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:	KAD LLC	**License Number:**	12904		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Grass Frontier Farms				
Premises Address:	7596 W. Carmel Rd				
City:	Wasilla	**State:**	AK	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Amilee Pasco
Title:	Member
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.

Amilee Pasco
Signature of licensee/affiliate

Amilee Pasco
Printed name

Subscribed and sworn to before me this 21st day of June, 2017.

Notary Public
L.M. LLEWELLYN
State of Alaska
My Commission Expires Jan. 16, 2020

Notary Public in and for the State of Alaska.

My commission expires: Jan 16 2020

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Doing Business As:	Grass Frontier Farms				
Premises Address:	7596 West Carmel Rd.				
City:	Wasilla	**State:**	AK	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Anthony Mann
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

Anthony Mona
Printed name

Subscribed and sworn to before me this 16 day of May, 2017.

Notary Public in and for the State of Alaska.

My commission expires: 5/20/17

MARCI N. CARTIER
My commission expires
NOTARY PUBLIC
May 20, 2017
STATE OF ALASKA

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Doing Business As:	Grass Frontier Farms				
Premises Address:	7596 West Carmel Rd.				
City:	Wasilla	**State:**	AK	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Mark Pierce
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

Mark pierce

Printed name

Subscribed and sworn to before me this 18 day of May, 2017.

Notary Public in and for the State of Alaska.

My commission expires: May 20, 17

MARCI N. CARTIER
My Commission Expires
NOTARY PUBLIC
May 20, 2017
STATE OF ALASKA

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Doing Business As:	Grass Frontier Farms				
Premises Address:	7596 West Carmel Rd.				
City:	Wasilla	**State:**	AK	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	William B. Ingram IV
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

William B. Ingram II

Printed name

Subscribed and sworn to before me this 18 day of May, 2017.

Notary Public in and for the State of Alaska.

My commission expires: 5/20/17

MARCI N. CARTER
My Commission Expires
NOTARY PUBLIC
May 20, 2017
STATE OF ALASKA

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Doing Business As:	Grass Frontier Farms				
Premises Address:	7596 W Carmel Rd				
City:	Wasilla	**State:**	AK	**ZIP:**	99623

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	John G. Pattee
Title:	Member
SSN:	[redacted]

RECEIVED
SEP 18 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
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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 G. Pattee

Printed name

Subscribed and sworn to before me this 5 day of SEPTEMBER, 2017.

JAY DEVERA NOTARY PUBLIC STATE OF ALASKA My Commission Expires June 20, 2021

Notary Public in and for the State of Alaska.

My commission expires: 6/20/21

RECEIVED SEP 18 2017 ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA