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,Joseph Shimek, Lily Shimek	**License Number:**	11635		
License Type:	Standard Cultivation 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:	Lily A. Shimek
Title:	Partner
SSN:	[redacted]

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APR 07 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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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

Lily Shinek

Printed name

Subscribed and sworn to before me this 31st day of January, 2017.

Notary Public in and for the State of Alaska.

My commission expires: 10-01-2018

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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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Signature of licensee/affiliate

Joseph D Shimek

Printed name

Subscribed and sworn to before me this 31 day of JANUARY, 2017.

REYNOLD UDARBE NOTARY PUBLIC STATE OF ALASKA My Commission Expires 8.30.2020

Notary Public in and for the State of Alaska.

My commission expires: 8.30.2020

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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:	Elijah Goodfarm
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

Elijah Good-Farm
Printed name

Subscribed and sworn to before me this 9th day of February, 2017.

Donna R. Wiggins
Notary Public in and for the State of Alaska.

Official Seal
State of Alaska
Notary Public
Donna R. Wiggins
My Comm. Expires 02/14/2017

My commission expires: 02/14/2017

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FEB 09 2017
ALCOHOL MARIJUANA CONTROL OFFICE
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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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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.

S. L. B.

Signature of licensee/affiliate

SANDOR BROWN

Printed name

Subscribed and sworn to before me this 8th day of February, 2017.

Briahna Yagle

Notary Public in and for the State of Alaska.

My commission expires: 09/06/2020

BRIAHNA YAGLE
NOTARY PUBLIC
MY COMMISSION EXPIRES SEPTEMBER 6, 2020
STATE OF ALASKA

RECEIVED
FEB 09 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA