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:	HEMPCO, LLC.	**License Number:**	12618		
License Type:	STANDARD MARIJUANA CULTIVATION LICENSE				
Doing Business As:	HEMPCO, LLC.				
Premises Address:	43280 KENAI SPUR HIGHWAY				
City:	NIKISKI	**State:**	AK.	**ZIP:**	99635

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	JASON MARK SWIRCENSKI
Title:	MEMBER
SSN:	[redacted]

RECEIVED
MAY 12 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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

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

JASON SWIERCENSKI

Printed name

Subscribed and sworn to before me this 27 day of April, 2017.

E. R.
My Commission Expires
NOTARY PUBLIC
February 24, 2019
STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: Feb 24 2019

RECEIVED
MAY 12 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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Doing Business As:	HEMPCO, LLC.				
Premises Address:	43280 KENAI SPUR HIGHWAY				
City:	NIKISKI	**State:**	AK.	**ZIP:**	99635

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	ANDREW JOHN TOTH
Title:	MEMBER
SSN:	[redacted]

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MAY 12 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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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

Andrew Toth
Printed name

Subscribed and sworn to before me this 27 day of April, 2017.

KAYLA HOWELL NOTARY PUBLIC ALABAMA STATE AT LARGE

Notary Public in and for the State of ~~Alaska~~ Alabama.

My commission expires: 06/26/19

Notary Public
State At Large
My Commission Expires
06/26/2019

RECEIVED
MAY 12 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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Doing Business As:	HEMPCO, LLC.				
Premises Address:	43280 KENAI SPUR HIGHWAY				
City:	NIKISKI	**State:**	AK.	**ZIP:**	99635

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	JENNY L. FOSTER
Title:	MEMBER/MANAGER
SSN:	[redacted]

RECEIVED
MAY 12 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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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

Jenny L. Foster
Printed name

Subscribed and sworn to before me this 25th day of April, 2017.

STATE OF ALASKA
NOTARY PUBLIC
Timothy Foraker
My Commission Expires: June 8, 2020

Notary Public in and for the State of Alaska.

My commission expires: 6/8/2020

RECEIVED
MAY 12 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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Doing Business As:	HEMPCO, LLC.				
Premises Address:	43280 KENAI SPUR HIGHWAY				
City:	NIKISKI	**State:**	AK.	**ZIP:**	99635

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	JOHN D. COX
Title:	MEMBER
SSN:	[redacted]

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MAY 12 2017
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STATE OF ALASKA

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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 D COX
Printed name

Subscribed and sworn to before me this 25th day of APRIL, 2017.

Notary Public in and for the State of Alaska.

My commission expires: MARCH 10, 2019

JOSE L. ROMERO II
My Commission Expires
NOTARY PUBLIC
March 10, 2019
STATE OF ALASKA

RECEIVED
MAY 12 2017
ALCOHOL MARIJUANA CONTROL OFFICE
ANCHORAGE, ALASKA

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Premises Address:	43280 KENAI SPUR HIGHWAY				
City:	NIKISKI	**State:**	AK.	**ZIP:**	99635

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	ROBERT V. ROOD, JR.
Title:	MEMBER
SSN:	[redacted]

RECEIVED
MAY 12 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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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

ROBERT ROOD

Printed name

Subscribed and sworn to before me this 28th day of APRIL, 2017.

Notary Public in and for the State of Alaska.

My commission expires: MARCH 10, 2019

JOSE L. ROMERO II
My Commission Expires
NOTARY PUBLIC
March 10, 2019
STATE OF ALASKA

RECEIVED
MAY 12 2017
ALCOHOL MARIJUANA CONTROL OFFICE
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Premises Address:	43280 KENAI SPUR HIGHWAY				
City:	NIKISKI	**State:**	AK.	**ZIP:**	99635

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	DWAIN ALLEN FOSTER, SR.
Title:	MEMBER
SSN:	[redacted]

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MAY 12 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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Signature of licensee/affiliate

DWAIN A. FOSTER SR.
Printed name

Subscribed and sworn to before me this 26 day of April, 20 17.

Chelsea Ramirez
Notary Public in and for the State of Alaska.

My commission expires: 24FEB2019

CHELSEA RAMIREZ
My Commission Expires
NOTARY PUBLIC
Feb 24, 2019
STATE OF ALASKA

RECEIVED
MAY 12 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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Doing Business As:	HEMPCO, LLC.				
Premises Address:	43280 KENAI SPUR HIGHWAY				
City:	NIKISKI	**State:**	AK.	**ZIP:**	99635

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	DORENE MICHELE LORENZ
Title:	MEMBER
SSN:	[redacted]

RECEIVED
MAY 12 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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Signature of licensee/affiliate

Dorene Lorenz

Printed name

Subscribed and sworn to before me this 26 day of April, 2017.

Notary Public in and for the State of Alaska.

My commission expires: 05/05/2018

RECEIVED
MAY 15 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA