THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

Alcohol and Marijuana Control Office

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

MEMORANDUM

TO: Alcoholic Beverage Control Board

DATE: January 27, 2025

FROM: Alysha Pacarro, Licensing Examiner II

RE: 4584 Genuine Ventures, LLC
2025-2026 Renewal Application, 3rd Waiver of Operations

Applicable statute: AS 04.11.330(a)(3). An application requesting renewal of a license or endorsement shall be denied if the applicant has not operated the licensed premises for at least 240 hours during each of the two preceding calendar years, unless the board determines that the licensed premises are under construction or cannot be operated through no fault of the applicant; …

Applicable regulation: **3 AAC 305.120 Waiver of annual operating requirement and minimum operating requirements.** (a) Except as provided in this section, the board will deny an application for renewal of a license or a license with one or more endorsements if the licensed premises were not operated for the time required under AS 04.11.330(a)(3) or (d).

(b) A licensee may submit a waiver application to the board to request a waiver of the operating requirement in AS 04.11.330 (a)(3) or (d). Under AS 04.11.330(a)(3), the board will determine whether, through no fault of the licensee or because the premises are under construction, the licensed premises could not be operated for the required time during the preceding calendar year.

(c) A waiver application for a calendar year must be made in writing to the board and must be accompanied by the non-refundable application fee of (1) an amount equal to one-half the applicable biennial license fee if a waiver application was not made for the previous year; or (2) double the amount of the fee paid for the previous waiver application.

(d) A waiver application must include a statement from the licensee explaining why the licensed premises was not in compliance with AS 04.11.330(a)(3) or (d). The licensee must provide a copy of the waiver application to any local governing body with jurisdiction over the license and licensed premises.

(e) The board may deny a third or subsequent, consecutive application for waiver (1) unless the licensee clearly shows that the licensed premises were not operated, because the premises were condemned or substantially destroyed by any cause; or (2) the licensee holds a common carrier dispensary license and is a boat weighing over 1,000 tons;

(f) Absent circumstances to the contrary, the board will deny a third or subsequent, consecutive application for waiver in the event of condemnation or destruction of the premises if the premises

identified on an applicant's license are not leased or owned by the licensee Additionally, a third or subsequent consecutive application for waiver that does not identify a licensed premises location will be denied.

(g) The board may impose conditions along with the approval of a waiver application.

(h) If a waiver application is denied, an application for license renewal for the succeeding license period will be denied by the board under AS 04.11.330(a)(3).

(i) In addition to the application fee under (c) of this section, the applicant shall pay $1,000 for an application that is received too late for board consideration at its last meeting of the calendar year for which the waiver is requested.

(j) In the event of the death of a licensee, destruction of the premises, or comparable circumstances showing extraordinary hardship, the board may waive the fees required under (c) and (i) of this section.

(k) If a license is exercised only to satisfy the minimum operating requirement under AS 04.11.330(a)(3) or 3 AAC 305.110, a licensee shall operate in a similar fashion to other licensed premises of the same type by meeting the following operating requirements as appropriate for the license type: (1) provide signage of sufficient size and visibility to show that the premises is open for business, including the business name and hours of operation; (2) offer a variety of brewed beverages, wines, and distilled spirits for sale at the licensed premises, as appropriate to the type of license, (3) for a licensed package store premises, visibly display the alcoholic beverages stock; (4) for a beverage dispensary licensed premises, provide seating for at least one-half of the maximum number allowed by the occupancy permit; (5) comply with all state or municipal health, fire, and zoning laws or ordinances required for the operation of business; (6) maintain a record of all purchases of alcoholic beverages for resale on the licensed premises; and (7) record sales with a cash register or point of sale system that retains a record of transactions.

(l) The licensee has the burden of proof to show that the licensed premises were operated for the minimum required period of time and met the operating requirements under (k) of this section. The licensee may provide receipts, invoices, photographs, permits, timecards, and other records to meet the burden of proof. If the licensee fails to provide proof that one or more of the operating requirements was met, the board may consider additional documentation provided by the licensee to determine whether the licensee has met the burden of proof.

(m) If a new license is issued between November 20 and December 31, the licensee is exempt from filing a waiver of annual operating requirement for that year.

