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:	Terra House, LLC	**License Number:**	10086		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	Terra House, LLC				
Premises Address:	48714 Jones Road				
City:	Soldotna	**State:**	ALASKA	**ZIP:**	99669-9387

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Michael Lowry
Title:	Manager
SSN:	[redacted]

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Form MJ-09: Statement of Financial Interest

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 25 day of March, 2016.

Victoria Jackson
Notary Public in and for the State of Alaska.

My commission expires: 12-14-19

STATE OF ALASKA
NOTARY PUBLIC
Victoria Jackson
My Commission Expires: 12-14-19

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Doing Business As:	Terra House, LLC				
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City:	Soldotna	**State:**	ALASKA	**ZIP:**	99669-9387

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Shannon Lowry
Title:	Agent
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.

Shannon Kirby
Signature of licensee/affiliate

Subscribed and sworn to before me this 25 day of March, 2016.

STATE OF ALASKA
NOTARY PUBLIC
Victoria Jackson
My Commission Expires: 12-14-19

Victoria Jackson
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