, manager, or Attorn  Member of Attorn  Memb | 11/27/19                         |
| For example: John Smith, President of XYZ inc. the sole member of ABC LLC.   | munority with the member entity. |

Mail the Articles of Amendment and the non-refundable \$25.00 filing fee in U.S. dollars to: State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806



PO Box 110806

Juneau, AK 99811-0806 Phone: (907) 465-2550 Fax: (907) 465-2974

Website: www.commerce.alaska.gov/occ

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CBPI

### **CONTACT INFORMATION SHEET**

Please return this document with your filing. This information will only be used to resolve questions with the filings attached. **NOTE**: this form will not be filed for record or appear online.

| Name: Steve & polynoxileharse, com Phone: 907.360.7765  Mailing address: 11711 E. Denry Civile, Polynox AK 99645  Return documents to:  Name: Polynox Aleharse   | Name of entity as it appears on filing:                  |
|--|--|
| To resolve questions with this filling, contact:  Name: Steve Dite  Email: Steve & follows clehuse, com Phone: 907.360.7765  Mailing address: 11711 E. Denry Civile, follows AK 99645  Return documents to:  Name: Pollows Alehase | Palmer Alcharse LLC                                      |
| Email: 5 tere & polings letherse, com Phone: 907.360.7765  Mailing address: 11711 E. Jenry Civile, Polings AK 99645  Return documents to:  Name: Poliner Alehare   | To resolve questions with this filling, contact:         |
| Name: Poliner Alehase  | Name: Steve Dite   |
| Name: Palmer Hehase  | Email: 5 tere @ polinor elehure com Phone: 907.360.7765  |
| Name: Poliner Alehase  | Mailing address: 11711 E. Jenry Civile, Polyroy AK 99645 |
| Name: Poliner Hehase   | Return documents to:                                     |
|  | Name: Palmer Alehaso                                     |
| Company:   | Company:   |
| Mailing address: 1711 E. Jenny Cirile Palmay AK 99645  | Mailing address: 1711 E. Jenry Corile Palmay AK 99645    |

Attach this form to your filings. Send all documents to: State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806



Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

Phone: 907.269.0350

https://www.commerce.alaska.gov/web/amco

Alaska Alcoholic Beverage Control Board

## **Master Checklist: Renewal Liquor License Application**

| Doing Business As: Palmer City Alehouse License Number: |          |                                 |                      |   |                | 5638 |  |
|---|----------|---------------------------------|----------------------|---|----------------|------|--|
| License Type:   | Beve     | Beverage Dispensary - Duplicate |                      |   |                |      |  |
| Examiner:   |          |                                 |                      | Transaction #:                          | 1162           | 316  |  |
| Document  |          | Received                        | Completed            | Notes                                   | . 1700         |      |  |
| AB-17: Renewal Applic                                   | ation    | 10/24                           | 11/27                |   |                |      |  |
| App and License Fees                                    |          | 10/24                           | 10/24                |   |                |      |  |
| Supplemental Document Received Completed Notes          |          |                                 |                      |   |                |      |  |
| Tourism/Rec Site State                                  | ment     |                                 | : /                  | , |                |      |  |
| AB-25: Supplier Cert (V                                 | VS)      |                                 |                      | 8                                       |                |      |  |
| AB-29: Waiver of Oper                                   | ation    |                                 |                      |   | 1,000          |      |  |
| AB-30: Minimum Operation                                |          |                                 |                      |   |                |      |  |
| AB-33: Restaurant Affidavit                             |          |                                 |                      |   |                |      |  |
| COI / COC / 5 Star                                      |          |                                 |                      |   |                |      |  |
| FP Cards & Fees / AB-0                                  | 8a       |                                 |                      |   |                |      |  |
| Late Fee  |          |                                 |                      |   |                |      |  |
| Names on FP Cards:                                      |          |                                 |                      |   |                |      |  |
|   |          |                                 |                      |   |                |      |  |
| Yes   |          |                                 |                      |   |                |      |  |
| Selling alcohol in respo                                | nse to w | vritten order (pa               | ckage stores)?       |   |                |      |  |
| Mailing address and co                                  | ntact in | formation differe               | ent than in databa   | se (if yes, updat                       | e database)?   |      |  |
| In "Good Standing" with                                 | h CBPL ( | skip this and nex               | ct question for sole | e proprietor)?                          |                |      |  |
| Officers and stockholde                                 | rs matc  | h CBPL and data                 | base (if "No", dete  | ermine if transfe                       | er necessary)? |      |  |
| LGB 1 Response:   |          |                                 | LGB 2 Resp           | onse:                                   |                |      |  |
| Waive   | Protest  | Lapsed                          | Waiv                 | e Prot                                  | est Lapsed     |      |  |



Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

#### Alaska Alcoholic Beverage Control Board

## Form AB-17: 2020/2021 Renewal License Application

#### What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing liquor license that are is due to renew by December 31, 2019. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only should be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed and submitted to AMCO's main office before any license renewal application will be reviewed. Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees that an application will be considered complete, or that a license will be renewed.

| Licensee:  | Palmer Alehouse, LLC   |                                | pulated information is inco                            |          | 5638   |
|--|--|--------------------------------|--|----------|--|
| License Type:  | Beverage Dispensary - Duplicate  | 2                              | Listin   | Je 11.   | 3038   |
| Doing Business As:   | Palmer City Alehouse   |                                |  |          |  |
| Premises Address:  | 320 E. Dahlia St.  |                                |  |          |  |
| Local Governing Body:  | City of Palmer (Matanuska-Susit  | na Borough                     | )  |          | 113  |
| Community Council:   | None   |                                |  |          |  |
| Mailing Address:   |  |                                |  |          |  |
| City:  |  | State:                         |  | ZIP:     |  |
| nter information for the indi<br>ust be a licensee who is req<br>Contact Licensee: | vidual who will be designated as the puired to be listed in and authorized to  | rimary point<br>sign this appl | of contact regarding this a cation.  Contact Phone: 90 |          | The second secon |
| Contact Email:   | Stere a relina   | Valo.                          | have . com   | , ,0     | 01103  |
| ptional: If you wish for AMC   | O staff to communicate with an individer matters pertaining to the license, pl | lual who is no                 | ot a licensee named on this                            | form (eg | : legal counsel)   |
|  | 7.1  |                                | Contact Phone:   |          |  |
| Name of Contact:   |  |                                | Solitate i ilolici                                     |          |  |



#### Alaska Alcoholic Beverage Control Board

# Form AB-17: 2020/2021 Renewal License Application

#### Section 2 - Entity or Community Ownership Information

Licensees who directly hold a license as an individual or individuals should skip to Section 3. General partnerships and local governments should skip to the second half of this page. All licensees that are <u>corporations</u> or <u>LLCs</u> must complete this section. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). The CBPL Entity # below is neither your EIN/tax ID number, nor your business license number. You may view your entity's status or find your CBPL entity number by vising the following site: <a href="https://www.commerce.alaska.gov/cbp/main/search/entities">https://www.commerce.alaska.gov/cbp/main/search/entities</a>

| Alaska CBPL Entity #: | 10033182 |  |
|-----------------------|----------|--|
|                       | 70032105 |  |

You must ensure that you are able to certify the following statement before signing your initials in the box to the right:

Initials

I certify that this entity is in good standing with CBPL and that all current entity officials and stakeholders (listed below) are also currently and accurately listed with CBPL.



This subsection must be completed by any **community** or **entity**, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- If the applicant is a <u>corporation</u>, the following information must be completed for each *shareholder who owns 10% or more* of the stock in the corporation, and for each *president*, *vice-president*, *secretary*, and *managing officer*.
- If the applicant is a <u>limited liability organization</u>, the following information must be completed for each *member with an ownership interest of 10% or more*, and for each *manager*.
- If the applicant is a <u>partnership</u>, including a limited partnership, the following information must be completed for each <u>partner</u> with an interest of 10% or more, and for each <u>general partner</u>.

<u>Important Note:</u> The information provided in the below fields (including spelling of names, specific titles, and percentages held) must match that which is listed with CBPL. If one individual holds multiple titles mentioned in the bullets above, all titles must be listed for that individual on this application and with CBPL. Failure to list all required titles constitutes an incomplete application. You must list <u>ALL</u> of your qualifying officials, additional copies of this page or a separate sheet of paper may be submitted if necessary.

| Name of Official: | Stere Dito    | . , , , , , , , , , , , , , , , , , , , |              |
|-------------------|---------------|---|--------------|
| Title(s):         | ours          | Phone: 9073607765                       | % Owned: /00 |
| Mailing Address:  | 11711 B. Jenn |   |              |
| City:             | Pilmar        | State: AC                               | ZIP: 99645   |
|                   |               |   |              |
| Name of Official: |               |   |              |
| Title(s):         |               | Phone:                                  | % Owned:     |
| Mailing Address:  |               |   |              |
| City:             |               | State:                                  | ZIP:         |
|                   |               |   |              |
| Name of Official: |               |   |              |
| Title(s):         |               | Phone:                                  | % Owned:     |
| Mailing Address:  |               |   |              |
| City:             |               | State:                                  | ZIP:         |



#### Alaska Alcoholic Beverage Control Board

# Form AB-17: 2020/2021 Renewal License Application

## **Section 3 – Sole Proprietor Ownership Information**

Entities, such as corporations or LLCs, should skip this section. This section must be completed by any licensee who directly holds the license as an <u>individual or multiple individuals</u> and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information.

