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:** | AK Provisions Corporation | **License Number:** | 10686 | | |
| **License Type:** | Retail Marijuana Store | | | | |
| **Doing Business As:** | Turnagain Herb Company | | | | |
| **Premises Address:** | 279 Crow Creek Road | | | | |
| **City:** | Girdwood | **State:** | AK | **ZIP:** | 99587 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | |
|---|---|
| **Name:** | Greg Hugunin |
| **Title:** | Vice President |
| **SSN:** | [redacted] |



Received by AMCO 1.9.18

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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 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

GREG HUGHNIN

Printed name

"Official Seal"
Notary Public
B. Orloff
State Of Alaska
Commission #150819001 Expires 08/19/2019

Subscribed and sworn to before me this 9 day of January, 2018.

Notary Public in and for the State of Alaska.

My commission expires: 08/19/2019



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| **City:** | Girdwood | **State:** | AK | **ZIP:** | 99587 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | |
|---|---|
| **Name:** | Seth Molen |
| **Title:** | President |
| **SSN:** | [redacted] |



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Seth Molen

Printed name

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