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:	Great Northern Cannabis, Inc.	**License Number:**	11966		
License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Victor Rodriguez
Title:	Shareholder
SSN:	[redacted]

RECEIVED
FEB 10 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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
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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

Victor Rafael Rodriguez
Printed name

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

Notary Public in and for the State of Alaska.

My commission expires: Nov. 11th, 2020
#161111005

KELLI JACKSON
My Commission Expires
NOTARY PUBLIC
Nov 11, 2020
STATE OF ALASKA

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ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Anchorage, AK 99501
https://www.commerce.alaska.gov/web/amco
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Alaska Marijuana Control Board

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Licensee:	Great Northern Cannabis, Inc.	**License Number:**	11966		
License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Patrick Flynn
Title:	Treasurer & Shareholder
SSN:	[redacted]

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ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Anchorage, AK 99501
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Alaska Marijuana Control Board

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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

Patrick Flynn
Printed name

Subscribed and sworn to before me this 3 day of January, 20 17.

GERRI D. TOKAR-HINES NOTARY PUBLIC STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: July 29, 2018

RECEIVED
FEB 10 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
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Alaska Marijuana Control Board

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License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Smart Capital Holdings, LLC
Title:	Shareholder
SSN:	47-1292314

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ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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Alaska Marijuana Control Board

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Signature of licensee/affiliate

John Kuest

Printed name

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

JENNIFER HOWARD NOTARY PUBLIC STATE OF ALASKA My Commission Expires: March 8, 2018

Notary Public in and for the State of Alaska.

My commission expires: March 8, 2018

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FEB 10 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Robert Thompson
Title:	Shareholder
SSN:	[redacted]

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FEB 10 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 G. Thompson
Printed name

Subscribed and sworn to before me this 29th day of December, 2016.

Rebecca Latona
Notary Public in and for the State of Alaska.

My commission expires: 05/19/2019

REBECCA LATONA
My Commission Expires
NOTARY PUBLIC
May 19, 2019
STATE OF ALASKA

RECEIVED
FEB 10 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
marijuana.licensing@alaska.gov
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Alaska Marijuana Control Board

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Licensee:	Great Northern Cannabis, Inc.	**License Number:**	11966		
License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Morse Capital, LLC
Title:	Shareholder
SSN:	10042246

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FEB 10 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

Aaron Moser

Printed name

Subscribed and sworn to before me this 20th day of January, 2017.

STATE OF ALASKA
NOTARY PUBLIC
Michael Cassel
My Commission Expires: November 19, 2018

Notary Public in and for the State of Alaska.

My commission expires: 11/19/18

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FEB 10 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
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License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Darcy Holt
Title:	Director & Shareholder
SSN:	[redacted]

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FEB 10 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

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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

Darcy P Holt
Printed name

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

STATE OF ALASKA
NOTARY PUBLIC
Nicola A. Perez

Notary Public in and for the State of Alaska.

My commission expires: 7/4/18

RECEIVED
FEB 10 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	John Kuest
Title:	Shareholder
SSN:	[redacted]

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FEB 10 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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Signature of licensee/affiliate

John Kuest

Printed name

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

JENNIFER HOWARD NOTARY PUBLIC STATE OF ALASKA My Commission Expires: March 8, 2018

Notary Public in and for the State of Alaska.

My commission expires: March 8, 2018

RECEIVED
FEB 10 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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Licensee:	Great Northern Cannabis, Inc.	**License Number:**	11966		
License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Angela Miller
Title:	Shareholder
SSN:	[redacted]

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FEB 10 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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Alaska Marijuana Control Board

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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.

Angela C Miller
Signature of licensee/affiliate

Angela C Miller
Printed name

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

STATE OF ALASKA
NOTARY PUBLIC
Nicola A. Perez

Nicola A. Perez
Notary Public in and for the State of Alaska.