The following information must be completed for each licensee and each affiliate.

|   | affiliate   |   |              |          |      |
|---|---|---|--------------|----------|------|
| Name:   |   | Contact Phone:  |              |          |      |
| Mailing Address:  |   | -L  |              |          |      |
| City:   | State:  |   | ZIP:         |          |      |
| Email:  | -   |   |              | <u> </u> |      |
| This individual is an: applicant  | affiliate   |   |              |          |      |
| Name:   |   | Contact Phone:  |              |          |      |
| Mailing Address:  |   | 1   |              |          |      |
| City:   | State:  |   | ZIP:         |          |      |
| Email:  |   |   |              |          |      |
| I certify that all licensees, agents, and en<br>have completed an alcohol server educa<br>course completion cards on the licensed | tion course approved by the ABC Board premises during all working hours, as s   | and keep current, valid c<br>et forth in AS 04.21.025 a | opies of the | eir      | 90   |
|   | Section 5 – License Op  | oration   |              |          |      |
| Chack a single how for each sale wile   |   |   |              |          |      |
| Check a <u>single box</u> for each calendar yea   | r that best describes how this liquor lic   |   |              | 2018     | 2019 |
|   |   |   |              | 2018     | 2019 |
| Check a single box for each calendar year The license was regularly operated contin The license was regularly operated during     | nuously throughout each year.   |   |              | 2018     | 2019 |
| The license was regularly operated contin   | nuously throughout each year. g a specific season each year. e minimum requirement of 240 total ho Form AB-30: Proof of Minimum Operati | ense was operated:                                      | ssary        | 2018     | 2019 |

[Form AB-17] (rev 09/17/2019) License # 5638 DBA Palmer City Alehouse

Page 3 of 4

AMCO



## Alaska Alcoholic Beverage Control Board

# Form AB-17: 2020/2021 Renewal License Application

|   | Sec   | tion 6 – Violat   | ions and Conv  | victions  |  |                             |
|---|---|---|--|---|--|-----------------------------|
| Applicant violation   | s and convictions in ca   | lendar years 2018 and   | 2019:  |   | Yes  | No                          |
| Have any notices of   | violation (NOVs) been   | issued for this license   | in the calendar years  | 2018 or 2019?   |  | V                           |
| Has any person or e<br>ordinance adopted                            | entity named in this ap<br>under AS 04.21.010 in                                | plication been convicte<br>the calendar years 201                             | ed of a violation of Title<br>8 or 2019?   | e 04, of 3 AAC 304, or a  | local  | V                           |
| If "Yes" to either of   | the previous two que  | stions, attach a separa   | te page to this applica  | ation listing all NOVs a  | nd/or conviction                                   | ons.                        |
|   |   | Section 7 -   | Certifications   |   |  |                             |
| Read each line belo   | w, and then sign your   | initials in the box to th   | ne right of each staten  | nent:   |  | Initials                    |
| I certify that all curr<br>in accordance with<br>licensed business. | ent licensees (as defin<br>AS 04.11.450, no one c                               | ed in AS 04.11.260) an<br>other than the licensee                             | d affiliates have been<br>(s) has a direct or indi   | listed on this application  | on, and that<br>n the                              | Sol                         |
| and I have not chang  | ged the business name   | nal floor plan or reduce<br>or the ownership (incl<br>wed and on file with th | uding officers, manage   | ea of the licensed premiers, general partners, or<br>Control Board. | ises,<br>r   | Sel                         |
| I certify on behalf of<br>any other form prov                       | myself or of the organided by AMCO is groun                                     | ized entity that I under<br>nds for rejection or den                          | rstand that providing a<br>ial of this application o   | n false statement on this<br>or revocation of any lice              | s form or<br>ense issued.                          | Ser                         |
| provide all informati   | this application, includ<br>on required by the Alco<br>by any deadline given to | ing all accompanying sobolic Beverage Controls on the by AMCO staff w         | chedules and stateme of Board or AMCO staff fill result in this applicate VISNA SEANG Notary Public State of Alaska Notaty 所始加加到 |   | d complete. I alication and und<br>me as incompled | gree to<br>derstand<br>ete. |
|   | Sub   | scribed and sworn to b  | efore me this $\frac{30}{20}$ d  | commission expires:   |  | 20 9.                       |
| Seasonal License?   | Yes No  | If "Yes", write your  | six-month operatin   | g period:   |  |                             |
| License Fee:  | \$ 2500.00  | Application Fee:  | \$ 300.00  | TOTAL:  | \$ 2800.00   |                             |
| Miscellaneous Fe  | ees:  |   |  |   | T  |                             |
| GRAND TOTAL (i  | f different than TOT  | AL):  |  |   |  |                             |
|   |   |   | AM   | CO  |  |                             |

