



MEMORANDUM

TO: Alcoholic Beverage Control Board

DATE: June 9, 2020

FROM: Glen Klinkhart, Interim Director

RE: 4966 Salmon Falls Lodge

Requested Action: Reinstatement and renewal

Statutory and Regulatory Authority: AS 04.06.090(b): "The board shall review all applications for licenses made under this title and may order the director to issue, renew, revoke, transfer, or suspend licenses and permits authorized under this title."

AS 04.11.540: "...If a complete application for renewal has not been filed by February 28 or the required fees and the penalty fees have not been paid by that date, the license expires at 12:00 midnight February 28."

3 AAC 304.160(f): "The board will deny a request for reinstatement submitted under (e) of this section if

(1) the license became available in accordance with 3 AAC 304.100(2) and was issued to a different applicant, unless the limit of licenses under AS 04.11.400 has not been reached; or

(2) the board finds that the failure to timely file or pay was caused by

(A) the licensee's failure to notify the board of a change of the licensee's mailing address;

(B) a transfer of ownership of the business for which the license was issued without written approval of the board in violation of AS 04.11.040;

(C) a lease of the licensed business to another person in violation of AS 04.11.450(c); or

(D) any other action of the licensee whether active or tacit that the board finds constitutes a failure to lawfully operate the business for which the license was issued."

Staff Rec.: Evaluate reinstatement request in accordance with 3 AAC 304.160(f)

Background: During the 2020/2021 licensing period, a renewal application was submitted but not completed in time. An expiration and cessation of operations letter was sent on March 12, 2020.

The licensee has submitted a request for reinstatement and complete renewal application, and all required fees on March 19, 2020.

Attachments: Request for Reinstatement
Renewal Application

Frank, Olivia M (CED)

From: Matthew Herod <MHerod@hmchospitality.com>
Sent: Thursday, March 19, 2020 11:00 AM
To: Alcohol Licensing, CED ABC (CED sponsored)
Subject: RE: 4966 Reinstatement Requirements

Categories: Complete, Olivia

Olivia-

I believe this email should cover all of the requirements for reinstatement.

1. You have my completed application. Do I need to fill out another application? If so where do I get this?
2. I paid the 1,000 reinstatement fee today 3/19. I still need a receipt from you. Please send to mherod@hmchospitality.com
3. I am not aware of any other fees.
4. See statement below for good cause.

- Submitted Liquor License on time to AMCO
- Discovered change in ownership had not been communicated to AMCO therefore they could not approve our license
- Changed ownership structure back to original format through the CBPL so Liquor License could be approved.
- CBPL has a time stamp on my paperwork showing I had it in on time, waiting on them to process.
- Submitted change in ownership and updated tourism statement to AMCO on March 12
- Called AMCO on March 13 to verify they have received our paperwork, to which they replied they were glad I called because they would not have seen it in the queue.
- Was told by AMCO we will be on the agenda on March 31st for liquor license approval.

Please let me know if you need more information or if I have meet all the criteria.

Thanks,

Matt Herod
General Manager
Salmon Falls Resort
Cell: 907-570-4420

From: Alcohol Licensing, CED ABC (CED sponsored) [mailto:alcohol.licensing@alaska.gov]
Sent: Thursday, March 19, 2020 11:33 AM
To: chris@caliberco.com; Matthew Herod
Cc: Alcohol Licensing, CED ABC (CED sponsored)
Subject: 4966 Reinstatement Requirements

Hello,

Thank you for speaking with me regarding your license reinstatement. Follow the instructions in A.S. AAC 304.160 listed below to reinstate your license.

THE SERVICE, SALE, CONSUMPTION, MANUFACTURING OR DISTRIBUTION OF ALCOHOL ON YOUR PREMISES MUST CEASE IMMEDIATELY.

Olivia Frank

Occupational Licensing Examiner
Alcohol and Marijuana Control Office

Phone: 907.269.0350

alcohol.licensing@alaska.gov

marijuana.licensing@alaska.gov



Please consider the environment before printing this e-mail.

Any guidance provided by this electronic communication is not a binding legal opinion, ruling, or interpretation that may be relied upon, but merely guidance concerning existing statutes and regulations. There may be other unique or undisclosed facts, circumstances, and information that may have changed any guidance provided in this communication.

