

Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501

alcohol.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

## **Tourism Statement**

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 completed and submitted to AMCO's main office before any tourism license application will be reviewed.

|                            | usiness seeking to have its license renewed.                                   | · · · · · · · · · · · · · · · · · · · |         |
|----------------------------|--|---------------------------------------|---------|
| Doing Business As:         | Norton Sound Seafood House   | License #:                            | 4988    |
| License Type:              | Beverage Dispensary - Tourism  |                                       |         |
|                            | Section 2 – Tourism State  | ment                                  |         |
| 1. Explain how issuance    | of a liquor license at your establishment has/will encoura                     | age tourism.                          |         |
| Please see attached        | d "Tourism Statement"  |                                       |         |
|                            |  |                                       |         |
|                            |  |                                       |         |
|                            |  |                                       |         |
|                            |  |                                       |         |
|                            |  |                                       |         |
| 2. Explain how the facilit | y was/will be constructed or improved as required by AS                        | 6 04.11.400(d)(1):                    |         |
| Diameter and the single    | d III and and Chatana and II   |                                       |         |
| Please see attache         | d "Tourism Statement"  |                                       |         |
|                            |  |                                       |         |
|                            |  |                                       |         |
|                            |  |                                       |         |
|                            |  |                                       |         |
|                            |  | YES                                   | NO      |
|                            | pplicant for this liquor license also operate the                              | YES                                   | NO<br>X |
|                            | pplicant for this liquor license also operate the ich this license is located? | YES                                   | NO      |



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#### Alaska Alcoholic Beverage Control Board

# **Tourism Statement**

| 2.5 Do you offer room rentals to the traveling public?   | YES          | NO<br>X         |
|--|--------------|-----------------|
| If "yes" answer the following questions:   |              |                 |
| How many rooms are available?  |              |                 |
| N/A  |              |                 |
| How many of the available rooms (if any) have kitchen facilities (defined as: a separate sink for with refrigeration and cooking appliance devices, including a microwave)?  | food prepara | ation along     |
| N/A  |              |                 |
| Do you stock or plan to stock alcoholic beverages in guest rooms?  | YES          | NO<br>X         |
| 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 wr  | ite "none".  |                 |
| Located inside Ted Stevens Anchorage International Airport, A Concourse. It feat bar with bar seats. It also features a dining room with booth and regular table seakitchen in the back to prepare full meals.       |              | _               |
| 2.7 If additional amenities are available to your guests through your establishment (eg: guided tours o guests, other activities that attract tourists), please describe them. If they are not offered, please write |              | l equipment for |
| None   |              |                 |

#### **TOURISM STATEMENT**

# Host Chen ANC FB LLC d/b/a Norton Sound Seafood House Licenses #4988

Global restaurateur Host International, Inc. ("Host") is a world leader in creating dining for travel venues. Host operates in more than 100 airports around the globe, including the 20 busiest airports in North America.

In order to encourage tourism, Host brings the freshest ingredients right from the local area, into Ted Stevens Anchorage International Airport with *Norton Sound Seafood House*, a Host original concept that was designed specifically for the airport with contributions to the menu from Alaska's celebrity chef, Al Levinson.

Norton Sound Seafood House serves up local seafood; it is your last chance for Alaskan salmon and halibut fresh in season, before boarding. It is located pre and post-security with a comfortable and contemporary atmosphere. Our pre-security location is ideal to have a farewell meal with visitors before they have to go through security. It is a great place for patrons to enjoy some Alaskan fare before their flight. Halibut and salmon can be ordered blackened or grilled. The most popular item on the menu is the Halibut and Chips. All are favorites with most tourists.

Norton Sound Seafood House also embraces the finest in local brewing, and offers an array of top shelf and signature cocktails. Norton Sound Seafood House provides travelers a taste of what the region has to offer.

Currently, no additional amenities are offered, however, in order to attract more tourism, *Norton Sound Seafood House* and Alaska National Wildlife partnered together to hang a full size float plane above the restaurant.

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

**ISSUED** 11/23/2021 ABC BOARD LIQUOR LICENSE 2022 - 2023

**TEMPORARY** 

4988

LICENSE RENEWAL APPLICATION DUE DECEMBER 31, 2023 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2024 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispen

LICENSE FEE: \$2,500.00

1106

D/B/A: Norton Sound Seafood Hou.

Ted Stevens Anchorage Intern.

Mail Address:

Host Chen ANC FB LLC 6905 Rockledge Drive, MS 7-1 Bethesda, MD 20817

CITY / BOROUGH: Anchorage, Muni. of

Anchorage

This license cannot be transferred without permission of the Alcoholic Beverage Control Board

[ ] Special restriction - see reverse side

ISSUED BY ORDER OF THE ALCOHOLIC BEVERAGE CONTROL BOARD

04-900 (REV 7/21)

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

**ISSUED** 11/23/2021 ABC BOARD LIQUOR LICENSE 2022 - 2023

4988

LICENSE RENEWAL APPLICATION DUE DECEMBER 31, 2023 (AS 04.11.270(b))

**TEMPORAR** 

THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2024 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Disper

LICENSE FEE: \$2,500.00

CITY / BOROUGH: Anchorage, Muni. of

Anchorage

This license cannot be transferred without permission of the Alcoholic Beverage Control Board

[ ] Special restriction - see reverse side

ISSUED BY ORDER OF THE Ted Stevens Anchorage International Airpdrt, Steal COHOLIC BEVERAGE CONTROL BOARD

DIRECTOR

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES 04-900 (REV 7/21)

Host Chen ANC FB LLC

6905 Rockledge Drive, MS 7-1

Norton Sound Seafood House

D/B/A:

Mailing Address: '

Bethesda, MD 20817



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

https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

# Form AB-17: 2022/2023 General Renewal Application

- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2021 per AS 04.11.270, 3 AAC 304.160, with all required fees paid in full, or a non-refundable \$500.00 late fee applies.
- Any complete application for renewal or any fees for renewal that have not been postmarked by 02/28/2022 will be expired per AS 04.11.540,3 AAC 304.160(e).
- All fields of this application must be deemed complete by AMCO staff and must be accompanied by the required fees and all documents required, or the application will be returned without being processed, per AS 04.11.270, 3 AAC 304.105
- Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees in any way that an application will be deemed complete, renewed, or that it will be scheduled for the next ABC Board meeting.

| Licensee (Owner):   | Host Chen ANC FB LLC   |                                      |   | License #:                                | 4988                     |
|---|--|--------------------------------------|---|---|--------------------------|
| License Type:   |  |                                      |   |   |                          |
|   | Beverage Dispensary - To   | urism                                |   |   |                          |
| Doing Business As:  | Norton Sound Seafood Ho  | ouse                                 |   |   |                          |
| Premises Address:   | Ted Stevens Anchorage I  | <u>nternational</u>                  | Airport Ste C205  | 52  |                          |
| <b>Local Governing Body:</b>  | Anchorage  |                                      |   |   |                          |
| Community Council:  | Sand Lake  |                                      |   |   |                          |
| your mailing address h  | as changed, write the NEW addr   | ess below:                           |   |   |                          |
| Mailing Address:  |  |                                      |   |   |                          |
| City:   |  | State:                               |   | ZIP:                                      |                          |
| ust be listed on CBPL with t<br>nis person will be the design   | nated point of contact regarding this  | in Section 2 or 3                    | as an Official/Owne   | is completed                              | •                        |
| ust be listed on CBPL with t  | dividual listed below must be listed in the same name and title.  The same point of contact regarding this   | in Section 2 or 3                    | as an Official/Owne   | is completed                              | •                        |
| ust be listed on CBPL with t<br>nis person will be the design   | dividual listed below must be listed in the head in the same name and title.   | in Section 2 or 3                    | as an Official/Owner the Optional contact Contact Phone                   | is completed                              | l.                       |
| ust be listed on CBPL with the his person will be the design Contact Licensee:  Contact Email:  | dividual listed below must be listed he same name and title. hated point of contact regarding this  Jeffrey L. Poersch   | in Section 2 or 3                    | as an Official/Owner the Optional contact  Contact Phone:                 | is completed                              | .271.9005                |
| ust be listed on CBPL with the his person will be the design Contact Licensee:  Contact Email:  | dividual listed below must be listed he same name and title. hated point of contact regarding this  Jeffrey L. Poersch  licensing@hmshost.com  | in Section 2 or 3                    | as an Official/Owner the Optional contact  Contact Phone:                 | is completed                              | .271.9005                |
| ust be listed on CBPL with this person will be the design Contact Licensee: Contact Email: ptional: If you wish for AMCO                                | dividual listed below must be listed the same name and title.  nated point of contact regarding this leftrey L. Poersch  licensing@hmshost.com  O staff to communicate with anyone other.  | in Section 2 or 3<br>license, unless | the Optional contact  Contact Phone  act Licensee about you               | is completed                              | .271.9005<br>.hem below: |
| ust be listed on CBPL with this person will be the design Contact Licensee: Contact Email: ptional: If you wish for AMCONTAME OF Contact:               | dividual listed below must be listed he same name and title. nated point of contact regarding this Jeffrey L. Poersch licensing@hmshost.com  O staff to communicate with anyone other points of the staff to communicate with any other points of the staff to communicate with anyone other points of the staff to communicate with any other points of the staff to communicate with any other points of the staff to communicate with any other points of the staff to communicate with any other points of the staff to communicate with any other points of the staff to comm | in Section 2 or 3<br>license, unless | the Optional contact  Contact Phone  act Licensee about you               | is completed 240 ur license, list 1       | .271.9005<br>.hem below: |
| ust be listed on CBPL with this person will be the design Contact Licensee: Contact Email: ptional: If you wish for AMCONAME of Contact: Contact Email: | dividual listed below must be listed he same name and title. nated point of contact regarding this  Jeffrey L. Poersch licensing@hmshost.com  Staff to communicate with anyone oth Joan Bennett licensing@hmshost.com  | in Section 2 or 3                    | the Optional contact Contact Phone: act Licensee about you Contact Phone: | is completed 240 ur license, list 1       | .271.9005<br>hem below:  |
| ust be listed on CBPL with this person will be the design Contact Licensee: Contact Email: ptional: If you wish for AMCONAME of Contact: Contact Email: | dividual listed below must be listed he same name and title. nated point of contact regarding this licensing@hmshost.com  Staff to communicate with anyone oth licensing@hmshost.com  Joan Bennett  licensing@hmshost.com  Gabrielle Zuccari   | in Section 2 or 3                    | the Optional contact Contact Phone: act Licensee about you Contact Phone: | is completed 240  ur license, list to 240 | .271.9005<br>hem below:  |