[Form AB-17] (rev 09/17/2019) License # 5638 DBA Palmer City Alehouse NOV 2 7 2019

AMPage 4 of 4

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cc 25 - 50 - 5

**Corporations Section** 

State Office Building, 333 Willoughby Avenue, 9th Floor PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550 • Fax: (907) 465-2974

Email: corporations@alaska.gov Website: Corporations.Alaska.Gov

## **Notice of Change of Officials**

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| 1. Important: |  |
|---------------|--|
|---------------|--|

AS 10.50.765

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— AS 10.50.765

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— AS 10.50.860-.870

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\$25 Nonrefundable Filing Fee

(CORF)

3 AAC 16.065(b)

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### 3. Entity Information:

AS 10.50.765

Entity Name:

Palmer Alehouse LLC

Alaska Entity Number:

100 33182

|  | 4. REMOVE from Record:   |   |  | AS   | 10.50.76         | 5(b)                     |  |  |
|--|--|---|--|--|------------------|--------------------------|--|--|
|  | The following officials (member as a result of this filing:  | ers and, if applicable, m                               | nanagers) will be <u>cor</u>   | mpletely removed from  | the reco         | <u>rd</u>                |  |  |
|  | Name:  |   | Name:  |  | RE(<br>And       | CEIVE<br>Chorag          |  |  |
|  | Name:  |   | Name:  | The Committee of the Committee and the Committee of the C | MOV 2            | 27 20                    |  |  |
|  | If an official is not being remov  | ed from record, then lis                                | st them in Item #5 be  | low (with their current  | CB<br>informatio | R.L                      |  |  |
| 5. ALL Current Officials:  |  |   |  |  | AS 10.50.765(b)  |                          |  |  |
| The following is a complete list of <u>ALL</u> remaining and new officials who will be on record as a result of this filing. |  |   |  |  |                  |                          |  |  |
|  | <ul> <li>An LLC <u>must have at least one member</u> who owns a % of the LLC. — AS 10.50.155(b)</li> <li>Must provide all members who own 5% or more of the LLC. — AS 10.50.765 (b)</li> </ul>   |   |  |  |                  |                          |  |  |
|  | Members <u>must</u> own a %     And I Constant   | of the LLC. A member                                    | of the LLC. — AS   | 10.50.765 (b)  |                  |                          |  |  |
| -  | <ul> <li>An LLC may be manager amember if the manager if the</li></ul> | d by a manager if provi                                 | ided in Articles of Ore  | roniti A   |                  | a<br>3                   |  |  |
|  | <ul> <li>List <u>ALL</u> officials and the</li> </ul>  | neir current information                                | on to be on record.  |  | *                |                          |  |  |
|  | <ul><li>Manager will only be acc</li><li>BOLD fields are require</li></ul>   | epted if the entity is ma                               | inager-managed per   | the articles.  |                  |                          |  |  |
|  | Does noted are require   | : <b>u.</b><br>** <del>T</del> **                       | en marin de servicione de la companya del companya del companya de la companya de | **************************************   | NED              | ER :                     |  |  |
|  | FULL LEGAL NAME  | СОМР  | LETE MAILING ADI   | DRESS  | % OWNED          | <b>MEMBER</b><br>Manager |  |  |
| らか   | even E. Dike   | 11711 E. Jen  | iny Civile, 1  | Pulmer AK<br>99645   | Toc              | XX                       |  |  |
| -  |  | ***   |  | ,  |                  |                          |  |  |
| •  | <del>-</del> .   | <u>.</u>  |  | · · · · · · · · · · · · · · · · · · ·  |                  |                          |  |  |
|  |  |   | e Second   |  |                  |                          |  |  |
|  |  | ı   |  |  | -                |                          |  |  |
| <del>&gt;</del>  | If necessary, use the following s  | supplement page and in                                  | nclude all information   | required above in Item   | n #5             |                          |  |  |
| 6.   | Required Signature:  |   |  |  | 10.50.840        | o                        |  |  |
|  | The Notice of Change of Officials manager managed (AS 10.50.84 documents filed with the commis of a class A misdemeanor.   |   |  |  |                  | ту                       |  |  |
|  | Signature:   | 7   | Date:  | 11/27/19   | ·                | _                        |  |  |
|  | Printed Name: 5 feet   | Dite  |  | / /  |                  |                          |  |  |
|  | Title of Authorized Signer:  | Member  | Manager  | Attorney-i   | n-fact           | -                        |  |  |
| 5 <del>7</del>   | If signing on behalf of a member or m<br>with the member entity. For example   | anager which is an entity,<br>: John Smith, President o | then identify the signe<br>f XYZ Inc. the sole mer   | r's relationship and signii<br>nber of ABC LLC.  | ng authorit      | у                        |  |  |