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Alaska Alcoholic Beverage Control Board Tourism Statement

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
alcohol.licensing@alaska.gov
<https://www.commerce.alaska.gov/web/amco>
Phone: 907.269.0350

A new, transfer, or renewal application for a beverage dispensary – tourism or restaurant / eating place – tourism license must be accompanied by a written statement that explains how the establishment encourages tourism and meets the requirements listed under AS 04.11.400(d) and 3 AAC 304.325.

This document must be submitted to AMCO's main office before any tourism license application will be reviewed.

Section 1 - Establishment Information

Enter information for the business seeking to have its license renewed. If any populated information is incorrect, please contact AMCO.

Doing Business As:	Salmon Falls Lodge	License #:	4966
License Type:	Beverage Dispensary - Tourism Seasonal		

Section 2 - Tourism Statement

2.1. Explain how issuance of a liquor license at your establishment has/will encourage tourism.

The central focus of the business plan for Salmon Falls involves catering to out of town tourist, local, and regional guest. The licensee will continue to run advertising in travel/tourism publications such as resorts and lodges website and alaskatravel.com, and other online publications. The hotel has and continues to develop relationships with tour bus companies, and cruise ship industry to enhance, cater to, and expand tourism opportunities.

2.2. Explain how the facility was/will be constructed or improved as required by AS 04.11.400(d)(1):

No improvements are planned at this time. Building is approx 30 years old. WE plan on painting & making improvements

2.3 Does the licensee or applicant for this liquor license also operate the tourism facility in which this license is located?

YES

NO

2.4 If "no" who operates the tourism facility?

HEAVLIN MANAGEMENT COMPANY LLC

MAR 13 2020

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Alaska Alcoholic Beverage Control Board
Tourism Statement

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
alcohol.licensing@alaska.gov
https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

2.5 Do you offer room rentals to the traveling public?

YES NO

If "yes" answer the following questions:

How many rooms are available?

52 Rooms

How many of the available rooms (if any) have kitchen facilities (defined as: a separate sink for food preparation along with refrigeration and cooking appliance devices, including a microwave)?

NONE - COOKING Appliance / 16 Rooms have Mini Fridges

Do you stock or plan to stock alcoholic beverages in guest rooms?

YES NO

If "no" is your facility located within an airport terminal?

YES NO

2.6 If your establishment includes a dining facility, please describe that facility. If it does not please write "none".

Timbers is a Full Service Restaurant with Food being served from 6AM - 11PM.
We offer breakfast, lunch, dinner and a Bar Menu.

2.7 If additional amenities are available to your guests through your establishment (eg: guided tours or trips, rental equipment for guests, other activities that attract tourists), please describe them. If they are not offered, please write "none".

Fishing Resort - We offer fully self Guided Fishing trips.

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Alaska Alcoholic Beverage Control Board

Beverage Dispensary – Tourism License

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

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
alcohol.licensing@alaska.gov
https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing beverage dispensary-tourism liquor license that 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.

Section 1 - Establishment and Contact Information

Enter information for the business seeking to have its license renewed. If any populated information is incorrect, please contact AMCO.

Table with license information: Licensee: SF Alaska, LP; License #: 4966; License Type: Beverage Dispensary - Tourism Seasonal; Doing Business As: Salmon Falls Lodge; Premises Address: 16707 N Tongass Highway; Local Governing Body: Ketchikan Gateway Borough; Community Council: None

Mailing Address: P.O. Box 5700; City: KETCHIKAN; State: AK; ZIP: 99901

Enter information for the individual who will be designated as the primary point of contact regarding this application. This individual must be a licensee who is required to be listed in and authorized to sign this application.

Contact Licensee: JOHN C. LOEFFLER; Contact Phone: 619-647-7829; Contact Email: CHRIS@CALIBERCO.COM

Optional: If you wish for AMCO staff to communicate with an individual who is not a licensee named on this form (eg: legal counsel) about this application and other matters pertaining to the license, please provide that person's contact information in the fields below.

Name of Contact: MATTHEW HEROD - GM; Contact Phone: 907-570-4420; Contact Email: MHEROD@HACHOSPITALITY.COM



Form AB-17d: 2020/2021 Tourism 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 **corporations** or **LLCs** 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 visiting the following site: <https://www.commerce.alaska.gov/cbp/main/search/entities>

Alaska CBPL Entity #:	10033910
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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.

IL

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 **corporation**, 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 **limited liability organization**, 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 **partnership**, including a limited partnership, the following information must be completed for each **partner with an interest of 10% or more**, and for each **general partner**.

