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:** | Timeless Adventures, LLC | **License Number:** | 10156 | | |
| **License Type:** | Standard Marijuana Cultivation Facility | | | | |
| **Doing Business As:** | Herbal Instincts | | | | |
| **Premises Address:** | 405 Ream Ln | | | | |
| **City:** | Fairbanks | **State:** | AK | **ZIP:** | 99712 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | |
|---|---|
| **Name:** | Jessica Huff |
| **Title:** | Owner |
| **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 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.

Jessica Huff
Signature of licensee

Jessica Huff
Printed name of licensee

*State of Alaska*
NOTARY PUBLIC
Rhonda C. Havens
My Commission Expires _____

Rhonda C Havens
Notary Public in and for the State of Alaska

My commission expires: 8-29-2021

Subscribed and sworn to before me this 27th day of November, 2017.

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| **City:** | Fairbanks | **State:** | AK | **ZIP:** | 99712 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | |
|---|---|
| **Name:** | Tanana Herb Company, LLC ; Leslea Nunley |
| **Title:** | Owner |
| **SSN:** | [redacted] |

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Leslea Nunley
Signature of licensee

Leslea Nunley
Printed name of licensee

*State of Alaska*
NOTARY PUBLIC
Rhonda C. Havens
My Commission Expires _____

Rhonda C Havens
Notary Public in and for the State of Alaska

My commission expires: 8-29-2017

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| **City:** | Fairbanks | **State:** | AK | **ZIP:** | 99712 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | |
|---|---|
| **Name:** | Cristopher Konopka |
| **Title:** | Owner |
| **SSN:** | [redacted] |

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Signature of licensee

Cristopher Konopka
Printed name of licensee

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