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:	Pharma Initiative LLC	**License Number:**	14245		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	Pharma Initiative LLC				
Premises Address:	4315 E Dimond Way				
City:	Wasilla	**State:**	AK	**ZIP:**	99654

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	David Huskey
Title:	Owner
SSN:	[redacted]

RECEIVED
SEP 01 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

David Huskey

Printed name

Subscribed and sworn to before me this 11th day of August, 20 17.

SCOTT BAIONE NOTARY PUBLIC MY COMMISSION EXPIRES October 17, 2020 STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: 10/17/2020

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Premises Address:	4315 E Dimond Way				
City:	Wasilla	**State:**	AK	**ZIP:**	99654

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Aaron Edwards
Title:	Owner
SSN:	[redacted]

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Signature of licensee/affiliate

Aaron Edwards

Printed name

Subscribed and sworn to before me this 11th day of August, 2017.

SCOTT BAIONE
NOTARY PUBLIC
MY COMMISSION EXPIRES October 17, 2020
STATE OF ALASKA

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My commission expires: 10/17/2020

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