My commission expires: 7/4/18

RECEIVED
FEB 10 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
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License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Brent Andrew Miller
Title:	Shareholder
SSN:	[redacted]

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FEB 10 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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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

Brent A. Miller
Printed name

Subscribed and sworn to before me this 23 day of January, 2017.

Emma Meyer
Notary Public in and for the State of Alaska.

My commission expires: 12/14/19

EMMA MEYER
My Commission Expires
NOTARY PUBLIC
Dec 14, 2019
STATE OF ALASKA

RECEIVED
FEB 10 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
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License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Stephen W. Brashear
Title:	President & Chairman of the Board of Directors
SSN:	[redacted]

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FEB 10 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.

Stephen W. Brashear
Signature of licensee/affiliate

Stephen W. Brashear
Printed name

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

OFFICIAL SEAL
THE STATE OF ALASKA
NOTARY PUBLIC
Linda Costa
Comm. Expires: April 10, 2017
Comm. Number: 1303139

Linda Costa
Notary Public in and for the State of Alaska.

My commission expires: 04/10/2017

RECEIVED
FEB 10 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Alcohol and Marijuana Control Office
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License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Michael Ellenburg
Title:	Secretary, Director, & Shareholder
SSN:	[redacted]

RECEIVED
FEB 10 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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

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

Michael Ellenburg
Printed name

Subscribed and sworn to before me this 13 day of Jan, 20 17.

Notary Public in and for the State of Alaska.

My commission expires: July 9, 2017

BRITANYMARIE MURHAY
My Commission Expires
NOTARY PUBLIC
July 9, 2017
STATE OF ALASKA

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ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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Alaska Marijuana Control Board

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What is this form?

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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:	Great Northern Cannabis, Inc.	**License Number:**	11966		
License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Carla Miller
Title:	Shareholder
SSN:	[redacted]

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ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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Alaska Marijuana Control Board

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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

Carta Miller

Printed name

Subscribed and sworn to before me this 23rd CW 19 day of January, 2017.

Notary Public in and for the State of Alaska.

My commission expires: 9.9.19

State of Alaska
Notary Public
K. Waterbury
My Commission Expires 9.9.19

RECEIVED
FEB 10 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Thomas Desalvo
Title:	Shareholder
SSN:	[redacted]

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ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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Signature of licensee/affiliate

Tom DeSALVO

Printed name

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

Chelsea Ramirez

Notary Public in and for the State of Alaska.

My commission expires: 24 FEB 2019

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

RECEIVED
FEB 10 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Morgan Vail
Title:	Shareholder
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

MORGAN VAIL

Printed name

Subscribed and sworn to before me this 30 day of December, 2016.

"Official Seal"
Notary Public
Eliza Flores
State Of Alaska
Commission #161106008 Expires 11/06/2020

Notary Public in and for the State of Alaska.

My commission expires: 11/06/2020

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FEB 10 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Amy Vail
Title:	Shareholder
SSN:	[redacted]

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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.

Amy L Vail
Signature of licensee/affiliate

Amy L. Vail
Printed name

Subscribed and sworn to before me this 30 day of December, 2016.

"Official Seal"
Notary Public
Eliza Flores
State Of Alaska
Commission #161106008 Expires 11/06/2020

Notary Public in and for the State of Alaska.

My commission expires: 11/06/2020

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License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Jerad Brown
Title:	Director & Shareholder
SSN:	[redacted]

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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

Jerad Rann
Printed name

Subscribed and sworn to before me this 27 day of December, 20 16.

Notary Public in and for the State of Alaska.

Notary Public
Ayla E. Farmer
State of Alaska
Commission expires 08/08/18
Commission # 1408063

My commission expires: 08.08.18

RECEIVED
FEB 10 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
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Alaska Marijuana Control Board

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License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Jordan C. Huss
Title:	Vice President, Shareholder, & Director
SSN:	[redacted]

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FEB 10 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

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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

Jordan C. Huss

Printed name

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

Notary Public in and for the State of Alaska.