Important Note: 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 **ALL** of your qualifying officials, additional copies of this page or a separate sheet of paper may be submitted if necessary.

Name of Official:	SF MANAGER LLC			
Title(s):	GENERAL PARTNER	Phone:	480-295-7600	% Owned: 100%
Mailing Address:	8901 E MOUNTAIN VIEW RD STE 150, SCOTTSDALE, AZ, 85258			
City:	SCOTTSDALE	State:	ARIZONA	ZIP: 85258

Name of Official:	JOHN C LOEFFLER			
Title(s):	AFFILIATE	Phone:	480-295-7600	% Owned: 0
Mailing Address:	8901 E MOUNTAIN VIEW RD STE 150			
City:	SCOTTSDALE	State:	ARIZONA	ZIP: 85258

Name of Official:				
Title(s):		Phone:		% Owned:
Mailing Address:				
City:		State:		ZIP:

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MAR 13 2020



Alaska Alcoholic Beverage Control Board
Form AB-17d: 2020/2021 Tourism 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 **individual or multiple individuals** 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.

This individual is an: applicant affiliate (spouse)

Name:				Contact Phone:	
Mailing Address:					
City:		State:		ZIP:	
Email:					

This individual is an: applicant affiliate (spouse)

Name:				Contact Phone:	
Mailing Address:					
City:		State:		ZIP:	
Email:					

Section 4 – Alcohol Server Education

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

Initials

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, as set forth in AS 04.21.025 and 3 AAC 304.465.

Section 5 – License Operation

Check a single box for each calendar year that best describes how this liquor license was operated:

2018 2019

The license was regularly operated continuously throughout each year.

The license was regularly operated during a specific season each year.

The license was only operated to meet the minimum requirement of 240 total hours each calendar year. If this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this application.

The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, during one or both of the calendar years. If this box is checked, a complete copy of Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated for at least the minimum requirement, unless a complete copy of the form (including fees) has already been submitted for that year.



Alaska Alcoholic Beverage Control Board
Form AB-17d: 2020/2021 Tourism Renewal License Application

Section 6 - Violations and Convictions

Applicant violations and convictions in calendar years 2018 and 2019:

Have any notices of violation (NOVs) been issued for <u>this license</u> in the calendar years 2018 or 2019?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Has any person or entity named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted under AS 04.21.010 in the calendar years 2018 or 2019?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

Section 7 - Certifications

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

I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business.	Initials <input type="checkbox"/>
I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name or the ownership (including officers, managers, general partners, or stakeholders) from what is currently approved and on file with the Alcoholic Beverage Control (ABC) Board.	<input type="checkbox"/>
I certify on behalf of myself or of the organized entity 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.	<input type="checkbox"/>
I am submitting as part of this application a completed copy of the attached Tourism Statement form, for review by the Alcoholic Beverage Control Board.	<input type="checkbox"/>
As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Alcoholic Beverage Control Board or AMCO staff in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned to me as incomplete.	<input type="checkbox"/>

Signature of licensee
JOHN C. LOEFFLER, II
 Printed name of licensee

Signature of Notary Public
Jodi L. Sabin
 Notary Public in and for the State of ARIZONA

My commission expires: JULY 16, 2022
 Subscribed and sworn to before me this 16th day of DECEMBER, 2019.

Seasonal License? If "Yes", write your six-month operating period: _____

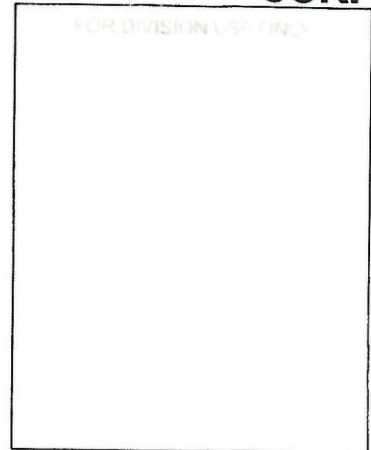
License Fee:	\$ 1250.00	Application Fee:	\$ 300.00	TOTAL:	\$ 1550.00
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					\$ 1550.00

AMCO
 JAN 13 2020



THE STATE
of **ALASKA**
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing

CORF



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
Website: *Corporations.Alaska.Gov*

Correction of Statement to Registration

Foreign Limited Partnership (AS 32.11 and AS 32.06)

