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:	FSE, Inc.	License Number:	10886		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	State:	AK	ZIP:	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Melissa Cervantes
Title:	Shareholder
SSN:	[redacted]

Received by AMCO 12.11.17

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
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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 understand that my fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI), and that I have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. *The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.*

I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

Signature of licensee

Notary Public in and for the State of Alaska

Melissa Cervantes

Printed name of licensee

My commission expires: 02 04 2019

Subscribed and sworn to before me this 4th day of December, 2017.

Official Seal
STATE OF ALASKA
Notary Public
Rockell Belanger
Commission Expires 02/04/19

Received by AMCO 12.11.17

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License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Jeffrey Weltzin
Title:	Shareholder
SSN:	[redacted]

Received by AMCO 12.11.17

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Alaska Marijuana Control Board

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I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

Jeffrey Weltzin
Signature of licensee

STATE OF ALASKA
OFFICIAL SEAL
Saara T. Krook
NOTARY PUBLIC
My Commission Expires 09/09/2018

Notary Public in and for the State of Alaska

Jeffrey Weltzin
Printed name of licensee

My commission expires: 09/09/2018

Subscribed and sworn to before me this 7 day of Nov., 20 17.

Received by AMCO 12.11.17

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Alaska Marijuana Control Board

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Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Billie Jo Gehring
Title:	Shareholder
SSN:	[redacted]

Received by AMCO 12.11.17

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Alaska Marijuana Control Board

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Section 3 – Certifications

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I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

Billie J. Gehring
Signature of licensee

Billie Jo Gehring
Printed name of licensee

Amber N. Scott
Notary Public in and for the State of Alaska

My commission expires: March 28th, 2018

Subscribed and sworn to before me this 7th day of December, 2017.

AMBER N. SCOTT
NOTARY PUBLIC
MY COMMISSION EXPIRES March 28, 2018
STATE OF ALASKA

Received by AMCO 12.11.17

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Licensee:	FSE, Inc.	**License Number:**	10886		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Shaun Tacke
Title:	Shareholder
SSN:	[redacted]

Received by AMCO 12.11.17

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I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

Signature of licensee

Shaun Tacke
Printed name of licensee

Melissa Proper
Notary Public in and for the State of Alaska

My commission expires: 11/19/19

Subscribed and sworn to before me this 1 day of Dec, 2017.

State of Alaska
NOTARY PUBLIC
Melissa Proper
My Commission Expires Nov 19, 2019

Received by AMCO 12.11.17

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Licensee:	FSE, Inc.	**License Number:**	10886		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Seth Hawkins
Title:	Shareholder
SSN:	[redacted]

Received by AMCO 12.11.17

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I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

Signature of licensee

Seth Hawkins
Printed name of licensee

Melissa Proper
Notary Public in and for the State of Alaska

My commission expires: 11/19/19

Subscribed and sworn to before me this 4 day of Dec, 2017.

State of Alaska
NOTARY PUBLIC
Melissa Proper
My Commission Expires Nov 19, 2019

Received by AMCO 12.11.17

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Licensee:	FSE, Inc.	**License Number:**	10886		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Naomi Johnson
Title:	Shareholder
SSN:	[redacted]

Received by AMCO 12.11.17

Alcohol and Marijuana Control Office
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marijuana.licensing@alaska.gov
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I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

Signature of licensee

Naomi Johnson
Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 04/27/2021

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

"Offical Seal"
Notary Public
Mason Berry
State of Alaska
Commission #170427011 Expires: 4/27/2021

Received by AMCO 12.11.17

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Section 1 – Establishment Information

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Licensee:	FSE, Inc.	**License Number:**	10886		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Martin Tacke
Title:	Shareholder
SSN:	[redacted]

Received by AMCO 12.11.17

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Alaska Marijuana Control Board

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I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

Signature of licensee

Martin Tacke

Printed name of licensee

PAMELA MURTIFF
NOTARY PUBLIC
STATE OF ALASKA
My Commission Expires: 8/26/21

Notary Public in and for the State of Alaska

My commission expires: 8/26/21

Subscribed and sworn to before me this 5th day of December, 2017.

Received by AMCO 12.11.17

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

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Section 1 – Establishment Information

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Licensee:	FSE, Inc.	**License Number:**	10886		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Lynn Crane
Title:	Shareholder
SSN:	[redacted]

Received by AMCO 12.11.17

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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

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I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

Signature of licensee

Lynn Crane
Printed name of licensee

D. KIRCHHOFER
My Commission Expires
NOTARY PUBLIC
Jul 22, 2018
STATE OF ALASKA

D Kirchhofer
Notary Public in and for the State of Alaska

My commission expires: July 22, 2018

Subscribed and sworn to before me this 1 day of December, 2017.

