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

## Marijuana Establishment

# Form MJ-17c: License Transfer Application

**What is this form?**

This form must be used to initiate a transfer of ownership of a marijuana establishment license under 3 AAC 306.045. This transfer application must be completed and submitted to AMCO's main office, along with all necessary supplemental documents and fees listed in **Form MJ-17b: License Transfer Application Checklist**, before a transfer of ownership, including a change that affects the controlling interest of an entity, will be considered by the Marijuana Control Board.

**Please note that licensees seeking to change controlling interest of an entity that owns multiple licenses must submit a separate completed copy of this form and the required supplemental documents and fees for each license.**

## Section 1 – Transferor Information

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

| | | | | | |
|---|---|---|---|---|---|
| **Licensee:** | Great Northern Cannabis, Inc. | **License Number:** | | 10747 | |
| **License Type:** | Standard Marijuana Cultivation | | | | |
| **Doing Business As:** | Great Northern Cannabis | | | | |
| **Premises Address:** | 2341 Cinnabar Loop | | | | |
| **City:** | Anchorage | **State:** | Alaska | **ZIP:** | 99507 |
| **Email:** | steve@greatnortherncannabis.com | | | | |
| **Local Government:** | Municipality of Anchorage | | | | |

☑ Regular ownership transfer ☐ Transfer of controlling interest in the licensed entity

## Section 2 – Transferee Information

Enter information for the ***new*** applicant seeking to be licensed.

| | | | | | |
|---|---|---|---|---|---|
| **Licensee:** | Great Northern Cultivation, Inc. | **Alaska Entity #** | | 10073939 | |
| **Mailing Address:** | 645 G Steet, Suite 100-907 | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99501 |
| **Business License #:** | 1068716 | **Business Phone:** | 907-887-6543 | | |

| | |
|---|---|
| **Designated Licensee:** | Stephen Brashear |
| **Contact Phone:** | 907-887-6543 |
| **Contact Email:** | steve@greatnortherncannabis.com |



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STATE OF ALASKA

Alaska Marijuana Control Board

# Form MJ-17c: License Transfer Application

## Section 3 – Entity Ownership Information

**This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 4.** If any entity official is another entity, you must include the AK Entity # of that entity in the Entity Official Name field, attach a separate completed copy of this page that breaks down the ownership information for that entity, and submit the supplemental documents and fingerprint fees listed on Form MJ-17b required for each individual entity official. Entity documents must be submitted for each entity listed on this form.

**If more space is needed, please attach additional completed copies of this page.**

- If the applicant is a **corporation**, complete the following for each ***officer or owner of any of the corporation's stock***.
- If the applicant is a **limited liability company**, complete the following for each ***member holding any ownership interest***.
- If the applicant is a **partnership** or **limited partnership**, complete the following for each ***partner holding any interest***.

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Great Northern Cannabis, Inc. (see attached Ownership Information) | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-887-6543 | **% Owned:** | 100 |
| **Email:** | steve@greatnortherncannabis.com | | | | |
| **Mailing Address:** | 645 G Street, Suite 100-907 | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99501 |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Stephen Brashear | | | | |
| **Title(s):** | Director, President | **Phone:** | 907-887-6543 | **% Owned:** | |
| **Email:** | swbrashear2@yahoo.com | | | | |
| **Mailing Address:** | 21919 Barclay Drive | | | | |
| **City:** | Eagle River | **State:** | AK | **ZIP:** | 99577-9516 |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Jordan Huss | | | | |
| **Title(s):** | Director, Vice President | **Phone:** | 907-441-5637 | **% Owned:** | |
| **Email:** | jordanhuss@msn.com | | | | |
| **Mailing Address:** | 2201 Olympic Drive | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99515-1444 |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Michael Ellenburg | | | | |
| **Title(s):** | Director, Secretary | **Phone:** | 907-632-2749 | **% Owned:** | |
| **Email:** | ecfnm2009@gmail.com | | | | |
| **Mailing Address:** | 3500 Latouche Street, Suite 360 | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99508-4260 |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Patrick Flynn | | | | |
| **Title(s):** | Treasurer | **Phone:** | 907-278-8462 | **% Owned:** | |
| **Email:** | flatpynn@yahoo.com | | | | |
| **Mailing Address:** | 918 R Street | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99501-3241 |



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STATE OF ALASKA

Alaska Marijuana Control Board

# Form MJ-17c: License Transfer Application

## Section 3 – Entity Ownership Information

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**If more space is needed, please attach additional completed copies of this page.**

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- If the applicant is a **limited liability company**, complete the following for each ***member holding any ownership interest***.
- If the applicant is a **partnership** or **limited partnership**, complete the following for each ***partner holding any interest***.

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Darcy Holt | | | | |
| **Title(s):** | Director | **Phone:** | 907-240-1150 | **% Owned:** | |
| **Email:** | darcy@gci.net | | | | |
| **Mailing Address:** | 3001 Admiralty Bay Drive | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99515-2425 |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Jerad Brown | | | | |
| **Title(s):** | Director | **Phone:** | 907-322-2368 | **% Owned:** | |
| **Email:** | mjbrown224@gmail.com | | | | |
| **Mailing Address:** | 2221 Patriot Circle | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99515-2551 |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | | | | | |
| **Title(s):** | | **Phone:** | | **% Owned:** | |
| **Email:** | | | | | |
| **Mailing Address:** | | | | | |
| **City:** | | **State:** | | **ZIP:** | |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | | | | | |
| **Title(s):** | | **Phone:** | | **% Owned:** | |
| **Email:** | | | | | |
| **Mailing Address:** | | | | | |
| **City:** | | **State:** | | **ZIP:** | |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | | | | | |
| **Title(s):** | | **Phone:** | | **% Owned:** | |
| **Email:** | | | | | |
| **Mailing Address:** | | | | | |
| **City:** | | **State:** | | **ZIP:** | |



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STATE OF ALASKA

Alaska Marijuana Control Board

# Form MJ-17c: License Transfer Application

## Section 4 – Other Licenses

**Ownership and financial interest in other marijuana establishments:**

| | Yes | No |
|---|---|---|
| Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other marijuana establishment that is licensed in Alaska? | ☑ | ☐ |

**If "Yes", disclose which individual(s) has the financial interest, which license number(s), and license type(s):**

All individuals listed as a transferee in this application have a financial interest in the following marijuana establishments: 11966 (retail marijuana store), 16610 (retail marijuana store), 17336 (marijuana product manufacturing facility), and 17346 (standard marijuana cultivation facility).

## Section 5 – Authorization

**Communication with AMCO staff:**

| | Yes | No |
|---|---|---|
| Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff? | ☑ | ☐ |

**If "Yes", disclose the name of the individual and the reason for this authorization:**

Jason Brandeis, attorney for Great Northern Cannabis, Inc.

## Section 6 – Transferee Certifications

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

| | Initials |
|---|---|
| I certify that all proposed licensees (as defined in 3 AAC 306.020) and affiliates have been listed on this application. | SB |
| Completed copies of all required documents and fees listed on Form MJ-17b are attached to this form. | SB |
| I certify that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued. | SB |
| I agree to provide all information required by the Marijuana Control Board in support of this application. | SB |

As an applicant for a marijuana establishment license, I declare under penalty of unsworn falsification that I have read and am familiar with AS 17.38 and 3 AAC 306, and that this form, including all accompanying schedules and statements, is true, correct, and complete.

Stephen L. Brashear
Signature of transferee

Stephen Brashear, President
Printed name of transferee

STATE OF ALASKA
NOTARY PUBLIC
Tara L. Moore
My Commission Expires: 7/9/19

Tara Moore
Notary Public in and for the State of Alaska.
My commission expires: 7/9/19

Subscribed and sworn to before me this 30th day of May, 2018.