- This Correction of Statement to Registration for Foreign Limited Partnership is only for a Foreign (non-Alaskan) Limited Partnership.
- Submit this filing hardcopy via fax or U.S. Mail, along with its payment.
 - Tip: if faxing, print a confirmation page from your fax machine that all pages were successfully faxed.
- For security reasons, DO NOT EMAIL forms and/or payments.
- **Processing Time:** Standard processing time from March-September is 10–15 business days. During heavy filing seasons, October – February, the processing time will be delayed. 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 32.11.450
<ul style="list-style-type: none"> • Why a Correction of Statement instead of an "amendment" to the Registration? Per AS 32.11.450, IF a statement in the application for Registration of a Foreign Limited Partnership was false when made or arrangements or <u>other facts described have changed</u> (thus) making the application (certificate of registration) inaccurate, THEN the Foreign Limited Partnership shall [mandatory] promptly file with the department a certificate [of correction], signed and sworn to by a General Partner, correcting the statement. • Before you start: Review your current Entity Details on record at <i>www.Corporations.Alaska.Gov</i> and click License Search. 	

2. Fee:	<input checked="" type="checkbox"/> \$25 Nonrefundable Filing Fee (CORF)	3 AAC 16.075(b)
Mail this form and the non-refundable \$25 filing 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 32.11.420(1)
Entity Name: <u>SF ALASKA LIMITED PARTNERSHIP</u>	
Alaska.Entity Number: <u>10033910</u>	

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MAR 13 2020

4. Mandatory Dates:

AS 32.11.020(a)(2)

Date the original Certificate of Registration for a Foreign Limited Partnership was filed for record in Alaska:

12/08/15

Date the corrections were approved by the General Partners:

6/17/19

5. Corrected Entity Legal and/or Assumed Name:

AS 32.11.420(1)

NOTE: The name of the Limited Partnership must (mandatory) include the words "limited partnership" (without abbreviations). The name of the Limited Partnership may not contain the name of a Limited Partner unless the Limited Partner is also a General Partner.

New Corrected Legal Name:

SF ALASKA LIMITED PARTNERSHIP

— and/or —

New Corrected Assumed Name:

6. Corrected Duration: Five (5) Years

AS 32.11.890 and AS 32.06.303(g)

IMPORTANT: Per Alaska Statutes AS 32.11.890 and AS 32.06.303(g), the authority of a Limited Partnership in this state is canceled (dissolved and ceases to exist) FIVE YEARS after the date this form is filed for record.

The Duration Date will automatically be for five years after the date this form is filed for record.

— or —

I am selecting a duration period of less than five (5) years.

Duration Date:

mm | dd | yyyy

7. Corrected Purpose:

AS 10.06.950

The Limited Partnership's purpose is being corrected, per the partnership agreement, as follows: (attach additional sheets as necessary)

WE FAILED TO NOTIFY AMCO OF THE CHANGE IN OWNERSHIP, THEREFORE WE MUST REVERT BACK TO OLD OWNERSHIP STRUCTURE IN ORDER TO BE APPROVED FOR LIQUOR LICENSE IN 2020.

8. Corrected NAICS Code:

AS 10.06.950

The Foreign Limited Partnership's NAICS Code is being corrected. Provide the 6-digit Alaska NAICS Code that most closely aligns with the stated purpose and activities of the Foreign Limited Partnership per the partnership agreement.

For more information about NAICS Codes, go to: www.Corporations.Alaska.Gov

Alaska NAICS Code:

7	2	1	1	1	0
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9. Principle Office: (wherever)

AS 32.11.420 (5)

Physical Address:

8901 E MOUNTAIN VIEW RD STE 150 SCOTTSDALE, AZ, 85258

Mailing Address:

8901 E MOUNTAIN VIEW RD STE 150 SCOTTSDALE, AZ, 85258

10. Office in Alaska: (if any)

AS 32.11.420 (5)

Physical Address:

Mailing Address:

11. Administrative Office: (wherever)

AS 32.11.420 (7)

The address of the office at which is kept a list of the names and addresses of the Limited Partners and their capital contributions, together with an undertaking by the Foreign Limited Partnership to keep those records until the Foreign Limited Partnership's registration in this state is canceled or withdrawn.