Received by AMCO 12.11.17

Alcohol and Marijuana Control Office
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Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Judy Bath
Title:	Shareholder
SSN:	[redacted]

Received by AMCO 12.11.17

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I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

Judy K. Bath
Signature of licensee

Notary Public in and for the State of Alaska

Judy Bath
Printed name of licensee

My commission expires: 04/27/2021

Subscribed and sworn to before me this 4 day of December, 2017.

"Offical Seal"
Notary Public
Mason Berry
State of Alaska
Commission #170427011 Expires: 4/27/2021

Received by AMCO 12.11.17

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Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Joshua Spence
Title:	Shareholder
SSN:	[redacted]

Received by AMCO 12.11.17

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marijuana.licensing@alaska.gov
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Signature of licensee

Joshua Spence
Printed name of licensee

Melissa Proper
Notary Public in and for the State of Alaska

My commission expires: 11/19/19

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

State of Alaska
NOTARY PUBLIC
Melissa Proper
My Commission Expires Nov 19, 2019

Received by AMCO 12.11.17

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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:	FSE, Inc.	**License Number:**	10886		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Joanne Ellsworth
Title:	Shareholder
SSN:	[redacted]

Received by AMCO 12.11.17

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 understand that my fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI), and that I have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record.
The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

Joanne Ellsworth
Signature of licensee

Joanne Ellsworth
Printed name of licensee

State of Alaska
NOTARY PUBLIC
J. Poehls
My Commission Expires Aug 7, 2019

J Poehls
Notary Public in and for the State of Alaska

My commission expires: 8/7/19

Subscribed and sworn to before me this 8th day of December, 20 17.

Received by AMCO 12.11.17

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License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Frank Berardi
Title:	Shareholder
SSN:	[redacted]

Received by AMCO 12.11.17

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I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

Signature of licensee

CHRISTINA THIBODEAUX
Notary Public
State of Alaska
My Commission Expires Mar 31, 2021

Christina Thibodeaux
Notary Public in and for the State of Alaska

Frank Berardi
Printed name of licensee

My commission expires: March 31, 2021

Subscribed and sworn to before me this 10th day of November, 2017.

Received by AMCO 12.11.17

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License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Brandon Emmett
Title:	Shareholder
SSN:	[redacted]

Received by AMCO 12.11.17

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marijuana.licensing@alaska.gov
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Alaska Marijuana Control Board

Form MJ-09: Statement of Financial Interest

Section 3 – Certifications

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I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

Signature of licensee

Brandon Emmett
Printed name of licensee

Melissa Proper
Notary Public in and for the State of Alaska

My commission expires: 11/19/19

Subscribed and sworn to before me this 1 day of Dec, 2017.

State of Alaska
NOTARY PUBLIC
Melissa Proper
My Commission Expires Nov 19, 2019

Received by AMCO 12.11.17

Alcohol and Marijuana Control Office
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License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Craig O'Donghue
Title:	Shareholder
SSN:	[redacted]

Received by AMCO 12.11.17

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Signature of licensee

Craig O'Donoghue

Printed name of licensee

OFFICIAL STAMP
SARAH ANN WILSON
NOTARY PUBLIC-OREGON
COMMISSION NO. 961428
MY COMMISSION EXPIRES APRIL 11, 2021

Notary Public in and for the State of ~~Alaska~~ Oregon

My commission expires: April 11, 2021

Subscribed and sworn to before me this 7 day of December, 2017.

Received by AMCO 12.11.17

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
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Licensee:	FSE, Inc.	**License Number:**	10886		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Curtis Franklin
Title:	Shareholder
SSN:	[redacted]

Received by AMCO 12.11.17

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Signature of licensee

Curtis Franklin

Printed name of licensee

State of Alaska
NOTARY PUBLIC
Elizabeth Campbell
My Commission Expires June 17, 2019

Notary Public in and for the State of Alaska

My commission expires: 6-17-19

Subscribed and sworn to before me this 1 day of December, 2017

Received by AMCO 12.11.17

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License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	1770 Donald Ave, Suite B				
City:	Fairbanks	**State:**	AK	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Dawson Carroll
Title:	Shareholder
SSN:	[redacted]

Received by AMCO 12.11.17

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Anchorage, AK 99501
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Signature of licensee

"Offical Seal"
Notary Public
Mason Berry
State of Alaska
Commission #170427011 Expires: 4/27/2021

Notary Public in and for the State of Alaska

Dawson Carroll

Printed name of licensee

My commission expires: 04/27/2021

Subscribed and sworn to before me this 4 day of December, 2017.

Received by AMCO 12.11.17