Background: This is the third waiver requested for this license. Licensee states that this license is at no premises and was not used or sold. They are working on finding a buyer for them to transfer this license to.

Attachment: Memo, 3rd Waiver Application for 2025, 2nd Waiver Application for 2024 (approved administratively), and 1st Waiver Application for 2023 (approved administratively), 2025-2026 Renewal.

Waiver of Operation

Selected License Information

License Number	Trade Name	Location Address
4584	**Tracy's King Crab Shack**	**No Premises, Juneau, AK, 99801**

Request Count

1

Operating Year

2025

Provide an explanation as to why the licensed premise was not operated.

No Premise. License was not used or sold. Waiting for AMCO decisions on licenses.

Attestations

I certify that I have provided adequate notice to the local governing body on file prior to ABC Board consideration of this application.
I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Signature

This application was digitally signed by : Tracy LaBarge on 01/08/2025 02:29 PM AKST

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

Alaska Alcoholic Beverage Control Board

Form AB-29: Waiver of Operation Application

Why is this form needed?

This form is the means by which a licensee may request that the Alcoholic Beverage Control (ABC) Board waive the operating requirement of AS 04.11.330(a)(3) or (d). If a recreational site license has not been operated at least once in a calendar year, or if a license of any other type has not been operated for at least 240 hours in each calendar year, then a complete copy of this form and the corresponding fees must be submitted for that calendar year, per 3 AAC 304.170.

This application must be accompanied by a non-refundable waiver application fee of:

- **for a 1st request, an amount equal to ½ the applicable biennial license fee; or**
- **for a 2nd or subsequent request, double the amount of the fee paid for the previous waiver application.**

The ABC Board will determine whether, through no fault of the licensee or because the premises are under construction, the licensed premises count not be operated for the required time during the calendar year. The ABC Board may impose conditions along with the approval of an application for waiver, and it may deny a third or subsequent application for waiver. If an application for waiver is denied, an application for license renewal for the succeeding license period will be denied by the Board. In addition to the waiver application fee, the applicant must pay a late fee of $1,000 for an application that is received too late for Board consideration at its meeting before November 30 of the year for which the waiver is requested. Please check AMCO's website for meeting agenda deadlines.

Please note that a licensee must submit a separate completed copy of this form and pay a separate corresponding fee for each license and for each calendar year during which a license was not operated in compliance with AS 04.11.330.

Section 1 – Establishment Information

Enter information for the license that has not been operated for the time required under AS 04.11.330.

Licensee:	Genuine Ventures, LLC	**License Number:**	4584
License Type:	Restaurant/Eating Place		
DBA:	Tracy's King Crab Shack		
Premises Address:	NO Premises		
City:		**State:**	**ZIP:**
Local Governing Body:	City Borough of Juneau		

Section 2 – Request Number and Calendar Year

☐ 1st Request ☒ 2nd Request ☐ 3rd Request ☐ Other _____

Request for Calendar Year 2024

Approved 9/23/2025

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Alaska Alcoholic Beverage Control Board

Form AB-29: Waiver of Operation Application

Section 3 – Reason for Non-operation

Provide an explanation as to why the licensed premises were not operated:

The premises address operates with a Beverage Dispensary-Seasonal license.

Section 4 – Certifications

The following must be completed for establishments located within the boundaries of a local governing body:

Read the line below, and then sign your initials in the box to the right of the statement:	Initials
I certify that I will provide a true copy of this application to the local governing body listed on Page 1 of this form prior to ABC Board consideration of this application.	TZ
I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.	TZ

Tracy LaBarge
Printed name of licensee

DocuSigned by:
Tracy LaBarge
5A29560DA4334SD...
Signature of licensee

Office Use Only					
Waiver Application Fee:		***Late Fee:***		***Transaction #:***	

docusign

Certificate Of Completion

Envelope Id: 86EE094C-4BFA-47FA-ABFB-0BD74A207E0F
Subject: Lic #4584 dba Tracy's King Crab Shack - DocuSign AB-29 1st + 2nd Waivers and AB-33
Source Envelope:
Document Pages: 3
Certificate Pages: 3
AutoNav: Enabled
EnvelopeId Stamping: Disabled
Time Zone: (UTC-09:00) Alaska

