Jana D. Weltzin
Licensed in Alaska & Arizona
3003 Minnesota Blvd., Suite 201
Anchorage, Alaska 99501
Phone 630-913-1113
Main Office 907-231-3750
JDW, LLC
jana@jdwcounsel.com

June 12, 2017

AMCO
*Sent Via Email*

Re: Response to Incomplete Letter for AK Slow Burn Cannabis Outlet, LLC License No. 10898

AMCO Team:

Thank you for your correspondence dated June 5, 2017. Please find the following attachments and/or statements to address your incomplete items:

- MJ-18
- Amendment to Lease

Thank you for your consideration,

*Jana D. Weltzin, Esq.*

## #3 AMENDMENT TO LEASE

THIS AMENDMENT is entered into between Landlord and Tenant effective as of the _08___ day of June, 2017 under that certain Lease Agreement originally dated June 27, 2016, related to the property commonly known as 2042 E. 3rd Avenue Unit A, Anchorage, Alaska 99501.

NOW, THEREFORE, FOR GOOD AND VALUABLE CONSIDERATION, RECEIPT OF WHICH IS ACKNOWLEDGED BY BOTH LANDLORD AND TENANT, THE PARTIES HEREBY AGREE THAT THE LEASE IS AMENDED AS FOLLOWS.

1. **Access and Inspection.** During any entry by Landlord or its agents on the premises, Landlord's agents or employees shall be over the age of 21 and shall comply with Tenant's visitor policy, show government issued ID, wear a visitor badge, remain in eye sight of a designated Tenant agent, comply with and sign into the log in sheet and sign out when leaving the premises, as is required by the Alaska Marijuana Control Board Regulations. At no time shall Landlord have more than five persons enter the premises.

2. **Amendment to Section 16.2.3**: Is hereby amended to reflect that Landlord shall not take into its possession any marijuana or marijuana product and shall contact the State of Alaska AMCO prior to any access to the license premises if Tenant cannot be reached, abandons the property, or similar event.

3. Amendment to Section 6.0 Use of Premises – strike "excludes growth and wholesale" and insert "**includes growth & wholesale**"- Landlord specificly allows cultivation of commercial of marijuana and wholesales under this lease amendment.

Except to the extent that the terms and conditions of this Lease Amendment are to the contrary, all other terms and conditions of the original Lease Agreement and any amendments thereto remain in full force and effect.

DATED effective as of the year and date above set forth.

**LANDLORD:**
**William A. Luth,**

By: _____
William A. Luth: Facility Owner

**TENANT:**
**AK Restorations, LLC & AK Slow Burn Cannabis Outlet, LLC**

By: _____
Lou Weaver: Business Owner

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Anchorage, AK 99501
marijuana.licensing@alaska.gov
https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

Alaska Marijuana Control Board

# Form MJ-18: Applicant Residency Verification

**What is this form?**

This form is required for all applicants who do not clearly satisfy the residency requirement in the Alaska Permanent Fund Dividend (PFD) database. All applicants are required to satisfy the Alaska residency requirement in 3 AAC 306.015(e)(2).

**This form must be submitted to AMCO's main office before any license application will be considered complete.**

## Section 1 – Applicant Information

Enter information for the individual and business seeking to be licensed, as identified on the license application.

| | | | |
|---|---|---|---|
| **Full Legal Name:** | AK Slow Burn Cannabis Outlet | **Date of Birth:** | 04/11/1958 |
| **Social Security Number:** | 534-68-9168 | **Contact Phone:** | 907-205-1705 |
| **Contact Email:** | louweaver@me.com | **Gender:** | Male |
| **Mailing Address:** | 2891 Morgan Loop | | |
| **City, State, Zip:** | Anchorage, AK 99516 | | |
| **Physical Address:** | 2891 Morgan Loop | | |
| **City, State, Zip:** | Anchorage, AK 99516 | | |
| **Licensee:** | Louis Eugene Weaver | | |
| **DBA:** | AK Slow Burn | **License Number:** | 10898 |

## Section 2 – Residency & PFD History

| | YES | NO |
|---|---|---|
| 1. **Did you receive a PFD for the previous calendar year?**<br>*Answer YES even if your dividend was assigned or garnished. If NO,* ***complete Question 9*** *on Page 4 of this form AND* ***complete all questions in Section 3 – Supplemental Questions.*** | ☐ | ☑ |
| 2. **Are you physically present in Alaska today?**<br>*Answer NO if you are completing this form or are mailing this form from some place other than within Alaska. If NO,* ***complete Question 8*** *on Page 2 of this form AND* ***complete all questions in Section 3 – Supplemental Questions.*** | ☑ | ☐ |

