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:** | Matanuska Cannabis Company, LLC | **License Number:** | 14199 | | |
| **License Type:** | Limited Marijuana Cultivation | | | | |
| **Doing Business As:** | Matanuska Cannabis Company | | | | |
| **Premises Address:** | 3550 S. Old Glenn Hwy. | | | | |
| **City:** | Palmer | **State:** | AK | **ZIP:** | 99645 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | |
|---|---|
| **Name:** | Chad Ragsdale |
| **Title:** | Member / Manager LLC |
| **SSN:** | [redacted] |

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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

Chad Ragsdale
Printed name

Subscribed and sworn to before me this 13th day of Sept, 2017.

LANCE C. WELLS NOTARY PUBLIC STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: 6/18/19

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| **Premises Address:** | 2550 S. Old Glenn Hwy | | | | |
| **City:** | Palmer | **State:** | AK | **ZIP:** | 99645 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | |
|---|---|
| **Name:** | Dara Ragsdale |
| **Title:** | member LLC |
| **SSN:** | [redacted] |

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Dara Ragsdale
Signature of licensee/affiliate

Dara Ragsdale
Printed name

Subscribed and sworn to before me this 30 day of August, 2017.

LANCE C. WELLS NOTARY PUBLIC STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: 6.18.19

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| **City:** | Palmer | **State:** | AK | **ZIP:** | 99645 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | |
|---|---|
| **Name:** | Patrick McKay |
| **Title:** | member LLC |
| **SSN:** | [redacted] |

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Signature of licensee/affiliate

Patrick McKay

Printed name

Subscribed and sworn to before me this 13 day of Sept, 2017.

Notary Public in and for the State of Alaska.

My commission expires: 6/18/19

LANCE C. WELLS NOTARY PUBLIC STATE OF ALASKA

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