Signatures: 3
Initials: 0

Status: Completed

Envelope Originator:
Alysha Pacarro
PO Box 110206
Juneau, AK 99811
alysha.pacarro@alaska.gov
IP Address: 158.145.14.58

Record Tracking

Status: Original
9/15/2025 3:51:43 PM
Security Appliance Status: Connected
Storage Appliance Status: Connected

Holder: Alysha Pacarro
alysha.pacarro@alaska.gov
Pool: StateLocal
Pool: State of Alaska

Location: DocuSign

Location: Docusign

Signer Events	Signature	Timestamp
Tracy LaBarge tracy@kingcrabshack.com Owner Tracy's King Crab Shack Security Level: Email, Account Authentication (None)	DocuSigned by: Tracy LaBarge 5A2956DDA43450...	Sent: 9/15/2025 4:03:31 PM Viewed: 9/15/2025 4:04:16 PM Signed: 9/15/2025 4:04:30 PM
Electronic Record and Signature Disclosure: Accepted: 9/15/2025 4:04:16 PM ID: ca2efd2f-2b28-45d7-8103-64eafb8e2694 Company Name: State of Alaska	Signature Adoption: Pre-selected Style Using IP Address: 2a09:bac2:58b9:1541::21e:137 Signed using mobile	

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	**Status**	**Timestamp**
Agent Delivery Events	**Status**	**Timestamp**
Intermediary Delivery Events	**Status**	**Timestamp**
Certified Delivery Events	**Status**	**Timestamp**
Carbon Copy Events	**Status**	**Timestamp**
Witness Events	**Signature**	**Timestamp**
Notary Events	**Signature**	**Timestamp**
Envelope Summary Events	**Status**	**Timestamps**
Envelope Sent	Hashed/Encrypted	9/15/2025 4:03:31 PM
Certified Delivered	Security Checked	9/15/2025 4:04:16 PM
Signing Complete	Security Checked	9/15/2025 4:04:30 PM
Completed	Security Checked	9/15/2025 4:04:30 PM
Payment Events	**Status**	**Timestamps**

Electronic Record and Signature Disclosure

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Alaska Alcoholic Beverage Control Board

Form AB-29: Waiver of Operation Application

Why is this form needed?

This form is the means by which a licensee may request that the Alcoholic Beverage Control (ABC) Board waive the operating requirement of AS 04.11.330(a)(3) or (d). If a recreational site license has not been operated at least once in a calendar year, or if a license of any other type has not been operated for at least 240 hours in each calendar year, then a complete copy of this form and the corresponding fees must be submitted for that calendar year, per 3 AAC 304.170.

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The ABC Board will determine whether, through no fault of the licensee or because the premises are under construction, the licensed premises count not be operated for the required time during the calendar year. The ABC Board may impose conditions along with the approval of an application for waiver, and it may deny a third or subsequent application for waiver. If an application for waiver is denied, an application for license renewal for the succeeding license period will be denied by the Board. In addition to the waiver application fee, the applicant must pay a late fee of $1,000 for an application that is received too late for Board consideration at its meeting before November 30 of the year for which the waiver is requested. Please check AMCO's website for meeting agenda deadlines.

Please note that a licensee must submit a separate completed copy of this form and pay a separate corresponding fee for each license and for each calendar year during which a license was not operated in compliance with AS 04.11.330.

Section 1 – Establishment Information

Enter information for the license that has not been operated for the time required under AS 04.11.330.

Licensee:	Genuine Ventures, LLC	**License Number:**	4584		
License Type:	Restaurant/Eating Place				
DBA:	Tracy's King Crab Shack				
Premises Address:	NO Premises				
City:		**State:**		**ZIP:**	
Local Governing Body:	City Borough of Juneau				

Section 2 – Request Number and Calendar Year

☑ **1st Request** ☐ **2nd Request** ☐ **3rd Request** ☐ **Other** _____

Request for Calendar Year 2023

Approved 9/23/25 SD

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Section 3 – Reason for Non-operation

Provide an explanation as to why the licensed premises were not operated:

The premises address operates with a Beverage Dispensary-Seasonal license.