PO Box 110806

Juneau, AK 99811-0806 Phone: (907) 465-2550 Fax: (907) 465-2974

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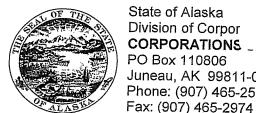
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Please return this document with your filing. This information will only be used to resolve questions with the filings attached. **NOTE**: this form will not be filed for record or appear online.

Name of entity as it appears on filing:

| reams of office appears on filling.  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Palmer Alexander LIC   |  |  |  |  |  |  |  |
| To resolve questions with this filing, contact:  |  |  |  |  |  |  |  |
| Name: Stere Dite   |  |  |  |  |  |  |  |
| Email: 5 tere @ plingule horse com Phone: 907.360.7765   |  |  |  |  |  |  |  |
| Email: 5 tere & palmy alcharge com Phone: 907.360.7765  Mailing address: 11711 E. Jenny Carele; Palmy AK 99645 |  |  |  |  |  |  |  |
| Return documents to:   |  |  |  |  |  |  |  |
| Name: Palorix Mehase   |  |  |  |  |  |  |  |
| Company:   |  |  |  |  |  |  |  |
| Mailing address: 1711 E. Jerry Cirile Palmay AK 29645  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Attach this form to your filings. Send all documents to: State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806



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## ARTICLES OF AMENDMENT Domestic Limited Liability Company

|   | AS 10.50.100                                | inparry                               | 0016       |  |  |  |  |  |
|---|---|---------------------------------------|------------|--|--|--|--|--|
| \$25.00 Filing Fee (non-refund  | CC 25-/                                     |                                       |            |  |  |  |  |  |
| Pursuant to Alaska Statutes 10.50.100, the undersigned corporation adopts the following amended Articles of Organization.   |   |                                       |            |  |  |  |  |  |
| ITEM 1: Name of the Entity:   | EM 1: Name of the Entity:  Alaska Entity #: |                                       |            |  |  |  |  |  |
| Palmer Alehor   | se Lie                                      | 10033                                 | 182        |  |  |  |  |  |
| ITEM 2:   |   |                                       |            |  |  |  |  |  |
| Date the original Articles of   | Organization were filed:                    | 11/3/2015                             |            |  |  |  |  |  |
| ITEM 3: List each article number being amended, and the amended article in full. Any article being changed is considered an amendment; this includes deletions, edits, corrections, or renumbering of the articles. Verify with previous Articles of Organization and amendments already filed. |   |                                       |            |  |  |  |  |  |
| #6-Management   |   |                                       |            |  |  |  |  |  |
| The Limited Liabili   | to company is M                             | angod by i                            | ts manager |  |  |  |  |  |
| Attach a separate sheet if needed.  |   | · · · · · · · · · · · · · · · · · · · |            |  |  |  |  |  |
| ITEM 4: The Articles of Amendment r   | nust be signed by a member                  | , manager, or Attornev-               | -in-Fact   |  |  |  |  |  |
|   | Steven Dile                                 | Member                                | 11/27/19   |  |  |  |  |  |
| Signaturé   | Printed name                                | Title                                 | Date       |  |  |  |  |  |
| f signing on behalf of a member or manager which is an entity, then identify signer's relationship and signing authority with the member entity.  For example: John Smith, President of XYZ Inc. the sole member of ABC LLC.  |   |                                       |            |  |  |  |  |  |
| Mail the Articles of Amendment and the non-refundable \$25.00 filing fee in U.S. dollars to   |   |                                       |            |  |  |  |  |  |

State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806



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Name of entity as it appears on filing:

Pulmar Alekanse LLC

To resolve questions with this filing, contact:

Name: Stere Dita

Email: Steve & polinyalehorse com

Phone: 907.360.7765

Mailing address:

11711 E. Jeny Circle

Polor AK 99645

Return documents to:

Name:

Palmer Alekaro

Company:

Mailing address:

111 E. Jenry Cirile, Pulney AK 99645

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