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JUL 14 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:	Odin's Wagon, LLC.	License Number:	10034		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Odin's Wagon, LLC				
Premises Address:	29453 K Beach Road				
City:	Kasilof	State:	ALASKA	ZIP:	99610

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Francis Knapp
Title:	Owner
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 26 day of February, 20 16

Mary Copple
Notary Public in and for the State of Alaska.

My commission expires: 2-8-18

MARY COPPLE
My Commission Expires
NOTARY PUBLIC
Feb 8, 2018
STATE OF ALASKA

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License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Odin's Wagon, LLC				
Premises Address:	29453 K Beach road				
City:	Kasilof	**State:**	ALASKA	**ZIP:**	99610

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Douglas Anderson
Title:	President, Owner
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 22 day of March, 20 16.

KIMBERLY DANIEL NOTARY PUBLIC STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: 8-1-18

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Doing Business As:	Odin's Wagon, LLC				
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City:	Kasilof	**State:**	ALASKA	**ZIP:**	99610

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Dan Harris
Title:	Owner
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 4 day of march, 2016.

STATE OF ALASKA
NOTARY PUBLIC
Myriah Edwards
My Commission Expires: December 19, 2019

Notary Public in and for the State of Alaska.

My commission expires: December 19, 2019

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Doing Business As:	Odin's Wagon, LLC				
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City:	Kasilof	**State:**	ALASKA	**ZIP:**	99610

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Zachary Bell
Title:	Owner
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 4 day of March, 2016.

RAVEN HULL
NOTARY PUBLIC
MY COMMISSION EXPIRES OCTOBER 18, 2018
STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: 10/18/18