Section 4 – Certifications

The following must be completed for establishments located within the boundaries of a local governing body:

Read the line below, and then sign your initials in the box to the right of the statement:	Initials
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I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.	TL

Tracy LaBarge
Printed name of licensee

DocuSigned by:
Tracy LaBarge
5A2956DDA43345D...
Signature of licensee

Office Use Only					
Waiver Application Fee:		***Late Fee:***		***Transaction #:***	

docusign

Certificate Of Completion

Envelope Id: 86EE094C-4BFA-47FA-ABFB-0BD74A207E0F
Subject: Lic #4584 dba Tracy's King Crab Shack - DocuSign AB-29 1st + 2nd Waivers and AB-33
Source Envelope:
Document Pages: 3
Certificate Pages: 3
AutoNav: Enabled
EnvelopeId Stamping: Disabled
Time Zone: (UTC-09:00) Alaska

Signatures: 3
Initials: 0

Status: Completed

Envelope Originator:
Alysha Pacarro
PO Box 110206
Juneau, AK 99811
alysha.pacarro@alaska.gov
IP Address: 158.145.14.58

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Status: Original
9/15/2025 3:51:43 PM
Security Appliance Status: Connected
Storage Appliance Status: Connected

Holder: Alysha Pacarro
alysha.pacarro@alaska.gov
Pool: StateLocal
Pool: State of Alaska

Location: DocuSign

Location: Docusign

Signer Events	Signature	Timestamp
Tracy LaBarge tracy@kingcrabshack.com Owner Tracy's King Crab Shack Security Level: Email, Account Authentication (None)	DocuSigned by: Tracy LaBarge SA2956ODA433480	Sent: 9/15/2025 4:03:31 PM Viewed: 9/15/2025 4:04:16 PM Signed: 9/15/2025 4:04:30 PM
	Signature Adoption: Pre-selected Style Using IP Address: 2a09:bac2:58b9:1541::21e:137 Signed using mobile	

Electronic Record and Signature Disclosure:
Accepted: 9/15/2025 4:04:16 PM
ID: ca2efd2f-2b28-45d7-8103-64eafb8e2694
Company Name: State of Alaska

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	**Status**	**Timestamp**
Agent Delivery Events	**Status**	**Timestamp**
Intermediary Delivery Events	**Status**	**Timestamp**
Certified Delivery Events	**Status**	**Timestamp**
Carbon Copy Events	**Status**	**Timestamp**
Witness Events	**Signature**	**Timestamp**
Notary Events	**Signature**	**Timestamp**

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Signing Complete	Security Checked	9/15/2025 4:04:30 PM
Completed	Security Checked	9/15/2025 4:04:30 PM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

Document reference ID : 4999

Renewal Application Summary

Application ID:	4999
License No:	4584
License Type applied for Renewal:	Restaurant Eating Place License (REPL)
Licensee Name:	Genuine Ventures, Llc
Application Status:	In Review
Application Submited On:	01/08/2025 02:25 PM AKST

Entity Information

Business Structure:	Limited liability company
FEIN/SSN Number:	
Alaska Entity number (CBPL):	127059
Alaska Entity Formed Date:	
Home State:	

Entity Contact Information

Entity Address:	PO Box 21082, Juneau, AK, 99802

Renewal Information

Are there any changes to your ownership structure that have not been reported to AMCO prior to this application?:

No

As set forth in AS 04.11.330, how many hours did you operate during the first calendar year for this renewal period?:

The license was not operated at all or was operated for less than the minimum of 240 hours in the first calendar year of the renewal period.

I have completed a Waiver of Operations self-service transaction.

As set forth in AS 04.11.330, how many hours did you operate during the second calendar year for this renewal period?:

The license was not operated at all or was operated for less than the minimum of 240 hours in the second calendar year of the renewal period.

I have completed a Waiver of Operations self-service transaction.

Please select the seasonality:

Seasonal

Please Provide your six-month operating period:

05/01 - 10/01

Operation Period Details:

No Premis. Have not been able to sell or use yet.