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# Form MJ-18: Applicant Residency Verification

**BSENCES – Failure to disclose reportable absences constitutes fraud.** | **YES** | **NO**

3. **During the previous *calendar* year, were you gone from Alaska more than 180 days total?** ☐ ☑
   *If YES, **complete Questions 6 through 8** on this page AND **complete all questions in Section 3 – Supplemental Questions.***

4. **Are you a United States citizen?** ☑ ☐
   *If NO, **complete Questions 10 and 11** on Page 4.*

5. **At any time during the previous *calendar* year, were you on active duty as a member of the U. S. Armed Forces or activated as a member of the U. S. Guard or Reserve?** ☐ ☑
   *Civilians, non-activated Alaska National Guard members and Alaska Reservists, answer **NO**.*

***Answer Questions 6 and 7 if you answered YES to Question 3.***

6. **Have you ever lived in Alaska as a resident for at least 180 days?** ☐ ☐
   *If YES, list the dates of that most recent period before the first absence listed in Question 8.*

   **From** (mm/dd/yyyy) _____ **Through** (mm/dd/yyyy) _____

7. **Were you in Alaska for at least 72 consecutive hours during the previous two *calendar* years?** ☐ ☐
   *If YES, when were you most recently in Alaska? **Attach documentation showing you were in Alaska.***

   **From** (mm/dd/yyyy) _____ **Through** (mm/dd/yyyy) _____

***Answer Question 8 if you answered NO to Question 2 or YES to Question 3.***

8. **If you left Alaska before January 1 of the previous calendar year, enter the date you actually departed. List all dates you were absent from Alaska from January 1 of the previous calendar year through the date of this application. If you are still absent, leave the end date blank. For each type of absence, write the absence reason code in the space provided and list the dates on separate lines. All absence reason codes are explained on Page 3. If you had more absences than the number of lines provided below, list on an attachment.**

| Code (A-Q) | Absence Begin Date (mm/dd/yyyy) | Absence End Date (mm/dd/yyyy) | Why were you absent? |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

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# Form MJ-18: Applicant Residency Verification

**ABSENCE CODES**

**A.** Accompanied an **eligible Alaska resident** as the resident's spouse or disabled dependent. **Complete Question 9.**

**B.** Enrolled and attended school as a full-time student receiving postsecondary education (beyond grade 12). **Attach proof of education that includes dates attended, the type of tuition paid (resident/non-resident), and enrollment (part-time/full-time).**

**C.** Served on active duty as a member of the U. S. Armed Forces. **Attach a copy of your orders.**

**D.** Received continuous medical treatment under a licensed physician's care. **Attach proof of medical treatment that includes dates and location of treatment, reason for referral, and name of physician.**

**E.** Served as a member of Alaska's congressional delegation or staff.

**F.** Served as a volunteer in the federal Peace Corps program. **Attach proof.**

**G.** Trained or competed as a member of the U. S. Olympic team. **Attach proof.**

**H.** As a requirement of employment by the State of Alaska. **Attach proof.**

**I.** Vacationed.

**J.** Sought employment or was employed for a reason other than B, C, E, H, or P. **Attach explanation.**

**K.** Other reasons, including business. **Attach explanation.**

**L.** Cared for a parent, spouse, sibling, child, or stepchild with a critical life-threatening illness that required the ill individual to leave Alaska for treatment.

**M.** Settled the estate of a deceased parent, spouse, sibling, child, or stepchild.

**N.** Provided care for a terminally ill family member. **Attach proof of terminally ill care that includes relation to patient, name of patient, location of treatment, name of physician, and a brief description of the patient's terminally ill condition.**

**O.** Employed aboard a vessel of the U. S. Merchant Marine.

**P.** Enrolled and attended school as a full-time student receiving secondary education (grades 7 through 12). **Attach proof of education that includes dates attended, the type of tuition paid (resident/non-resident), and information for the person who the child lived with while at school (name, telephone number, and relationship to the child).**

**Q.** Participated for educational purposed in a student fellowship sponsored by the United States Department of Education or by the United States Department of State. **Attach proof.**

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# Form MJ-18: Applicant Residency Verification

| | YES | NO |
|---|---|---|
| *Answer Question 9 if you answered NO to Question 1.* | ☑ | ☐ |

9. Are you married?

   *If YES, provide spouse information.*

| Full Legal Name | Social Security Number | Date of Birth |
|---|---|---|
| Susan A Weaver | 431-04-1889 | 02-01-1952 |

