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

Form MJ-09: Statement of Financial Interest

What is this form?

A statement of financial interest completed by each proposed licensee (as defined in 3 AAC 306.020(b)(2)) and affiliate (as defined in 3 AAC 306.990(a)(1)) is required for all marijuana establishment license applications, per 3 AAC 306.020(b)(4). 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 proposed licensee or affiliate before any license application will be considered complete.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	Southeast Alaska Laboratories LLC	**License Number:**	10512		
License Type:	Marijuana Testing Facility				
Doing Business As:	Southeast Alaska Laboratories LLC				
Premises Address:	5450 B Jenkins Dr				
City:	Juneau	**State:**	ALASKA	**ZIP:**	99801

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Jessica Dreibelbis
Title:	Designated Licensee
SSN:	[redacted]

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Section 3 – Certifications

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

I further certify that any ownership change shall be reported to the board as required under 3 AAC 306.040.

I declare under penalty of perjury that I have examined this form, including all accompanying schedules and statements, and to the best of my knowledge and belief find it to be true, correct, and complete.

_____
Signature of licensee/affiliate

Subscribed and sworn to before me this 27 day of June, 2016

_____
Notary Public in and for the State of Alaska.

My commission expires: 07.16.20

Notary Public
G. CAMPAGNOLO
State of Alaska
My Commission Expires July 16, 2020

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Doing Business As:	Southeast Alaska Laboratories LLC				
Premises Address:	5450 B Jenkins Dr				
City:	Juneau	**State:**	ALASKA	**ZIP:**	99801

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Catherine Johnson
Title:	Affiliate
SSN:	[redacted]

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I declare under penalty of perjury that I have examined this form, including all accompanying schedules and statements, and to the best of my knowledge and belief find it to be true, correct, and complete.

Signature of licensee/affiliate

Subscribed and sworn to before me this 24 day of June, 2016.

Notary Public in and for the State of Alaska.

MIKA FRISTEDT
Notary Public, State of Alaska
Commission # 150809005
My Commission Expires
August 09, 2019

My commission expires: August 09, 2019

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Doing Business As:	Southeast Alaska Laboratories LLC				
Premises Address:	5450 B Jenkins Dr				
City:	Juneau	**State:**	ALASKA	**ZIP:**	99801

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Robert Steinke
Title:	Affiliate
SSN:	[redacted]

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MIKA FRISTEDT
Notary Public, State of Alaska
Commission # 150809005
My Commission Expires
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Doing Business As:	Southeast Alaska Laboratories LLC				
Premises Address:	5450 B Jenkins Dr				
City:	Juneau	**State:**	ALASKA	**ZIP:**	99801

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Gary Rosenberger
Title:	Affiliate
SSN:	[redacted]

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Signature of licensee/affiliate

Subscribed and sworn to before me this 24 day of June, 2016.

Notary Public in and for the State of Alaska.

MIKA FRISTEDT
Notary Public, State of Alaska
Commission # 150809005
My Commission Expires
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My commission expires: August 09, 2016

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Premises Address:	5450 B Jenkins Dr				
City:	Juneau	**State:**	ALASKA	**ZIP:**	99801

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Jim Williams[redacted] JAMES GEORGE WILLIAMS
Title:	Affiliate
SSN:	[redacted]

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Signature of licensee/affiliate

Subscribed and sworn to before me this 24 day of June, 2016.

Notary Public in and for the State of Alaska.

MIKA FRISTEDT
Notary Public, State of Alaska
Commission # 150809005
My Commission Expires
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My commission expires: August 09, 2019

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City:	Juneau	**State:**	ALASKA	**ZIP:**	99801

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Brenda Greenbank
Title:	Affiliate
SSN:	[redacted]

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Brenda Grunbank
Signature of licensee/affiliate

Subscribed and sworn to before me this 24 day of June, 2016.

MIKA FRISTEDT
Notary Public, State of Alaska
Commission # 150809005
My Commission Expires
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Notary Public in and for the State of Alaska.

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Doing Business As:	Southeast Alaska Laboratories LLC				
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City:	Juneau	**State:**	ALASKA	**ZIP:**	99801

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Donald Zenger
Title:	Affiliate
SSN:	[redacted]

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Signature of licensee/affiliate

Subscribed and sworn to before me this 24 day of June, 20 16.

Notary Public in and for the State of Alaska.

MIKA FRISTEDT
Notary Public, State of Alaska
Commission # 150809005
My Commission Expires
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