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

May 19, 2025

Department of Revenue, Tax Division
Department of Labor, Employment Security
Department of Labor, Workers' Compensation
Via email:dol.esfieldtax@alaska.gov; dawn.wilson@alaska.gov dor.tax.collections@alaska.gov; dor.tax.accounting@alaska.gov ; tjzielinski@alaska.gov; velma.thomas@alaska.gov; savannah.ritter@alaska.gov

License Number:	10901
License Type:	Retail Marijuana Store
Physical Address:	13465 E Main St. Talkeetna, AK 99676

Transferor (from):	The High Expedition – see yellow highlight for breakdown of ownership and changes
Doing Business As:	THE HIGH EXPEDITION COMPANY
Designated Licensee:	Joseph McAneney
Phone Number:	907-360-9593
Email Address:	joe@thehighexpedition.com
EIN:	81-2528268

Transferee (to):	Good LLC -- see yellow highlight for breakdown of new ownership
Doing Business As:	Good Cannabis
Designated Licensee:	Christian Hood
Phone Number:	907-322-4962
Email Address:	info@goodalaksa.com

☒ **Transfer of Ownership:**
Current Structure: Joseph McAneney 100%
New Structure: Good Holdings LLC, Charles Goodale 7.52%, Christian Hood 50.62%, Greg Allison 7.52%, Linda Lewis 13.56%, Ronica Aldrich 20.79%

3 AAC 306.300(a)(2)(B), 3 AAC 306.400(b)(2)(B), 3 AAC 306.500(b)(2)(B), and 3 AAC 306.605(b)(2)(B) require that an applicant for a marijuana establishment license operate in compliance with each applicable public health, fire, safety, and tax code and ordinance of the state and the local government in which the applicant's proposed licensed premises are located. This letter serves to provide written notice and request for compliance status from the above referenced entities regarding the above application (see attached application documents for more information). **Please complete and return this form to the AMCO office at the email below.**

REVIEWER: Dillard Owen ☐ DOR Tax Division

DATE: 5/21/2025 PHONE: 907-931-3183

COMMENTS: _____

- [x] Employment Security
- [ ] Workers' Compensation

- [x] Compliant/Does not owe tax
- [ ] Non-compliant/Owes tax

If you have any questions, please send them to marijuana.licensing@alaska.gov

Sincerely,

Kevin Richard, Director

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

Alaska Marijuana Control Board
Marijuana Establishment

Form MJ-17c: License Transfer Application

This transfer application must be completed and submitted to AMCO's main office, along with all necessary supplemental documents and fees listed in **Form MJ-17b: License Transfer Application Checklist**, before a transfer of ownership, including a change that affects the controlling interest of an entity, will be considered by the Marijuana Control Board.
Please note that licensees seeking to change controlling interest of an entity that owns multiple licenses must submit a separate completed copy of this form and the required supplemental documents and fees for each license.
Licensees seeking to establish a security interest in the license transferred must submit all documentation required under 3 AAC 306.051.

Section 1 – Transferor Information

Enter information for the *current* licensee and licensed establishment.

Licensee:	The High Expedition Company	**License Number:**	10901		
License Type:	Retail Marijuana Store				
Doing Business As:	The High Expedition Company				
Premises Address:	13465 E Main Street				
City:	Talkeetna	**State:**	Alaska	**ZIP:**	99676
Email:	joe@thehighexpedition.com				
Local Government:	Matanuska-Susitna Borough				

- [x] Regular ownership transfer
- [ ] Transfer of controlling interest in the licensed entity
- [ ] Transfer with security interest
- [ ] Compelled re-transfer
- [ ] Transfer of Location

Section 2 – Transferee Information

Enter information for the *new* applicant seeking to be licensed. The business license # should be issued for the DBA listed below and held by the transferee.

Licensee:	Good LLC	**Alaska Entity #**	10034394		
Mailing Address:	356 Old Steese Hwy				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701
Doing Business As:	Good Cannabis				
New Premises Address: (Skip if location remains the same).					
City: (Skip if location remains the same).		**Local Government:** (Skip if location remains the same):			
State of Alaska Business License #:	2115560	**Business Phone:**	907-322-4962		

Designated Licensee: A main contact person.	Christian Hood		
Contact Email:	info@goodalaska.com	**Phone Number:**	907-322-4962

Section 3 – Entity Ownership Information

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 4. If any entity official is another entity, you must include the AK Entity # of that entity in the Entity Official Name field, attach a separate completed copy of this page that breaks down the ownership information for that entity, and submit the supplemental documents and fingerprint fees listed on Form MJ-17b required for each individual entity official. Entity documents must be submitted for each entity listed on this form.
If more space is needed, please attach additional completed copies of this page.

- If the applicant is a corporation, list each ***officer or director, and owner of any of the corporation's stock.***
- If the applicant is a limited liability company, list each ***member holding any ownership interest and each manager.***
- If the applicant is a partnership or limited partnership, list each ***partner holding any interest and each general partner.***

Entity Official Name:	Good Holdings, LLC				
Title(s):	Manager, Member	**Phone:**	907-322-4962	**% Owned:**	100
Email:	info@goodalaska.com				
Mailing Address:	1949 Frank Avenue				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701
Entity Official Name:	Charles Goodale - 7.52% Member of Good Holdings, LLC				
Title(s):		**Phone:**	907+699-9478	**% Owned:**	
Email:	barret@goodalaska.com				
Mailing Address:	PO Box 83091				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99708
Entity Official Name:	Christian Hood - 50.62% Manager, Member of Good Holdings, LLC				
Title(s):		**Phone:**	907-322-4962	**% Owned:**	
Email:	christian@goodalaska.com				
Mailing Address:	PO Box 83091				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99708
Entity Official Name:	Greg Allison - 7.52% Member of Good Holdings, LLC				
Title(s):		**Phone:**	480-586-1077	**% Owned:**	
Email:	greg@goodalaska.com				
Mailing Address:	PO Box 83901				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99708
Entity Official Name:	Linda Lewis - 13.56% Member of Good Holdings, LLC				
Title(s):		**Phone:**	452-760-9649	**% Owned:**	
Email:	linda@goodalaska.com				
Mailing Address:	2535 Allen Adale Road				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99709

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If more space is needed, please attach additional completed copies of this page.

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- If the applicant is a limited liability company, list each ***member holding any ownership interest and each manager.***
- If the applicant is a partnership or limited partnership, list each ***partner holding any interest and each general partner.***

Entity Official Name:	Ronica Aldrich - 20.79% Member of Good Holdings, LLC				
Title(s):		**Phone:**	907-229-1373	**% Owned:**	
Email:	ronica@goodalaska.com				
Mailing Address:	5440 Heritage Heights Drive				
City:	Anchorage	**State:**	Alaska	**ZIP:**	99516

Entity Official Name:					
Title(s):		**Phone:**		**% Owned:**	
Email:					
Mailing Address:					
City:		**State:**		**ZIP:**	

Entity Official Name:					
Title(s):		**Phone:**		**% Owned:**	
Email:					
Mailing Address:					
City:		**State:**		**ZIP:**	

Entity Official Name:					
Title(s):		**Phone:**		**% Owned:**	
Email:					
Mailing Address:					
City:		**State:**		**ZIP:**	

Entity Official Name:					
Title(s):		**Phone:**		**% Owned:**	
Email:					
Mailing Address:					
City:		**State:**		**ZIP:**	