*Answer Questions 10 and 11 if you answered NO to Question 4. Attach a copy of the front and back of your visa or alien registration card.*

10. What is your alien registration number?

| Alien Registration Number | Expiration Date |
|---|---|
| N/A | |

11. What was your legal immigration status on January 1 of the previous *calendar* year?

☐ Resident ☐ Asylee

☐ Refugee ☐ Other (Attach explanation)

☐ Visa: Visa Type _____ Expiration Date _____

*Required of all applicants:*

12. List two adult Alaska residents who can verify your residency.

| Verifier #1's Full Name | Daytime Phone Number |
|---|---|
| Damian Reed Weaver | 907-831-6000 |
| **Mailing Address** | **City, State, Zip** |
| P. O. Box 1511 | Valdez AK 99686 |

| Verifier #2's Full Name | Daytime Phone Number |
|---|---|
| Darian Ambrose Weaver | 907-602-8862 |
| **Mailing Address** | **City, State, Zip** |
| 10040 William Jones Circle #5 | Anchorage AK 99515 |

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# Form MJ-18: Applicant Residency Verification

## Section 3 – Supplemental Questions

1. **When did your most recent Alaska residency begin?**

   *This means the month, day, and year you arrived in Alaska with the intent to remain indefinitely. It may be the day you were born in Alaska.*

   **Residency Start Date**

   06-09-1973

2. **Items A through G represent residency ties to Alaska. All items may not apply to you. Photocopies of documentation in your name are acceptable. Documentation will not be returned to you.**

   A. I moved my household belongings to Alaska in **(attach documentation)**:

   | Month | Year |
   |---|---|
   | 06 | 1973 |

   B. I purchased, leased, or rented a place to live in Alaska in **(attach documentation)**: SEE MORTGAGE STATEMENT

   | Month | Year |
   |---|---|
   | 10 | 2012 |

   C. I obtained permanent employment in Alaska in **(attach documentation)**: SEE RETIREMENT STATEMENT ATTACHED

   | Month | Year |
   |---|---|
   | 04 | 1974 |

   | Employer's Name | Employer's Phone Number |
   |---|---|
   | Laborers Local 942 & 341 | 907-561-5119 |

   | Employer's Address | City, State, Zip |
   |---|---|
   | 375 W. 36th Ave. Suite 200 | Anchorage AK 99509 |

   D. I registered to vote in Alaska in:

   | Month | Year |
   |---|---|
   | 10 | 1990 |

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# Form MJ-18: Applicant Residency Verification

E. I obtained an Alaska driver's license or ID in:

| Month | Year | ID/License # |
|---|---|---|
| 06 | 1973 | 0651217 |

F. I registered a vehicle in Alaska in:

| Month | Year | License Plate # |
|---|---|---|
| 02 | 2012 | JER420 |

G. Other:

| Month | Year |
|---|---|
| | |

| | YES | NO |
|---|---|---|
| 3. A. Are you currently absent from or living outside of Alaska today? *If NO, go to Question 4A.* | ☐ | ☑ |
| B. If YES, do you intend to return to Alaska to remain indefinitely and make your principal home in the state? | ☐ | ☐ |
| C. If YES, when did you depart Alaska? AND when are you returning to remain indefinitely? | | |

| Departure Date | Return Date |
|---|---|
| | |

| | | |
|---|---|---|
| 4. A. Are you married? *If NO, go to question 5A.* | ☑ | ☐ |
| B. If YES, is your spouse applying for this year's PFD? *If NO, attach an explanation.* | ☑ | ☐ |
| 5. A. Have you maintained your principal home or stored the majority of your household belongings in Alaska continuously since January 1 of the previous calendar year? | ☑ | ☐ |

B. Do you:

☑ Own ☐ Lease or Rent ☐ Live with Parents ☐ Store ☐ Other (attach explanation)

C. Physical Address of Home or Storage: 2891 Morgan Loop

City, State, Zip: Anchorage AK 99516

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# Form MJ-18: Applicant Residency Verification

| 6. At any time since January 1 of the previous calendar year, have you: | YES | NO |
|---|---|---|
| A. Maintained your principal home **outside of Alaska?** | ☐ | ☑ |

**Did you:**

☐ Own ☐ Lease or Rent ☐ Live with Parents ☐ Store ☐ Other (attach explanation)