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## Section 7 – Transferor Certifications

**Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.**

I declare under penalty of unsworn falsification that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) approve of the transfer of this license, and that the information on this form is true, correct, and complete.

Signature of transferor

Big Sky Holdings, LLC (Stephen Brashear)

Printed name of transferor

Notary Public in and for the State of Alaska.

My commission expires: 7/9/19

Subscribed and sworn to before me this 30th day of May, 2018.

STATE OF ALASKA
NOTARY PUBLIC
Tara L. Moore
My Commission Expires: 7/9/19

Signature of transferor

Jordan Huss

Printed name of transferor

Notary Public in and for the State of Alaska.

My commission expires: 7/9/19

Subscribed and sworn to before me this 31st day of May, 2018.

STATE OF ALASKA
NOTARY PUBLIC
Tara L. Moore
My Commission Expires: 7/9/19

Signature of transferor

Michael Jerad Brown

Printed name of transferor

Notary Public in and for the State of Alaska.

My commission expires: 7/9/19

Subscribed and sworn to before me this 31st day of May, 2018.

STATE OF ALASKA
NOTARY PUBLIC
Tara L. Moore
My Commission Expires: 7/9/19



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STATE OF ALASKA

Alaska Marijuana Control Board

# Form MJ-17c: License Transfer Application

## Section 7 – Transferor Certifications

**Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.**

I declare under penalty of unsworn falsification that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) approve of the transfer of this license, and that the information on this form is true, correct, and complete.

Signature of transferor

Patrick Flynn

Printed name of transferor

Tara Moore

Notary Public in and for the State of Alaska.

My commission expires: 7/9/19

Subscribed and sworn to before me this 1st day of June, 2018.

STATE OF ALASKA
NOTARY PUBLIC
Tara L. Moore
My Commission Expires: 7/9/19

Signature of transferor

Carla Mason

Printed name of transferor

Tara Moore

Notary Public in and for the State of Alaska.

My commission expires: 7/9/19

Subscribed and sworn to before me this 31st day of May, 2019.

STATE OF ALASKA
NOTARY PUBLIC
Tara L. Moore
My Commission Expires: 7/9/19

Signature of transferor (owner Murder Lake LLC)

Murder Lake, LLC (Michael Ellenburg)

Printed name of transferor

Tara Moore

Notary Public in and for the State of Alaska.

My commission expires: 7/9/19

Subscribed and sworn to before me this 30th day of May, 2019

STATE OF ALASKA
NOTARY PUBLIC
Tara L. Moore
My Commission Expires: 7/9/19



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STATE OF ALASKA

## Section 7 – Transferor Certifications

**Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.**

I declare under penalty of unsworn falsification that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) approve of the transfer of this license, and that the information on this form is true, correct, and complete.

Signature of transferor

Smart Capital Holdings, LLC (Louis John Kuest)
Printed name of transferor

Tara Moore
Notary Public in and for the State of Alaska.

My commission expires: 7/9/19

Subscribed and sworn to before me this 30th day of May, 2018

STATE OF ALASKA
NOTARY PUBLIC
Tara L. Moore
My Commission Expires: 7/9/19

Signature of transferor

Morse Capital, LLC (Aaron Morse)
Printed name of transferor

Tara Moore
Notary Public in and for the State of Alaska.

My commission expires: 7/9/19

Subscribed and sworn to before me this 4th day of June, 2018.

STATE OF ALASKA
NOTARY PUBLIC
Tara L. Moore
My Commission Expires: 7/9/19

Signature of transferor

Notary Public in and for the State of Alaska.

