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 21, 2025

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

License Number:	30822
License Type:	Retail Marijuana Store
Physical Address:	Lot 3 Block 1, Laurence Barrett Addition to Townsite of McCarthy McCarthy, AK 99588

Transferor (from):	Cooper Nugget, LLC
Doing Business As:	Good Cannabis
Designated Licensee:	Jennifer Rosenbaum
Phone Number:	907-987-4211
Email Address:	Nizinaessentials@gmail.com
EIN:	637.14.4068

Transferee (to):	Good, LLC
Doing Business As:	Good Cannabis
Designated Licensee:	Christian Hood
Phone Number:	907-322-4962
Email Address:	info@goodalaska.com

☒ **Transfer of Ownership**

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.**

23813 License Transfer

REVIEWER: Buena amor

DATE: 05/22/2025 PHONE: 907-931-3183

COMMENTS:

- ☐ DOR Tax Division
- ☑ Employment Security
- ☐ Workers' Compensation

- ☑ 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

What is this form?

This form must be used to initiate a transfer of ownership of a marijuana establishment license under 3 AAC 306.045. 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:	Copper Nugget, LLC	**License Number:**	30822		
License Type:	Retail Marijuana Store				
Doing Business As:	Good Cannabis				
Premises Address:	Lot 3 Block 1, Laurence Barrett, Addition to Townsite of McCarthy				
City:	McCarthy	**State:**	Alaska	**ZIP:**	99588
Email:	nizinaessentials@gmail.com				
Local Government:	McCarthy				

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

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 #**	10036394		
Mailing Address:	1949 Frank Avenue				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701
Doing Business As:	GOOD Cannabis				
Business License #:	2115560	**Business Phone:**	907-322-4962		

Designated Licensee:	Christian Hood		
Contact Email:	info@goodalaska.com	**Phone #**	907-322-4962

AMCO Received 4.25.25

Alaska Marijuana Control Board

Form MJ-17c: License Transfer Application

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 83901				
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

AMCO Received 4.25.25

Alaska Marijuana Control Board

Form MJ-17c: License Transfer Application

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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:	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:**	

AMCO Received 4.25.25