**Physical Address of Home or Storage** | **City, State, Zip**

| 6. At any time since January 1 of the previous calendar year, have you: | YES | NO |
|---|---|---|
| B. Claimed residency in another state or country in your employment records, including leave and earnings statements if you are a member of the U. S. Armed Forces? | ☐ | ☑ |
| C. Claimed a non-resident Alaska Motor Vehicle tax exemption when registering a vehicle as the owner or co-owner while living in Alaska? | ☐ | ☑ |
| D. Accepted full-time permanent employment in another state or country? | ☐ | ☑ |
| E. Filed for or will be required to file an income tax return for the previous calendar year for another state as a full or part-time resident of that state? ***If YES, attach a copy of the return.*** | ☐ | ☑ |
| F. Claimed a homestead or homeowner's property tax exemption in another state or country? ***If YES, attach an explanation and a copy of the homestead or homeowner's exemption law.*** | ☐ | ☑ |

**State/Country** | **Date**

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# Form MJ-18: Applicant Residency Verification

| 6. At any time since January 1 of the previous calendar year, have you: | YES | NO |
|---|---|---|
| G. Applied for or received a student loan from another state or country? ***If YES, attach a copy of the application.*** *If you received a federal Stafford, Sallie Mae, Nellie Mae, or Bank loan, answer NO.* State/Country: ____ Date: ____ | ☐ | ☑ |
| H. Disclosed in a court proceeding or affidavit that you are a resident of another state or country? ***If YES, attach a copy of the affidavit or documents.*** State: ____ Date: ____ | ☐ | ☑ |
| I. Executed a will which described residency in another state or country? ***If YES, attach a copy of the will.*** State/Country: ____ Date: ____ | ☐ | ☑ |
| J. Moved from Alaska and claimed or will claim moving expenses as a deduction on your federal income tax return for the previous calendar year? ***If YES, attach a copy of the return.*** State/Country: ____ Date: ____ | ☐ | ☑ |
| K. Registered to vote in another state or country? State/Country: ____ Date: ____ | ☐ | ☑ |
| L. Voted in a local or state election in another state or country? State/Country: ____ Date: ____ | ☐ | ☑ |

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# Form MJ-18: Applicant Residency Verification

**6. At any time since January 1 of the previous calendar year, have you:** YES NO

M. Obtained a resident hunting, fishing, or trapping license in another state or country? ☐ ☑
*If YES, attach a copy of that state's or country's license regulations.*

State/Country | Date

N. Filed for divorce, dissolution, or legal separation in another state or country? ☐ ☑
*If YES, attach a copy of the documents.*

State/Country | Date

O. Obtained benefits, including public assistance benefits, as a result of establishing or maintaining a claim of residency in another state or country? ☐ ☑
*If YES, attach an explanation and documentation of what benefits were obtained.*

State/Country | Date

P. Maintained a vehicle registered in another state or country or obtained or renewed another state's or country's vehicle registration? ☐ ☑

State/Country | Vehicle Plate #

Q. Maintained a driver's license or ID in another state or country or obtained or renewed another state's or country's driver's license or ID? ☐ ☑

State/Country | License/ID #

**7. Birth Information – Print your name as it appears on your birth certificate.**

Full Legal Name: LOUIS EUGENE WEAVER

U. S. Birth State: WA | Country of Birth (if not U. S.): USA

# ALASKA LABORERS TRUSTS FUNDS

375 W. 36th Avenue, Suite 200 • P.O. Box 93870 • Anchorage, Alaska 99509-3870
Phone (907) 561-5119 or (855) 815-2323 • Fax (907) 561-4802 • Website www.aklaborerstrust.com

Administered by
Labor Trust Services, Inc.

May 30, 2017

LOUIS E WEAVER
2891 MORGAN LOOP
ANCHORAGE AK 99516

23-03499

Re: Income Verification for LOUIS E WEAVER
SSN XXX-XX-9168

To Whom It May Concern:

This letter is to serve as verification of monthly Retirement income for the above referenced Participant of this Fund.

Retirement Date: May 1, 2008

| | | |
|---|---|---|
| Gross Monthly Benefit Amount: | $ | 5,691.36 |
| Federal Income Tax Withholding: | $ | 1,138.27 |
| Legal Deduction: | $ | 12.50 |
| Political Action Deduction: | $ | 20.00 |
| Net Monthly Amount: | $ | 4,520.59 |

These are monthly lifetime benefits.

Should you have any questions on any of the above information, please feel free to contact me at 1-855-815-2323 extension 4222.