Has any person or entity in this application been convicted or disciplined for a violation of Title 04, 3 AAC 304 or 305, or a local ordinance adopted under AS 04.21.010 in the preceding two calendar years?:

No

Have any notices of violation or citations been issued for this license during the preceding two years?:

No

Restaurant Affidavit

Revenue in Food Sales during the first Calendar Year in the Renewal Period	$[redacted]
Revenue in Alcohol Sales during first Calendar Year in the Renewal Period	$[redacted]
% of Gross Revenue from Food Sales during the first Calendar Year in the Renewal Period	0
Revenue in Food Sales during the second Calendar Year in the Renewal Period	$[redacted]
Revenue in Alcohol Sales during second Calendar Year in the Renewal Period	$[redacted]
% of Gross Revenue from Food Sales during the second Calendar Year in the Renewal Period	0

Restaurant Detail

Dining after standard closing hours: AS 04.16.010(c)	No
Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)	Yes
Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)	No
Employment for any persons under 21 years of age: AS 04.16.049(c)	Yes

List where within the premises minors are anticipated to have access in the course of either dining or employment. (Example: Minors will only be allowed in the dining area. OR Minors will only be employed and present in the Kitchen.)

No Premise

Describe the policies, practices and procedures that will be in place to ensure that minors do not gain access to alcohol while dining or employed at your premises.

No Premise

Is an owner, manager, or assistant manager who is 21 years of age or older always present on the premises during business hours?	Yes

Food Service Permit

Is your license located in Municipality of Anchorage?	No
Do you have Approved food service permit for this premises?	Yes

Entertainment & Service

Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises?	No
Food and beverage service offered or anticipated is:	Other

Describe the manner of food and beverage service offered or anticipated:

No Premise

Hours Of Operation

Sunday	Close
Monday	Close
Tuesday	Close
Wednesday	Close
Thursday	Close
Friday	Close
Saturday	Close

Attestations

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 305, 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 the license being potentially expired if I do not comply with statutory or regulatory requirements.

I certify that in accordance with AS 04.11.450, no one other than the licensee(s), as defined in AS 04.11.260, 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 I have provided AMCO with all required changes of the ownership structure of the business license and have provided all required documents for any new or changes of 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 305.700.

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Signature

This application was digitally signed by : Tracy LaBarge on 01/08/2025 02:27 PM AKST

Payment Info

Payment Type : CC

Payment Id: 10e679b6-b825-4edb-827d-8a0c5976c148

Receipt Number: 101015552

Payment Date: 01/08/2025 02:37 PM AKST

Document reference ID : 4999

Licensing Application Summary

Application ID:	4999
Applicant Name:	Genuine Ventures, Llc
License Type applied for:	Restaurant Eating Place License (REPL) (AS 04.09.210)
Application Status:	In Review
Application Submitted On:	01/08/2025 02:25 PM AKST

Entity Information

Business Structure:	Limited liability company
Alaska Entity Number (CBPL):	127059

Entity Contact Information

Entity Address:	PO Box 21082, Juneau, AK, 99802, USA

Premises Address

Address:	No Premises, Juneau, AK, 99801, USA

Basic Business information

Business/Trade Name:	Tracy's King Crab Shack

Local Government and Community Council Details

City/Municipality	Juneau (City and Borough of)

Restaurant Detail

Dining after standard closing hours: AS 04.16.010(c)	No
Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)	Yes
Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)	No
Employment for any persons under 21 years of age: AS 04.16.049(c)	Yes

Food Service Permit

Entertainment & Service

Attestations

I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.

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

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 305.700.

I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a

license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

I certify that all proposed licensees have been listed with Division of Corporation, Business, and Professional Licensing.

I certify that I and any individual identified in the business entity ownership section of this application, has or will read AS 04 and its implementing regulations.

I certify I have provided a menu of a variety of types of food appropriate for meals that are prepared on the licensed premises.

I certify that non-employees under 21 years of age will not enter and remain on the licensed premises except for the purposes of dining only.

I certify that the sale and service of food and alcoholic beverages and any other business on the licensed premises is under the sole control of the licensee.

I certify the licensed premises is a bona fide restaurant as defined in AS 04.21.080(b).

I certify there is supervision on the licensed premises adequate to reasonably ensure that a person under 21 years of age will not gain access to alcoholic beverages.

Signature

This application was digitally signed by : Tracy LaBarge on 01/08/2025 02:27 PM AKST

Payment Info

Payment Type : CC

Payment Id: 10e679b6-b825-4edb-827d-8a0c5976c148

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