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:	50 Shades of Green LLC	**License Number:**	14952
License Type:	Standard Cultivation License		
Doing Business As:	50 Shades of Green LLC		
Premises Address:	14481 W Marginal Access Rd		
City:	Houston	**State:** AK	**ZIP:** 99694

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Gabrielle Pelersen-Christensen
Title:	Owner / President
[redacted]	

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JUN 18 2018
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 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.

Gabrielle Pelersen Christensen
Signature of licensee

Gabrielle Pelersen Christensen
Printed name of licensee

Samantha MacCracken
Notary Public in and for the State of Alaska

My commission expires: 6·30·2021

Subscribed and sworn to before me this 14th day of June, 2018.

OFFICIAL SEAL
Samantha MacCracken
Notary Public-State of Alaska
My Comm. Expires 06/30/2021

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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:	50 Shades of Green LLC	**License Number:**	149556		
License Type:	Standard Cultivation Facility				
Doing Business As:	50 Shades of Green LLC				
Premises Address:	14481 W Marginal Access Rd				
City:	Houston	**State:**	Ak	**ZIP:**	99694

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Jeffrey Mark Gresio
Title:	Partner
[redacted]	

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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

Jeffrey m GRESIO
Printed name of licensee

Chelsea E Runyon
Notary Public in and for the State of Alaska

My commission expires: 01/03/2021

Subscribed and sworn to before me this 16th day of June, 2018.

STATE OF ALASKA
NOTARY PUBLIC
Chelsea E. Runyon
My Commission Expires: January 3, 2021

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STATE OF ALASKA

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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:	50 Shades of Green LLC	**License Number:**	14956		
License Type:	Standard Cultivation Facility				
Doing Business As:	50 Shades of Green LLC				
Premises Address:	14451 N Mayflower Acres Rd				
City:	Houston	**State:**	AK	**ZIP:**	99694

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Pamela Thomas
Title:	Partner
[redacted]	

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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

Pamela D Thomas

Printed name

Subscribed and sworn to before me this ___ day of _____, 20 17.

Notary Public in and for the State of Alaska.

My commission expires: 1-18-20

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