Sincerely,

Zena Alexander
Retirement Representative

AlaskaUSA Federal Credit Union®

PO Box 77404
Ewing, NJ 08628
STATEMENT ENCLOSED

| | |
|---|---|
| Statement Date: | 05/01/17 |
| Account Number: | 0038423943 |
| Payment Due Date | 06/01/17 |
| **Amount Due** | **$3,254.76** |

*If payment is received after 06/17/17, $112.43 late fee will be charged.*

+ 0755037 000082393 09CLST 0930910 GY AF06FC
LOUIS E WEAVER
SUSAN A WEAVER
2891 MORGAN LOOP
ANCHORAGE AK 99516-1403

**Contact Us**

**Member Service/Pay By Phone:** 877-747-5073
**Website:** www.alaskausa.org
**E-mail:** customerservice@loanadministration.com

***Qualified Written Requests, notifications of error, or requests for information concerning your loan must be directed to PO Box 77423 Ewing NJ 08628**

## Account Information

| | |
|---|---|
| Property Address | 2891 MORGAN LOOP<br>ANCHORAGE, AK 99516 |
| Outstanding Principal | $436,997.70 |
| Escrow Balance | $6,558.66 |
| Maturity Date | October 2042 |
| Interest Rate | 3.6250% |
| Prepayment Penalty | NONE |

## Explanation of Amount Due

If you are Experiencing Financial Difficulty: You may call the U.S. Department of Housing and Urban Development (HUD) at 800-569-4287, or go to www.hud.gov/offices/nsg/sfh/hcc/hcs.cfm for a list of homeowner counselors or counseling organizations in your area.

| | |
|---|---|
| Principal | $928.46 |
| Interest | $1,320.10 |
| Escrow (for Taxes and Insurance) | $1,006.20 |
| Other | $0.00 |
| **Current Payment Due 06/01/17** | **$3,254.76** |
| Total Fees Charged Since Last Statement | $0.00 |
| Overdue Amount | $0.00 |
| **Total Amount Due** | **$3,254.76** |

## Transaction Activity (04/04/2017 to 05/01/2017)

| Date | Description | Charges | Payments |
|---|---|---|---|
| 04/10/17 | MIP/PMI DISB | | $328.70 |
| 05/01/17 | 05/2017 PAYMT - THANK YOU | | $3,254.76 |
| 05/01/17 | ADDL PRIN | | $195.72 |

## Past Payments Breakdown

*Unapplied funds represent funds that are held in suspense waiting final application. If this amount represents a partial payment, your payment will be applied upon receipt of the amount required to complete your payment

| | Paid Since Last Statement | Paid Year to Date |
|---|---|---|
| Principal | $1,120.80 | $5,570.34 |
| Interest | $1,323.48 | $6,651.06 |
| Escrow (Taxes and Insurance) | $1,006.20 | $5,245.84 |
| Other | $0.00 | $0.00 |
| Fees | $0.00 | $0.00 |
| *Unapplied Funds | $0.00 | $0.00 |
| **Total** | **$3,450.48** | **$17,467.24** |

## IMPORTANT MESSAGES

Looking forward to those long summer weekends?
Get financing for all your adventures
on the water, on the road, or on the trails!
Apply online at alaskausa.org/loans or talk to
a member service representative at (800) 525-9094.

EQUAL HOUSING LENDER

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# Form MJ-18: Applicant Residency Verification

## Section 4 – Certifications

**I certify that on the date of application:**

- I am now and intend to remain an Alaska resident indefinitely.
- I have not claimed residency in another state, territory, or country.
- I was an Alaska resident for all of the previous calendar year.
- I was physically present in the state of Alaska for at least 72 consecutive hours in the previous two calendar years.

**I understand that if what I say is not true, it is a criminal offense.**

**I understand that misrepresenting a material fact on this application, any of the attached documentation, the online application, or any other form or documentation provided or required by AMCO is grounds for denial of my application, a suspension or revocation of my license, or a civil fine.**

**Release of Information:** I authorize the release of confidential records to the Alaska Alcohol and Marijuana Control Office necessary to verify my eligibility for a State-issued marijuana establishment license, including but not limited to confidential records from financial, private, and education institutions; state, federal, or other public agencies, including but not limited to Internal Revenue Service, Social Security Administration, Alaska Department of Revenue's Permanent Fund Dividend Office, and the Alaska DHSS, Division of Public Assistance and Alaska Office of Children's Services; any other state or country, including but not limited to state and local taxes, employment, education, or public assistance benefits. I understand that this information may be used in administrative and/or criminal proceedings. I agree that a copy of this authorization is as valid as the original.

**I certify that the information I am supplying on and with this form is true and correct.**

Signature of licensee

Louis E Weaver

Printed name

Subscribed and sworn to before me this 12th day of June, 2017.

J. Johnson

Notary Public in and for the State of Alaska.

"Official Seal"
Notary Public
J. Johnson
State Of Alaska
Commission #120302 Expires 10/5/19

My commission expires: 10/05/2019