#### **Alaska Alcoholic Beverage Control Board**

## Form AB-17: 2022/2023 License Renewal Application

#### **Section 2 – Entity or Community Ownership Information**

#### Sole Proprietors should skip this Section.

Use the link from Corporations, Business and Professional Licensing (CBPL) below to assist you in finding the Entity #.

https://www.commerce.glaska.gov/cbp/main/search/entities

|                       | The state of the s |
|-----------------------|--|
| Alaska CBPL Entity #: | 10048595   |

**READ BEFORE PROCEEDING:** Any new or changes to Shareholders (10% or more), Managers, Corporate Officers, Board of Directors, Partners, Controlling Interest or Ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI-approved card stock, AB-08a's, payment of \$48.25 for each new officer with a date-stamped copy of the CBPL change per AS 04.11.045, 50 & 55, or a Notice of Violation will be issued to your establishment and your application will be returned.

The only exception to this is a Corporation who can meet the requirements set forth in AS 04.11.050(c).

#### DO NOT LIST OFFICERS OR TITLES THAT ARE NOT REQUIRED FOR YOUR ENTITY TYPE.

- Corporations of any type including non-profit must list ONLY the following:
  - o All shareholders who own 10% or more stock in the corporation
  - o Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- Limited Liability Corporations, of any type must list ONLY the following:
  - o All Members with an ownership interest of 10% or more
  - o All Managers (of the LLC, not the DBA) regardless of percentage owned
- Partnerships of any type, including Limited Partnerships must list ONLY the following:
  - o Each Partner with an interest of 10% or more
  - o All General Partners regardless of percentage owned

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, all required titles, phone number, percentage of shares owned (if applicable) and a full mailing address for each official of your entity whose information we require. If more space is needed: attach additional completed copies of this page. Additional information not on this page will be rejected.

| Name of Official: | Host International, Inc. |        |              |          |     |
|-------------------|--------------------------|--------|--------------|----------|-----|
| Title(s):         | Member                   | Phone: | 240.694.4100 | % Owned: | 88% |
| Mailing Address:  | 6905 Rockledge Drive, M  | IS 7-1 |              |          |     |
| City:             | Bethesda                 | State: | Maryland     | ZIP: 20  | 817 |

| Name of Official: | Chen-Alaska, Inc. |        |              |                |     |
|-------------------|-------------------|--------|--------------|----------------|-----|
| Title(s):         | Member            | Phone: | 907.203.6191 | % Owned:       | 12% |
| Mailing Address:  | 118 Parkwood      |        |              |                |     |
| City:             | Irvine            | State: | California   | <b>ZIP:</b> 92 | 620 |

| Name of Official: | Please see attached for entity officials |          |  |  |  |
|-------------------|--|----------|--|--|--|
| Title(s):         | Phone:                                   | % Owned: |  |  |  |
| Mailing Address:  |  |          |  |  |  |
| City:             | State:                                   | ZIP:     |  |  |  |

