THE STATE of ALASKA
GOVERNOR BILL WALKER

**Department of Commerce, Community, and Economic Development**

ALCOHOL & MARIJUANA CONTROL OFFICE
550 West 7th Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

April 27, 2018

**State Fire Marshal**
Attn: Lloyd Nakano, Lloyd.nakano@alaska.gov
Pam Bowden, pam.bowden@alaska.gov

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|---|---|
| **License Number:** | 10156 |
| **License Type:** | Standard Marijuana Cultivation Facility |
| **Physical Address:** | 405 Ream Lane<br>Fairbanks, AK 99712 |

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|---|---|
| **Transferor:** | Elevated Innovations, LLC |
| **Doing Business As:** | Elevated Innovations, LLC |
| **Phone Number:** | 907-202-4500 |
| **Email Address:** | Cristopher_konopka@yahoo.com |

| | |
|---|---|
| **Transferee:** | Timeless Adventures, LLC |
| **Doing Business As:** | Herbal Instincts |
| **Phone Number:** | 907-202-4500 |
| **Email Address:** | Cristopher_konopka@yahoo.com |

☒ **Transfer of Ownership Application** ☐ **Transfer of Controlling Interest**

3 AAC 306.300(a)(2)(B), 3 AAC 306.400(b)(2)(B), 3 AAC 306.500(b)(2)(B), and 3 AAC 306.605(b)(2)(B) require that an applicant for a marijuana establishment license operate in compliance with each applicable public health, fire, safety, and tax code and ordinance of the state and the local government in which the applicant's proposed licensed premises are located. This letter serves to provide written notice and request for compliance status from the above referenced entities regarding the above application (see attached application documents for more information). **Please complete and return this form to the AMCO office at the email below**.

REVIEWER: _____ ☐ DEC ☐ Fire Marshal

DATE: _____ PHONE: _____ ☐ Compliant ☐ Non-compliant

COMMENTS: _____

_____

If you have any questions, please send them to the email address below.

Sincerely,

Erika McConnell, Director
marijuana.licensing@alaska.gov