My commission expires: 2/24/2019

AMANDA D. BICKFORD
My Commission Expires
NOTARY PUBLIC
February 24, 2019
STATE OF ALASKA

RECEIVED
FEB 10 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Aaron Pierce Morse, Morse Capital LLC
Title:	Shareholder
SSN:	[redacted]

RECEIVED
FEB 10 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Alcohol and Marijuana Control Office
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Alaska Marijuana Control Board

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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

Aaron Morse

Printed name

Subscribed and sworn to before me this 20th day of January, 2017.

STATE OF ALASKA
NOTARY PUBLIC
Michael Cassel
My Commission Expires: November 19, 2018

Notary Public in and for the State of Alaska.

My commission expires: 11/19/18

RECEIVED
FEB 10 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Alcohol and Marijuana Control Office
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Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Jacklyn Oney
Title:	Shareholder
SSN:	[redacted]

RECEIVED
FEB 10 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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Jackie Oney
Signature of licensee/affiliate

Jackie Oney
Printed name

Subscribed and sworn to before me this 30 day of December, 2016.

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
FEB 10 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Janica Liland
Title:	Shareholder
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

JANICA LILAND

Printed name

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

JENNIFER HOWARD NOTARY PUBLIC STATE OF ALASKA My Commission Expires: March 8, 2018

Notary Public in and for the State of Alaska.

My commission expires: 3/8/2018

RECEIVED
FEB 10 2017
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STATE OF ALASKA

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License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Anita Bradbury
Title:	Shareholder
SSN:	[redacted]

RECEIVED
FEB 10 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.

Anita K. Bradbury
Signature of licensee/affiliate

Anita K. Bradbury
Printed name

Subscribed and sworn to before me this 17th day of January, 2017.

Notary Public
JOSHUA T. CHANDLER
State of Alaska
My Commission Expires Dec. 1, 2020

Notary Public in and for the State of Alaska.

My commission expires: 12/01/2020

RECEIVED
FEB 10 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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:	Great Northern Cannabis, Inc.	**License Number:**	11966		
License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Andrew Halcro
Title:	Shareholder
SSN:	[redacted]

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MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
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Phone: 907.269.0350

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

Andrew Holcro

Printed name

Subscribed and sworn to before me this 3 day of February, 2017.

STATE OF ALASKA
NOTARY PUBLIC
Karen L. Cassel
My Commission Expires December 15, 2018

Notary Public in and for the State of Alaska.

My commission expires: 12/15/2018

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STATE OF ALASKA

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License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Carla Mason
Title:	Shareholder
SSN:	[redacted]

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Carla K Mason
Signature of licensee/affiliate

Carla K Mason
Printed name

Subscribed and sworn to before me this 15th day of January, 2017.

BROOKE SKJOLD
Commission Expires
NOTARY PUBLIC
Aug 9, 2019
STATE OF ALASKA

Brooke Skjold
Notary Public in and for the State of Alaska.

My commission expires: 8-9-19

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ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Victoria Halcro
Title:	Shareholder
SSN:	[redacted]

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ALCOHOL & MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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Signature of licensee/affiliate

Victoria Halcro

Printed name

Subscribed and sworn to before me this 3 day of February, 2017.

Notary Public in and for the State of Alaska.

My commission expires: 12/15/2018

STATE OF ALASKA
NOTARY PUBLIC
Karen L. Cassel
My Commission Expires: December 15, 2018

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License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	AK	**ZIP:**	99501

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Gerardo Martinez
Title:	Shareholder
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

Gerardo D. Martinez

Printed name

Subscribed and sworn to before me this 6th day of January, 2017.

"Official Seal"
Notary Public
Jennifer Mspel
State of Alaska
Commission # 150112010
Expires 01/12/2019

Notary Public in and for the State of Alaska.

My commission expires: 01-12-19

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ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA