

# Alcohol & Marijuana Control Office

**License Number:** 10210

**License Status:** Active-Operating

**License Type:** Limited Marijuana Cultivation Facility

**Doing Business As:** Cannaboyd

**Business License Number:** 2090077

**Designated Licensee:** Jason Boyd

**Email Address:** cannaboyd@yahoo.com

**Local Government:** Kenai Peninsula Borough

**Local Government 2:**

**Community Council:**

**Latitude, Longitude:** 59.764394, -151.204302

**Physical Address:** 35047 Lowbush St.  
Homer, AK 99603-9716  
UNITED STATES

## Licensee #1

**Type:** Individual

**Name:** Jason Boyd

**SSN:** [REDACTED]

**Date of Birth:** [REDACTED]

**Phone Number:** 907-299-4357

**Email Address:** cannaboyd@yahoo.com

**Mailing Address:** 35047 Lowbush St.  
Homer, AK 99603-9716  
UNITED STATES

**Note:** No entity officials entered for this license.

**Note:** No affiliates entered for this license.



Alaska Marijuana Control Board

**Form MJ-20: Renewal Application Certifications**

**What is this form?**

This renewal application certifications form is required for all marijuana establishment license renewal applications. Each person signing an application for a marijuana establishment license must declare that he/she has read and is familiar with AS 17.38 and 3 AAC 306. A person other than a licensee may not have direct or indirect financial interest (as defined in 3 AAC 306.015(e)(1)) in the business for which a marijuana establishment license is issued, per 3 AAC 306.015(a).

This form must be completed and submitted to AMCO's main office by each licensee (as defined in 3 AAC 306.020(b)(2)) before any license renewal application will be considered complete.

**Section 1 – Establishment Information**

Enter information for the licensed establishment, as identified on the license application.

Licensee:	Jason Boyd	License Number:	10210		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	Cannaboyd				
Premises Address:	35047 Lowbush St				
City:	Homer	State:	Alaska	ZIP:	99603

**Section 2 – Individual Information**

Enter information for the individual licensee who is completing this form.

Name:	Jason Boyd
Title:	Owner

**Section 3 – Violations & Charges**

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

Initials

I certify that I have **not** been convicted of any criminal charge in the previous two calendar years.

JB

I certify that I have **not** committed any civil violation of AS 04, AS 17.38, or 3 AAC 306 in the previous two calendar years.

JB

I certify that a notice of violation has **not** been issued to this license between July 1, 2020 and June 30, 2021.

JB

Sign your initials to the following statement only if you are unable to certify one or more of the above statements:

Initials

I have attached a written explanation for why I cannot certify one or more of the above statements, which includes the type of violation or offense, as required under 3 AAC 306.035(b).



# Form MJ-20: Renewal Application Certifications

## Section 4 – Certifications & Waiver

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

Initials

I certify that no person other than a licensee listed on my marijuana establishment license renewal application has a direct or indirect financial interest, as defined in 3 AAC 306.015(e)(1), in the business for which the marijuana establishment license has been issued.

JB

I certify that I meet the residency requirement under AS 43.23 or I have submitted a residency exception affidavit (MJ-20a) along with this application.

JB

I certify that this establishment complies with any applicable health, fire, safety, or tax statute, ordinance, regulation, or other law in the state.

JB

I certify that the license is operated in accordance with the operating plan currently approved by the Marijuana Control Board.

JB

I certify that I am operating in compliance with the Alaska Department of Labor and Workforce Development's laws and requirements pertaining to employees.

JB

I certify that I have not violated any restrictions pertaining to this particular license type, and that this license has not been operated in violation of a condition or restriction imposed by the Marijuana Control Board.

JB

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

JB

I, Jason Boyd, hereby waive my confidentiality rights under AS 43.05.230(a) and authorize the State of Alaska, Department of Revenue to disclose any and all tax information regarding this marijuana license to the Alcohol and Marijuana Control Office (AMCO) upon formal request as part of any official investigation as long as I hold, solely, or together with other parties, this marijuana license.

JB

As an applicant for a marijuana establishment license renewal, I declare under penalty of unsworn falsification that I have read and am familiar with AS 17.38 and 3 AAC 306, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Marijuana Control Board in support of this application and understand that failure to do so by any deadline given to me by AMCO staff may result in additional fees or expiration of this license.

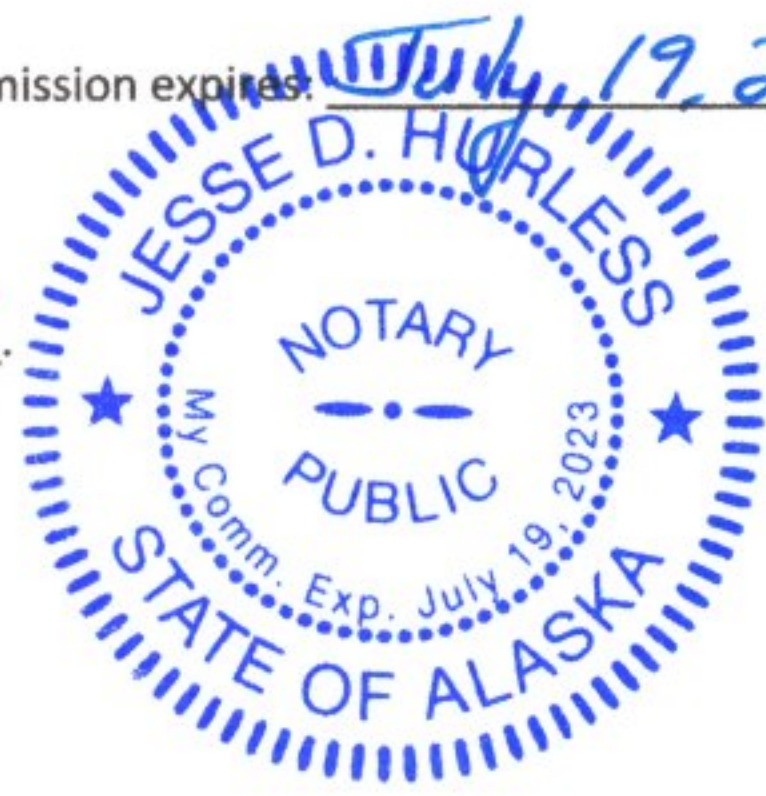
Jason Boyd  
Signature of licensee

Jesse D. Hurlless  
Notary Public in and for the State of Alaska

Jason Boyd  
Printed name of licensee

My commission expires July 19, 2023

Subscribed and sworn to before me this 23<sup>rd</sup> day of April, 2021.





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*10037*

**STATUTORY WARRANTY DEED**

THIS INDENTURE, made this 20 day of SEPTEMBER, 2005, by and between PAUL DUNGAN and JENNIFER CARROLL, husband and wife, whose address is 35047 Lowbush St., Homer, AK 99603, Grantors, and JASON BOYD and TALLEE S. BOYD, husband and wife, whose address is PO Box 2221, Homer, AK 99603, Grantees, WITNESSETH:

That the said Grantors, for and in consideration of the sum of TEN DOLLARS (\$10.00) and other good and valuable consideration in hand paid, convey and warrant to Grantees, as tenants by the entirety, with full rights of survivorship, and to Grantees' heirs and assigns, the following described real property located near Homer, Alaska, to wit:

Lot Four-A (4-A), BLUEBERRY HILL SUBDIVISION NO. 2, according to Plat No. 86-53, in the Homer Recording District, Third Judicial District, State of Alaska;

SUBJECT TO all reservations, restrictions, encumbrances and easements of record or ascertainable by physical inspection, if any;

TOGETHER WITH all and singular the tenements, hereditaments and appurtenances thereunto belonging or in anywise appertaining.

TO HAVE AND TO HOLD the same with the appurtenances, unto the said Grantees and to Grantees' heirs and assigns, FOREVER.

DATED this 20 day of September, 2005.

*Paul Dungan*  
\_\_\_\_\_  
PAUL DUNGAN

*Jennifer Carroll*  
\_\_\_\_\_  
JENNIFER CARROLL

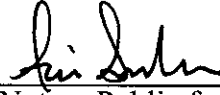
STATE OF ALASKA )  
  )ss.  
THIRD JUDICIAL DISTRICT )

C. MICHAEL HOUGH  
Attorney at Law  
3733 Ben Walters Lane, Ste 2  
Homer, Alaska 99603  
Tel: (907) 235-8184  
Fax: (907) 235-2420

THIS IS TO CERTIFY that on this 20th day of September, 2005, before me, the undersigned, a Notary Public in and for the State of Alaska, duly

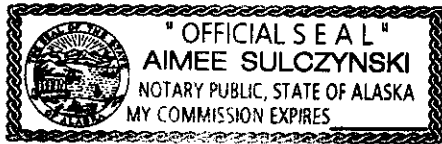
commissioned and sworn as such, personally appeared PAUL DUNGAN and JENNIFER CARROLL, known to me and to me known to be the individuals described in and who executed the foregoing instrument, and they acknowledged to me that they signed and sealed the same freely and voluntarily for the uses and purposes therein described.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year first hereinabove written.



