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:	SANDOR BROWN; ELIJAH GOODFARM; 'LILY SHIMEK' JOSEPH SHIMEK	**License Number:**	11547		
License Type:	Retail Marijuana License				
Doing Business As:	CloudBerry Partners				
Premises Address:	3307 Spenard Road				
City:	Anchorage	**State:**	AK	**ZIP:**	99503

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Elijah GoodFarm
Title:	Partner
SSN:	[redacted]

RECEIVED
MAR 15 2017
ALCOHOL & 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

Elijah Good-Farm

Printed name

Subscribed and sworn to before me this 28th day of December, 2016.

Ruth Regan

Notary Public in and for the State of Alaska.

My commission expires: 09/19/2020

RUTH REGAN
NOTARY PUBLIC
MY COMM. EXPIRES SEPTEMBER 19, 2020
STATE OF ALASKA

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JAN 04 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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Doing Business As:	CloudBerry Partners				
Premises Address:	3307 Spenard Road				
City:	Anchorage	**State:**	AK	**ZIP:**	99503

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Lily Shimek
Title:	Partner
SSN:	[redacted]

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Signature of licensee/affiliate

Lily A. Shimek

Printed name

Subscribed and sworn to before me this 30th day of December, 20 16.

Notary Public in and for the State of Alaska.

My commission expires: 12/15/2020

NOTARY PUBLIC
HANNALEE SANTIAGO
STATE OF ALASKA
MY COMM. EXPIRES DECEMBER 15, 2020

RECEIVED
JAN 04 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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Doing Business As:	CloudBerry Partners				
Premises Address:	3307 Spenard Road				
City:	Anchorage	**State:**	AK	**ZIP:**	99503

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Sandor Brown
Title:	Partner
SSN:	[redacted]

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[redacted]

Signature of licensee/affiliate

Sandor Brown

Printed name

Subscribed and sworn to before me this 28th day of December, 2016.

NOTARY PUBLIC
LEONORA ZHUTA
STATE OF ALASKA
MY COMMISSION EXPIRES July 19, 2019

Notary Public in and for the State of Alaska.

My commission expires: July 19, 2019

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Doing Business As:	CloudBerry Partners				
Premises Address:	3307 Spenard Road				
City:	Anchorage	**State:**	AK	**ZIP:**	99503

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Joseph D. Shimek
Title:	Partner
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

Joseph D. Shimek

Printed name

Subscribed and sworn to before me this 27th day of December, 2016.

Cindy Cheely

Notary Public in and for the State of Alaska.

My commission expires: 08/08/2018

CINDY CHEELY NOTARY PUBLIC STATE OF ALASKA My Commission Expires: 8/08/18

RECEIVED DEC 28 2016 ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA