PUBLISHER'S AFFIDAVIT

UNITED STATES OF AMERICA,
STATE OF ALASKA } SS:

Elizabeth A. Ulricksen being first duly sworn, on oath deposes and says:

That I am and was at all times here in this affidavit mentions, Supervisor of Legals of the Morris Publishing Group/Peninsula Clarion, a newspaper of general circulation and published at Kenai, Alaska, that the

Limited Marijuana Cultivation

a printed copy of which is hereto annexed was published in said paper once each and every week for 3 successive and consecutive weeks in the issues on the following dates:

January 2,9 & 16, 2017

X _____

SUBSCRIBED AND SWORN to me before this 20 day of January, 2017.

_____

NOTARY PUBLIC in favor for the State of Alaska.

My commission expires May 6, 2019.

LIMITED
MARIJUANA CULTIVATION
FACILITY LICENSE

L SMITH, VERNON L SMITH are applying under **3 AAC 306.400(a)(2)** for a new **Limited Marijuana Cultivation Facility license, license #11794,** doing business as **NORTH ROAD BUDS,** located at **50815 Old Lamplight Rd, PO Box 8704, Nikiski, AK, 99635, UNITED STATES.**

Interested persons should submit written comment or objection to their local government, the applicant, and to the Alcohol & Marijuana Control Office at 550 W 7th Ave, Suite 1600, Anchorage, AK 99501 or to marijuana.licensing@alaska.gov not later than 30 days after this notice of application.

PUB: 1/2,1/9&1/16/2017 80000/730430

Notary Public
J. HAMLIN
State of Alaska
My Commission Expires May 6, 2019

Peninsula Clarion

Receipt of Payment

Customer Name: VERNON SMITH (KEN)

Address: P.O. BOX 8704

Acct #: 1000730430

Phone #: 907-7768619

City: NIKISKI **State:** AK **Zip:** 99635

Contact Name:

Email Address:

Order No: 7000080011

Category: CLASSIFIED > LEGALS > LEGAL NOTICES

Start Date: 01/02/2017

Package: n/a

Stop Date: 01/16/2017

Campaign/Rate: KEN-LEGAL-LINER: Kenai Legal Liner Rate

Sales Rep: Beth Ulricksen

Products: KEN PENINSULA CLARION (3)

Copy Line: LIMITEDMARIJUANA CULTIVATIONFACILITY L

Date/Time:	Paytype:	Amount paid:	Trans type:	CC Info/Notes:	Authorization/Ref#:
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