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-19: Creditors Affidavit

**What is this form?**

This form must be completed by the **current holder** (transferor) of a marijuana establishment license in order to report all debts of and taxes owed by the business, as required by 3 AAC 306.045(b)(2). The Marijuana Control Board will deny an application for transfer of a license to another person if the Board finds that the transferor has not paid all debts or taxes arising from the operation of the licensed business, unless the transferor gives security for the payment of the debts or taxes satisfactory to the creditor or taxing authority, per 3 AAC 306.080(c)(2).

**You must submit a completed copy of Form MJ-17c: License Transfer Application to each creditor listed on this form. This form must be completed and submitted to AMCO's main office before any license transfer application will be considered complete.**

## Section 1 – Transferor Information

Enter information for the ***current*** licensee and licensed establishment.

| | | | | | |
|---|---|---|---|---|---|
| **Licensee:** | Elevated Innovations, LLC | **License Number:** | 10156 | | |
| **License Type:** | Standard Marijuana Cultivation Facility | | | | |
| **Doing Business As:** | Elevated Innovations, LLC | | | | |
| **Premises Address:** | 405 Ream Ln | | | | |
| **City:** | Fairbanks | **State:** | Alaska | **ZIP:** | 99712 |
| **Federal Tax ID # / EIN:** | 81-1180392 | | | | |

## Section 2 – Debts and Taxes Owed

Enter information for each creditor or taxing authority to which debts or taxes are owed. If there are no debts or taxes owed by the business, write "None" in the first field. You will be required to correct this form if a response of "N/A" is written in any field. Attach additional pages or documentation as necessary.

| Creditor / Taxing Authority | Current Valid Email or Mailing Address of Creditor | Amount Owed |
|---|---|---|
| None | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

RECEIVED
NOV 30 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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-19: Creditors Affidavit

## Section 3 – Transferor Certifications

**Read each line below, and then sign your initials in the box to the right of each statement:** Initials

I certify that all debts of the business and all taxes the business owes are listed on Page 1 of this form, and that the contact information provided for each creditor is current. [CK]

I certify that I have submitted a completed copy of Form MJ-17c: License Transfer Application to each creditor listed on Page 1 of this form. [CK]

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

Cristopher Konopka
Signature of transferor

Cristopher Konopka
Printed name of transferor

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

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

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

My commission expires: 8-29-2021

RECEIVED
NOV 30 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA