Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501

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:	Hillside Natural Wellness, LLC	**License Number:**	10837		
License Type:	Retail Marijuana Store				
Doing Business As:	Hillside Natural Wellness				
Premises Address:	8639 Toloff St. Suite 1				
City:	Anchorage	**State:**	AK	**ZIP:**	99507

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Cade Inscho
Title:	Director of Manufacturing & Retail
SSN:	[redacted]

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Alaska Marijuana Control Board

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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.

Cade W. Inscho
Signature of licensee/affiliate

Cade W Inscho
Printed name

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

STATE OF ALASKA
NOTARY PUBLIC
Michael Cassel
My Commission Expires: November 19, 2018

Notary Public in and for the State of Alaska.

My commission expires: 11/19/18

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Doing Business As:	Hillside Natural Wellness				
Premises Address:	8639 Toloff St. Suite One				
City:	Anchorage	**State:**	AK	**ZIP:**	99507

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Matthew R. Peterson
Title:	Member
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

Matthew R. Peterson

Printed name

Subscribed and sworn to before me this 2nd day of August, 2016.

Notary Public in and for the State of Alaska.

OFFICIAL SEAL
Sierra R. Dresnek
Notary Public-State of Alaska
My Comm. Expires: 08/07/2017

My commission expires: 8/07/2017

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Premises Address:	8639 Toloff St.				
City:	Anchorage	**State:**	AK	**ZIP:**	99507

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	John T. Grissom
Title:	Member
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

John T. Grissom

Printed name

Subscribed and sworn to before me this 2nd day of August, 2016.

Notary Public in and for the State of Alaska.

OFFICIAL SEAL
Sierra R. Dresnek
Notary Public-State of Alaska
My Comm. Expires: 08/07/2017

My commission expires: 8/07/2017

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License Type:	Retail Marijuana Store				
Doing Business As:	Hillside Natural Wellness				
Premises Address:	8639 Toloff St. Suite One				
City:	Anchorage	**State:**	AK	**ZIP:**	99507

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Steven Johnson
Title:	Member
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

STEVEN JOHNSON

Printed name

Subscribed and sworn to before me this 3 day of August, 2016.

Notary Public in and for the State of Alaska.

My commission expires: 12/15/2018

STATE OF ALASKA
NOTARY PUBLIC
Karen L. Cassel
My Commission Expires: December 15, 2018

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City:	Anchorage	**State:**	AK	**ZIP:**	99507

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Adam Boyd
Title:	Member
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

Adam Boyd

Printed name

Subscribed and sworn to before me this 2nd day of August, 2016.

OFFICIAL SEAL
Sierra R. Dresnek
Notary Public-State of Alaska
My Comm. Expires: 08/07/2017

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