Physical Address:

8901 E MOUNTAIN VIEW RD STE 150 SCOTTSDALE, AZ, 85258

Mailing Address:

8901 E MOUNTAIN VIEW RD STE 150 SCOTTSDALE, AZ, 85258

12. Any Other Matters:

AS 32.11.020(d)

Any other matters the General Partners determine to correct, except Registered Agent. To change Registered Agent, submit statement of change (form 08-522) along with its \$25 filing fee.

(attach additional sheets as necessary)

13. REMOVE General and/or Limited Partners:

AS 32.11.020(a)(3) and (b)(2), and AS 32.11.030

The following General Partner(s) and Limited Partner(s) will be completely removed from record as a result of this filing.

Per AS 32.11.370, a Limited Partnership is dissolved when there are no General Partners.

Per AS 32.11.030, a Limited Partnership may be canceled any time there are no Limited Partners.

Print full legal name of General Partners and/or Limited Partners being removed from record:
(attach additional sheets as necessary)

Name:	ACG INVESTMENTS 1.67%
Name:	CALIBER HOSPITALITY LLC 10.33%
Name:	CDIF LLC 56%
Name:	GREG ESPIN 4%

SEE ADDITIONAL SHEETS

14. List ALL General Partners and Limited Partners:

AS 32.11.020(a)(3) and (b)(1), and AS 32.11.030

MANDATORY: The following is a complete list of ALL remaining and new General Partners (GP) and Limited Partners (LP) who will be on record as a result of this filing.

Per AS 32.11.040, General Partners have the authority to execute filings on behalf of the entity.

Per AS 32.11.370, a Limited Partnership is dissolved when there are no General Partners.

Per AS 32.11.030, a Limited Partnership may be canceled any time there are no Limited Partners.

Print full legal name and address of ALL General Partners and/or Limited Partners:
(attach additional sheets as necessary)

	General Partner (GP)	Limited Partner (LP)	Limited Partner % Owned
Complete Name:	X		100%
Mailing Address:			
Complete Name:		X	0%
Mailing Address:			
Complete Name:			
Mailing Address:			

15. Required Statement:

AS 32.11.020(b)(3) and AS 32.11.370(3)

STATEMENT: The remaining and new general partners listed in Item #14 above agree that the business of the Limited Partnership will continue, per the statutorily permitted duration.

IMPORTANT: Per Alaska Statutes AS 32.11.890 and AS 32.06.303(g), the authority of a Limited Partnership is canceled (dissolved and ceases to exist) FIVE YEARS after the date this form is filed for record or the most recent amendment for this entity filed for record.

B. ADDITIONAL - REMOVE GENERAL AND/OR LIMITED PARTNERS

- HEAVLIN MANAGEMENT COMPANY LLC 7.33%
- LESLIE HOSPITALITY CONSULTING LLC 6.67%
- LOWELL PETERSON - 1.33%
- SF ALASKA MANAGER LLC - 6%
- TIM BLACKWELL 6.67%

AMCO
MAR 13 2020

16. Good Standing in Home State

AS 10.60.950

Attached is a Certificate of Good Standing, issued within the last 60 days, from the home state.

17. Signatures:

AS 32.11.450

The Correction of Statement to Registration of Foreign Limited Partnership must (mandatory) be signed by a General Partner.

Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

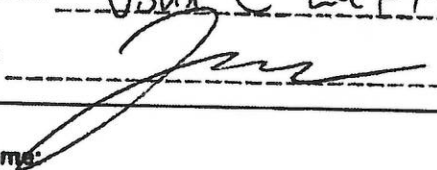
If signing on behalf of General Partner which is an entity, then identify the signer's relationship and signing authority with the General Partner. For example: John Smith, President XYZ Inc the General Partner of ABC Limited Partnership.

(attach additional sheets as necessary)

General Partner's Printed Name:

John C Loeffler II

General Partner's Signature:



Date:

3-10-2020

General Partner's Printed Name:

General Partner's Signature:

Date:

IMPORTANT: Additional licensing requirements with this division.

