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 <u>by each proposed licensee or affiliate</u> 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:**	14200		
License Type:	Retail Marijuana Store				
Doing Business As:	Matanuska Cannabis Company, LLC.				
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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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

Chad Rogsdale
Printed name

Subscribed and sworn to before me this 13th 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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License Type:	Retail MARIJUANA STORE				
Doing Business As:	MATANUSKA Cannabis Company				
Premises Address:	3550 S. Old Colony Hwy				
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., 20 17.

Notary Public in and for the State of Alaska.

My commission expires: 6.18.19

LANCE C. WELLS NOTARY PUBLIC STATE OF

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License Type:	Retail Marijuana Store				
Doing Business As:	Matanuska Cannabis Company, LLC.				
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:	Dana Ragsdale
Title:	member LLC
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.

Dara Ragsdale
Signature of licensee/affiliate

Dara Ragsdale
Printed name

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

LANCE S. 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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