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JUL 15 2016
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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:	Alaska Bud Brothers Aerogardens, LLC	License Number:		10650	
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	Alaska Bud Brothers Aerogardens, LLC				
Premises Address:	22720 Yukon Road				
City:	Kasilof	State:	ALASKA	ZIP:	99610

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	James R. Gossman
Title:	Owner
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 06 day of July, 2016.

Notary Public in and for the State of Alaska.

My commission expires: 05/05/2018

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City:	Kasilof	State:	ALASKA	ZIP:	99610

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Laura J. Gossman
Title:	Owner
SSN:	[redacted]

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