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:	FSE, Inc.	**License Number:**	10886		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Brandon Emmett
Title:	Owner
SSN:	[redacted]

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

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

Brandon Emmett
Printed name

Subscribed and sworn to before me this 10th day of August, 2016.

Notary Public in and for the State of Alaska.

My commission expires: 12/17/2017

Janet L. Pearson
NOTARY PUBLIC
STATE OF ALASKA

Alcohol and Marijuana Control Office
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Alaska Marijuana Control Board

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Section 1 – Establishment Information

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License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Curt Franklin
Title:	Shareholder
SSN:	[redacted]

Alcohol and Marijuana Control Office
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marijuana.licensing@alaska.gov
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Alaska Marijuana Control Board

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

Curt Franklin

Printed name

Subscribed and sworn to before me this 17th day of August, 20 16.

State of Alaska
NOTARY PUBLIC
Megan Baker
My Commission Expires February 26, 2019

Notary Public in and for the State of Alaska.

My commission expires: 02/26/2019

Alcohol and Marijuana Control Office
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Alaska Marijuana Control Board

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Licensee:	FSE, Inc.	**License Number:**	10886		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Frank Berardi
Title:	Chief Executive Officer
SSN:	[redacted]

Alcohol and Marijuana Control Office
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Alaska Marijuana Control Board

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

Frank Berardi

Printed name

Subscribed and sworn to before me this 9 day of August, 2016.

Notary Public in and for the State of Alaska.

My commission expires: 2019

S. DECRISTO NOTARY PUBLIC STATE OF ALASKA COMMISSION EXPIRES WITH OFFICE

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
marijuana.licensing@alaska.gov
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Alaska Marijuana Control Board

Form MJ-09: Statement of Financial Interest

What is this form?

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Section 1 – Establishment Information

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

Licensee:	FSE, Inc.	**License Number:**	10886		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Melissa Cervantes U.N.ME LLC
Title:	Owner
SSN:	[redacted]

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Alaska Marijuana Control Board

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.

Melissa Cervantes
Signature of licensee/affiliate

Melissa Cervantes
Printed name

Subscribed and sworn to before me this 10th day of August, 2016.

Janet L. Pearson
Notary Public in and for the State of Alaska.

My commission expires: 12/17/2017

Janet L. Pearson NOTARY PUBLIC STATE OF ALASKA

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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

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Licensee:	FSE, Inc.	**License Number:**	10886		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Dawson Laine Carroll
Title:	Share Holder
SSN:	[redacted]

Alcohol and Marijuana Control Office
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marijuana.licensing@alaska.gov
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Alaska Marijuana Control Board

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

Dawson Carroll
Printed name

Subscribed and sworn to before me this 10 day of August, 2016.

4th Judicial Dist.

Notary Public in and for the State of Alaska.

My commission expires: 5/12/16

S. DECRISTO NOTARY PUBLIC STATE OF ALASKA COMMISSION EXPIRES WITH OFFICE

Alcohol and Marijuana Control Office
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Section 1 – Establishment Information

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Licensee:	FSE, Inc.	**License Number:**	10886		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Jeff Weltzin
Title:	Owner
SSN:	[redacted]

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
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Alaska Marijuana Control Board

Form MJ-09: Statement of Financial Interest

Section 3 – Certifications

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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.

Jeff Weltzin
Signature of licensee/affiliate

Jeff Weltzin
Printed name

Subscribed and sworn to before me this 11TH day of AUGUST, 2016.

Erika Weld
Notary Public in and for the State of Alaska.

My commission expires: JAN 18, 2018

Erika Weld
NOTARY PUBLIC
STATE OF ALASKA

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
marijuana.licensing@alaska.gov
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Alaska Marijuana Control Board

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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).

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Section 1 – Establishment Information

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Licensee:	FSE, Inc.	**License Number:**	10886		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	JOANNE E. ELLSWORTH
Title:	Share Holder
SSN:	[redacted]

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
marijuana.licensing@alaska.gov
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Alaska Marijuana Control Board

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Section 3 – Certifications

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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.

Joanne Ellsworth
Signature of licensee/affiliate

Joanne Ellsworth
Printed name

Subscribed and sworn to before me this 19 day of August, 2016.

Janet Shafer
Notary Public in and for the State of Alaska.

My commission expires: Sept 2 2019

STATE OF ALASKA
NOTARY PUBLIC
JANET SHAFER
My Commission Expires September 2, 2019

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
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Licensee:	FSE, Inc.	**License Number:**	10886		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	MARTIN R. TACKE
Title:	SHAREHOLDER
SSN:	[redacted]

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
marijuana.licensing@alaska.gov
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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.

Martin R. Tacke
Signature of licensee/affiliate

MARTIN R. TACKE
Printed name

Subscribed and sworn to before me this 10th day of August, 2016.

PAMELA MURTIFF
NOTARY PUBLIC
STATE OF ALASKA
My Commission Expires: August 26, 2017

Pamela Murtiff
Notary Public in and for the State of Alaska.

My commission expires: 8/26/17

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Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Seth Hawkins
Title:	Partner
SSN:	[redacted]

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Alaska Marijuana Control Board

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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

Seth Hawkins

Printed name

Subscribed and sworn to before me this 10th day of August, 2016.

Notary Public in and for the State of Alaska.

My commission expires: 12/17/2017

Janet L. Pearson
NOTARY PUBLIC
STATE OF ALASKA

Alcohol and Marijuana Control Office
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Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	JUDY KAY BATH
Title:	SHARE HOLDER
SSN:	[redacted]

Alcohol and Marijuana Control Office
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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.

Judy K. Bath
Signature of licensee/affiliate

JUDY K. BATH
Printed name

Subscribed and sworn to before me this 10 day of August, 2016.
4th Judicial Dist

S. DECRISTO
Notary Public in and for the State of Alaska.

My commission expires: 2019

S. DECRISTO NOTARY COMMISSION EXPIRES WITH OFFICE PUBLIC STATE OF ALASKA

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Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Shaun Tacke
Title:	Chief Financial Officer
SSN:	[redacted]

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
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Alaska Marijuana Control Board

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Section 3 – Certifications

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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

Shaun Tacke

Printed name

Subscribed and sworn to before me this 9 day of August, 2016.

State of Alaska
NOTARY PUBLIC
Mary Ann Boots
My Commission Expires March 27, 2020

Mary A Boots

Notary Public in and for the State of Alaska.

My commission expires: March 27, 2020