Notary Public for Alaska

My Commission Expires: 12-3-01



26525  
RETURN TO  
JASON BOYD  
PO BOX 2221  
HOMER, AK 99603

C. MICHAEL HOUGH  
Attorney at Law  
3733 Ben Walters Lane, Ste 2  
Homer, Alaska 99603  
Tel: (907) 235-8184  
Fax: (907) 235-2420

STATUTORY WARRANTY DEED



2 of 2

2006-004620-0

**Kenai Peninsula Borough**  
 144 N. Binkley Street  
 Soldotna, AK 99669



**Year: 2019**      **PIN: 17207157**  
**TAG: 81 - KACHEMAK EMERGENCY SERVICES**

907-262-4441  
 800-478-4441 - Toll Free Within Borough  
[www.kpb.us](http://www.kpb.us)

Revenue ID: 180052      Bill Number: 2019049262  
 Billing Date: 06/11/2019  
 Balance Good Until: 10/15/2019

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**LEGAL DESCRIPTION**

\*\*\*\*\*SCH 5-DIGIT 99603  
 JASON & TALLEE S BOYD  
 35047 LOWBUSH ST  
 HOMER AK 99603-9716

T 5S R 11W SEC 7 Seward Meridian HM 0860053  
 BLUEBERRY HILL SUB NO 2 LOT 4A  
 35047 LOWBUSH ST



Value Type	Value	Exemption Type	Amount
LAND IMPROVEMENT	148,500 161,600	BOROUGH EXEMPTION VALUE	50,000

Taxes, Credits, and Other Charges									
Charge Description	Total Value	Exemption	Taxable	Rate/1000	Tax Dist	Boats	Aircraft	Credits	Total
BOROUGH	310,100	50,000	260,100	4.700000	1,222.47	0.00	0.00	0.00	1,222.47
KACHEMAK EMS	310,100	50,000	260,100	2.600000	676.26	0.00	0.00	0.00	676.26
KPB ROAD MAINT	310,100	50,000	260,100	1.400000	364.14	0.00	0.00	0.00	364.14
SH TY18 & Prior Debt	310,100	50,000	260,100	1.120000	291.31	0.00	0.00	0.00	291.31
SOUTH HOSPITAL	310,100	50,000	260,100	1.180000	306.92	0.00	0.00	0.00	306.92
<b>2019 Total</b>				<b>11.00</b>	<b>2,861.10</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>2,861.10</b>

	2019Total	Interest	Penalty	Fees	Subtotal	Prev Due	Paid	Total Due
Bill Summary	2,861.10	0.00	0.00	0.00	2,861.10	0.00	0.00	2,861.10

TAX BILLS ARE MAILED TO PERSONS LISTED AS OWNERS OF RECORD ON THE TAX ROLLS AND TO OTHER PERSONS WHO MAY HAVE AN INTEREST IN THE PROPERTY AND MAY BE PAYING THE TAXES. TAXPAYERS SHOULD KNOW IF THEY ARE RESPONSIBLE TO PAY THE TAXES OR IF THERE IS A LENDER WHICH INTENDS TO PAY. HOWEVER, IT IS THE RESPONSIBILITY OF THE PROPERTY OWNER TO ENSURE TAXES ARE PAID WHEN DUE IN ORDER TO AVOID PENALTY AND INTEREST CHARGES. IF YOU ARE NOT CLEAR AS TO WHO SHOULD BE PAYING THE TAXES, PLEASE CONTACT YOUR LENDER. THE BOROUGH CANNOT GUARANTEE PAYMENT BY ANOTHER PARTY. TO ENSURE PROMPT PAYMENT YOU CAN VIEW THE STATUS OF YOUR BILL AND MAKE PAYMENT VIA THE WEB OR BY DIALING 1-844-611-4024.

**Please Return This Coupon with the Second Installment Payment. No second installment statement will be mailed**

Year: 2019      Bill No: 2019049262      2nd Installment Amount: 1,430.55      2nd Installment Due Date: 11/15/2019

Make check Payable to Kenai Peninsula Borough  
 PO Box 3040, Soldotna, AK 99669  
 JASON & TALLEE S BOYD  
 35047 LOWBUSH ST  
 HOMER AK 99603-9716

**PIN: 17207157**

**Change of Address**  
 Name: JASON & TALLEE S BOYD

Mailing Address:  
 City, State, Zip:

Signature: \_\_\_\_\_

Disregard if total is paid with first coupon by 10/15

**CHECKS WILL BE DEPOSITED ON THE DAY THEY ARE RECEIVED**

32323232323232495550485549535500000000000000001430555

**Please Return This Coupon with the First Installment Payment or Full Payment**

Year: 2019      Bill No: 2019049262      Full Amount Due: 2,861.10      Full Tax Due Date: 10/15/2019  
 1st Installment Amount: 1,430.55      1st Installment Due Date: 09/16/2019

Make check Payable to Kenai Peninsula Borough  
 PO Box 3040, Soldotna, AK 99669  
 JASON & TALLEE S BOYD  
 35047 LOWBUSH ST  
 HOMER AK 99603-9716

**PIN: 17207157**

**Change of Address**  
 Name: JASON & TALLEE S BOYD

Mailing Address:  
 City, State, Zip:

Signature: \_\_\_\_\_

**CHECKS WILL BE DEPOSITED ON THE DAY THEY ARE RECEIVED**

323232323232324955504855495355000014305500002861103