| Entity Official:   | Title(s): | Phone:       | % Owned: | Address:            |
|--------------------|-----------|--------------|----------|---------------------|
| Paul Mamalian      | Affiliate | 240.694.4100 | 0        | 6905 Rockledge      |
|                    |           |              |          | Drive, MS 7-1,      |
|                    |           |              |          | Bethesda, MD 20817  |
| Mark T. Ratych     | Affiliate | 240.694.4100 | 0        | 6905 Rockledge      |
|                    |           |              |          | Drive, MS 7-1,      |
|                    |           |              |          | Bethesda, MD 20817  |
| Jon Stentz         | Affiliate | 240.694.4100 | 0        | 6905 Rockledge      |
|                    |           |              |          | Drive, MS 7-1,      |
|                    |           |              |          | Bethesda, MD, 20817 |
| Jeffrey L. Poersch | Affiliate | 240.694.4100 | 0        | 6905 Rockledge      |
|                    |           |              |          | Drive, MS 7-1,      |
|                    |           |              |          | Bethesda, MD 20817  |



#### Alaska Alcoholic Beverage Control Board

# Form AB-17: 2022/2023 License Renewal Application

#### Section 3 - Sole Proprietor Ownership Information

## Corporations, LLC's and Partnerships of ALL kinds should skip this section.

READ BEFORE PROCEEDING: Any new or changes to the ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI approved cardstock, AB-08a's, payment of \$48.25 for each new owner or officer and a date stamped copy of the CBPL change per AS 04.11.045, or a Notice of Violation will be issued to your establishment and your application will be returned.

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, phone number, and mailing address for each owner or partner whose information we require.

If more space is needed, attach additional copies of this page. Additional owners not listed on this page will be rejected.

| This individual is an:  | Applic  | cant  | Affiliate  |  |  |                           |           |         |
|---|---|---|--|--|--|---------------------------|-----------|---------|
| Name:   |   |   |  |  | Contact Phone:   |                           |           |         |
| Mailing Address:  | 50 701  |   |  |  |  |                           |           |         |
| City:   |   |   |  | State:   |  | ZIP:                      |           |         |
| Email:  |   |   |  |  |  |                           |           |         |
| This individual is an:  | Applic  | cant  | Affiliate  |  |  |                           |           |         |
| Name:   |   |   |  |  | Contact Phone:   |                           |           |         |
| Mailing Address:  |   |   |  |  |  |                           |           |         |
| City:   |   |   |  | State:   |  | ZIP:                      |           |         |
| Email:  |   |   |  | •  |  |                           |           |         |
|   |   |   | Section 4  | - License O  | peration   |                           |           |         |
| 2. The license was only of If your operation data  3. The license was only of A complete AB-30: Property of the license was not of hours each year, during and corresponding feelif you have not met. | arly operated du es have cha eperated to oof of Minir eperated at a ng one or b es must be s the minimu | ed continuo uring a speci- unged, list the meet the mi mum Operat all or was not oth calendar submitted w um number | inition of the control of the contro | r. (Year-round) onal) O total hours each calen- mentation must be prov minimum requirement of NB-29: Walver of Operat th calendar year during to | dar year.<br>vided with this form.<br>of 240 total<br>tion Application<br>which the license was not operated<br>are not required to pay the fees | [<br>[<br>                | 2020<br>X | 2021 X  |
|   |   | Se  | ction 5 – Viol   | ations and   | Convictions  |                           |           |         |
| convicted of a violation  | on of Title<br>ecked YES  | 04, 3AAC<br>6, <u>you MU</u>  | C304 or a local ordina<br>I <mark>ST attach a list of al</mark>  | ance adopted unde<br>I Notices of Violati  | entity in this application be<br>or AS 04.21.010 in 2020 or 2<br>ion and/or Convictions per  | 021?<br><i>AS 04.11.2</i> |           | No<br>X |
| <u>If you ar</u>  | e unsure  | if you hav  | ve received any Noti   | ces of Violation, co   | ontact the office before sub   | mitting th                | is form.  |         |

AMCC



#### Alaska Alcoholic Beverage Control Board

## Form AB-17: 2022/2023 License Renewal Application

#### **Section 6 - Certifications**

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, are true, correct, and complete.