Printed name of transferor

My commission expires: _____

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

## Ownership Information for Great Northern Cannabis, Inc.

**Enter all information for each of the individuals listed below (attach additional copies of this page, as needed). If any entity official is another entity, you must include the AK Entity # of that entity in the Entity Official Name field, attach a separate completed copy of this page that breaks down the ownership information for that entity, and submit the required supplemental documents and fees listed on Page 1 for each entity official of that entity. Entity documents must be submitted for each entity listed on this form.**

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- If the applicant is a **limited liability company**, each member holding any ownership interest.
- If the applicant is a **partnership**, including a **limited partnership**, each partner holding any interest in the partnership.

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Stephen Brashear (100% owner of Big Sky Holdings, LLC) | | | | |
| **Title(s):** | President, Director | **Phone:** | 907-887-6543 | **% Owned:** | |
| **Email:** | swbrashear2@yahoo.com | | | | |
| **Mailing Address:** | 21919 Barclay Drive | | | | |
| **City:** | Eagle River | **State:** | AK | **ZIP:** | 99577-9516 |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Jordan Huss | | | | |
| **Title(s):** | V.P., Director, Shareholder | **Phone:** | 907-441-5637 | **% Owned:** | 11.47 |
| **Email:** | jordanhuss@msn.com | | | | |
| **Mailing Address:** | 2201 Olympic Drive | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99515-1444 |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Patrick Flynn | | | | |
| **Title(s):** | Treasurer, Shareholder | **Phone:** | 907-278-8462 | **% Owned:** | 4.01 |
| **Email:** | flatpynn@yahoo.com | | | | |
| **Mailing Address:** | 918 R Street | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99501-3241 |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Brent Miller | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-297-8238 | **% Owned:** | 1.10 |
| **Email:** | bactmiller@gmail.com | | | | |
| **Mailing Address:** | 811 Allison Circle | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99515-3284 |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Jerad Brown | | | | |
| **Title(s):** | Director, Shareholder | **Phone:** | 907-322-2368 | **% Owned:** | 7.64 |
| **Email:** | mjbrown224@gmail.com | | | | |
| **Mailing Address:** | 2221 Patriot Circle | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99515-2551 |



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## Ownership Information for Great Northern Cannabis, Inc.

**Enter all information for each of the individuals listed below (attach additional copies of this page, as needed). If any entity official is another entity, you must include the AK Entity # of that entity in the Entity Official Name field, attach a separate completed copy of this page that breaks down the ownership information for that entity, and submit the required supplemental documents and fees listed on Page 1 for each entity official of that entity. Entity documents must be submitted for each entity listed on this form.**

- If the applicant is a **corporation**, each officer or owner of any of the corporation's stock.
- If the applicant is a **limited liability company**, each member holding any ownership interest.
- If the applicant is a **partnership**, including a **limited partnership**, each partner holding any interest in the partnership.

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Gerardo Martinez | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-529-8570 | **% Owned:** | 8.00 |
| **Email:** | baxerdgo@hotmail.com | | | | |
| **Mailing Address:** | P.O. Box 210386 | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99521-0386 |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Morgan Vail | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-342-7252 | **% Owned:** | 1.93 |
| **Email:** | morganvail@gmail.com | | | | |
| **Mailing Address:** | 7225 E. 17th Avenue | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99504-2704 |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Amy Vail | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-240-1150 | **% Owned:** | 1.94 |
| **Email:** | amylynnvail@gmail.com | | | | |
| **Mailing Address:** | 7225 E. 17th Avenue | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99504-2704 |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Darcy Holt | | | | |
| **Title(s):** | Director, Shareholder | **Phone:** | 907-240-1150 | **% Owned:** | 2.39 |
| **Email:** | darcy@gci.net | | | | |
| **Mailing Address:** | 3001 Admiralty Bay Drive | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99515-2425 |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Michael Ellenburg (100% owner Murder Lake, LLC) | | | | |
| **Title(s):** | Secretary, Director | **Phone:** | 907-632-2749 | **% Owned:** | |
| **Email:** | ecfnm2009@gmail.com | | | | |
| **Mailing Address:** | 3500 Latouche Street, Suite 360 | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99508-4260 |



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## Ownership Information for Great Northern Cannabis, Inc.