- **BUSINESS LICENSING:** Per AS 43.70.020 prior to engaging in business activity in this state you must (mandatory) obtain an Alaska Business License. For more information, FAQs, and forms go to: www.BusinessLicense.Alaska.Gov
- **PROFESSIONAL LICENSING:** If you are engaging in any business activity which requires professional licensure you must (mandatory) obtain it prior to applying for an Alaska Business License. For more information, FAQs, and forms go to: www.ProfessionalLicense.Alaska.Gov

AMCO

MAR 13 2020



THE STATE
of **ALASKA**

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

COR

FOR DIVISION USE ONLY

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
Website: *Corporations.Alaska.Gov*

Contact Information

- Return this form with your filing
- This information may be used by the Division to assist with processing your attached filings
- This form will not be filed for record, or appear online

Entity Information		Enter your entity information as it appears on this filing.
Entity Name:	SF ALASKA LIMITED PARTNERSHIP	
AK Entity #:	10033910	

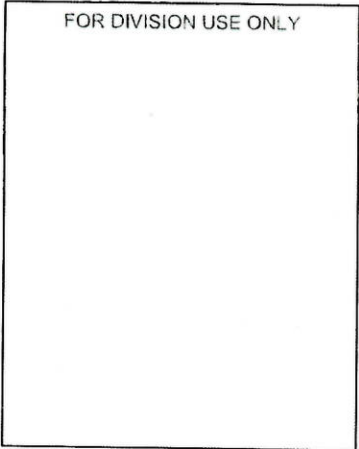
Contact Person		Whom may we contact with any questions or problems with this filing?
Company:	SALMON FALLS RESORT	
Contact:	MATT HEROD	
Mailing Address:	Address: 3165 S. PRICE RD STE 100	
	City: CHANDLER	State: AZ ZIP: 85248
Phone:	907-570-4420	
Email:	MHEROD@HMC-HOSPITALITY.COM	

Document Return Address		Provide an address for the return of your filed documents.
<input checked="" type="checkbox"/> Return my filings to the address provided ABOVE <input type="checkbox"/> Return my filings to this address provided BELOW		
Company:		
Contact:		
Mailing Address:	Address:	
	City:	State: ZIP:



THE STATE of ALASKA

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



State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: SF ALASKA LP

Program Type: License Number (if applicable): 10033910

I wish to make payment by credit card for the following (check all that apply): AMOUNT

[X] Application Fee: FILING FEE 25.00

[] License or Renewal Fee:

[] Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1.

2.

TOTAL: 25.00

Name (as shown on credit card): MATTHEW R HEROD

Mailing Address: 8517 E WILSHIRE DR, SCOTTSDALE, AZ 85257

Phone Number: 907-570-4420 Email (optional): MHEROD@HUCOSPITALITY.COM

Signature of Credit Card Holder: Matthew R Herod

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

- 1. Account Number:
2. Expiration Date:
3. Billing ZIP Code:
4. Security Code:

All four fields MUST be completed!

This section will be destroyed after the payment is processed.

MAR 13 2020

Frank, Olivia M (CED)

From: Matthew Herod <MHerod@hmchospitality.com>
Sent: Thursday, March 19, 2020 11:00 AM
To: Alcohol Licensing, CED ABC (CED sponsored)
Subject: RE: 4966 Reinstatement Requirements

Categories: Complete, Olivia

Olivia-

I believe this email should cover all of the requirements for reinstatement.

1. You have my completed application. Do I need to fill out another application? If so where do I get this?
 2. I paid the 1,000 reinstatement fee today 3/19. I still need a receipt from you. Please send to mherod@hmchospitality.com
 3. I am not aware of any other fees.
 4. See statement below for good cause.
- Submitted Liquor License on time to AMCO
 - Discovered change in ownership had not been communicated to AMCO therefore they could not approve our license
 - Changed ownership structure back to original format through the CBPL so Liquor License could be approved.
 - CBPL has a time stamp on my paperwork showing I had it in on time, waiting on them to process.
 - Submitted change in ownership and updated tourism statement to AMCO on March 12
 - Called AMCO on March 13 to verify they have received our paperwork, to which they replied they were glad I called because they would not have seen it in the queue.
 - Was told by AMCO we will be on the agenda on March 31st for liquor license approval.

Please let me know if you need more information or if I have meet all the criteria.

Thanks,

Matt Herod
General Manager
Salmon Falls Resort
Cell: 907-570-4420

From: Alcohol Licensing, CED ABC (CED sponsored) [mailto:alcohol.licensing@alaska.gov]
Sent: Thursday, March 19, 2020 11:33 AM
To: chris@caliberco.com; Matthew Herod
Cc: Alcohol Licensing, CED ABC (CED sponsored)
Subject: 4966 Reinstatement Requirements

Hello,

Thank you for speaking with me regarding your license reinstatement. Follow the instructions in A.S. AAC 304.160 listed below to reinstate your license.