- I agree to provide all information required by the Alcoholic Beverage Control Board or requested by 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 and potentially expired if I do not comply with statutory or regulatory requirements.
- 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.
- I certify that this entity is in good standing with Corporations, Business and Professional Licensing (CBPL) and that all entity
  officials and stakeholders are current and accurately listed, and I have provided AMCO with all required changes of
  Shareholders (10% or more), Managers, Corporate Officers/Board of Directors, Partners, Controlling Interest or Ownership of
  the business license, and have provided all required documents for any new or changes in officers.
- I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of patrons
  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, if applicable for this license type as set forth
  in AS 04.21.025 and 3 AAC 304.465.
- 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 from what is currently approved and on file with the Alcoholic Beverage Control Board.

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.

Signature of licensee Signature of Notary Public

Jeffrey L. Poersch, Affiliate - Assistant Secretary

Printed name of licensee

Notary Public in and for the State of: <u>Maryland</u>.

My commission expires: <u>April 9, 203</u>

Subscribed and sworn to before me this <u>26</u> day of <u>October</u>, 20<u>21</u>.

JOAN C. BENNETT Notary Public-Maryland Montgomery County My Commission Expires April 09, 2023

Restaurant/Eating Place applications must include a completed AB-33: Restaurant Receipts Affidavit
Recreational Site applications must include a completed Recreational Site Statement
Tourism applications must include a completed Tourism Statement
Wholesale applications must include a completed AB-25: Supplier Certification
Common Carrier applications must include a current safety inspection certificate

All renewal and supplemental forms are available online

Any application that is not complete or does not include ALL required completed forms and fees will not be processed and will be returned per AS 04.11.270, 3 AAC 304.105.

#### FOR OFFICE USE ONLY

| License Fee: | \$ 2500 | Application Fee: | \$ 300.00 | Misc. Fee: | \$      |
|--------------|---------|------------------|-----------|------------|---------|
|              | 3300    | Total Fees Due:  |           |            | \$ 2500 |

AMCO

State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Business License / License #2090089

# LICENSE DETAILS

License #: 2090089

Print Business License

**Business Name:** Norton Sound Seafood House

Status: Active

Issue Date: 07/17/2019

Expiration Date: 12/31/2023

Mailing Address: Ted Stevens Anchorage International Airport

5000 West International Airport Road

Anchorage, AK 99502

Physical Address: 6905 ROCKLEDGE DRIVE MS 7-1

Bethesda, MD 20817

### **Owners**

Host Chen ANC FB LLC

## **Activities**

| Line of Business                     | NAICS                             | Professional License # |
|--------------------------------------|-----------------------------------|------------------------|
| 72 - Accommodation and Food Services | 722110 - FULL-SERVICE RESTAURANTS |                        |

## **Endorsements**

No Endorsements Found

# **License Lapse(s)**

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

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# Department of Commerce, Community, and Economic Development CORPORATIONS, BUSINESS & PROFESSIONAL LICENSING

State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Corporations / Entity Details

# **ENTITY DETAILS**

## Name(s)

**Type** 

Name

Legal Name

Host Chen ANC FB LLC

**Entity Type:** Limited Liability Company

Entity #: 10048595

Status: Good Standing

**AK Formed Date: 1/18/2017** 

**Duration/Expiration:** Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2023

Entity Mailing Address: 6905 ROCKLEDGE DR, BETHESDA, MD 20817

Entity Physical Address: 6905 ROCKLEDGE DR, BETHESDA, MD 20817

# **Registered Agent**

Agent Name: Gary McCutcheon

Registered Mailing Address: 1001 C ST, ANCHORAGE, AK 99501

Registered Physical Address: 1001 C ST, ANCHORAGE, AK 99501

## **Officials**

|             |                          |        | ☐Show Former |
|-------------|--------------------------|--------|--------------|
| AK Entity # | Name                     | Titles | Owned        |
| 41576D      | CHEN-ALASKA, INC.        | Member | 12.00        |
| 41693F      | HOST INTERNATIONAL, INC. | Member | 88.00        |

# **Filed Documents**

| Date Filed | Туре            | Filing        | Certificate   |
|------------|-----------------|---------------|---------------|
| 1/18/2017  | Creation Filing | Click to View | Click to View |
| 5/18/2017  | Initial Report  | Click to View |               |
| 11/30/2018 | Biennial Report | Click to View |               |
| 8/30/2019  | Correction      | Click to View | Click to View |
| 12/10/2020 | Biennial Report | Click to View |               |
| 11/04/2021 | Agent Change    | Click to View |               |

 ${\tt COPYRIGHT} @ {\tt STATE} \ OF \ ALASKA \cdot \underline{{\tt DEPARTMENT}} \ OF \ {\tt COMMERCE}, \ {\tt COMMUNITY}, \ {\tt AND} \ {\tt ECONOMIC} \ {\tt DEVELOPMENT} \ \cdot \\ \\$