**Enter all information for each of the individuals listed below (attach additional copies of this page, as needed). If any entity official is another entity, you must include the AK Entity # of that entity in the Entity Official Name field, attach a separate completed copy of this page that breaks down the ownership information for that entity, and submit the required supplemental documents and fees listed on Page 1 for each entity official of that entity. Entity documents must be submitted for each entity listed on this form.**

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- If the applicant is a **partnership**, including a **limited partnership**, each partner holding any interest in the partnership.

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Thomas DeSalvo | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-715-9950 | **% Owned:** | 4.41 |
| **Email:** | tommy.419@hotmail.com | | | | |
| **Mailing Address:** | 5441 Windflower Circle, Unit A | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99507-1670 |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Angela Miller | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-297-8238 | **% Owned:** | 1.38 |
| **Email:** | angcmiller66@gmail.com | | | | |
| **Mailing Address:** | 8244 Seaview Street | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99502 |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Carla Miller | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-394-1116 | **% Owned:** | 2.56 |
| **Email:** | cmiller1115@hotmail.com | | | | |
| **Mailing Address:** | 33365 Keystone Drive | | | | |
| **City:** | Soldotna | **State:** | AK | **ZIP:** | 99669 |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Carla Mason | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-229-9568 | **% Owned:** | 6.48 |
| **Email:** | bcmason@gci.net | | | | |
| **Mailing Address:** | 3131 Lakeside Drive | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99515-2204 |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Anita Bradbury | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-231-0288 | **% Owned:** | 2.16 |
| **Email:** | uniquetank@gmail.com | | | | |
| **Mailing Address:** | 1801 Bellevue Loop | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99515-3119 |



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STATE OF ALASKA

## Ownership Information for Great Northern Cannabis, Inc.

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- If the applicant is a **limited liability company**, each member holding any ownership interest.
- If the applicant is a **partnership**, including a **limited partnership**, each partner holding any interest in the partnership.

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Morse Capital, LLC (Aaron Morse - 100% owner of Morse Capital) | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-227-4859 | **% Owned:** | 2.89 |
| **Email:** | aaron.morse@gmail.com | | | | |
| **Mailing Address:** | 4715 Kershner Avenue | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99517-3281 |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Victor Rodriguez | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-306-9219 | **% Owned:** | 9.72 |
| **Email:** | sksmaw@aol.com | | | | |
| **Mailing Address:** | 701 Klevin Street, Space 31A | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99508-2689 |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Jacklyn Oney | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-250-3672 | **% Owned:** | 2.16 |
| **Email:** | bobbysmithoney@gmail.com | | | | |
| **Mailing Address:** | 2631 W. 100th Avenue | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99515 |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Robert Thompson | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-260-6914 | **% Owned:** | 2.31 |
| **Email:** | drt@acsalaska.net | | | | |
| **Mailing Address:** | 43645 Sports Lake Road | | | | |
| **City:** | Soldotna | **State:** | AK | **ZIP:** | 99669-6824 |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Janica Liland (100% owner of Birch Clearing Holdings, LLC) | | | | |
| **Title(s):** | | **Phone:** | 907-223-6532 | **% Owned:** | |
| **Email:** | janica818ak@gmail.com | | | | |
| **Mailing Address:** | 11112 Bluff Creek Circle | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99515 |



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STATE OF ALASKA

## Ownership Information for Great Northern Cannabis, Inc.

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| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Smart Capital Holdings, LLC (Louis John Kuest - 100% owner of Smart Capital Holdings) | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-227-5863 | **% Owned:** | 4.63 |
| **Email:** | john.kuest@astrares.com | | | | |
| **Mailing Address:** | 10850 Kamishak Bay Circle | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99515-2384 |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Andrew Halcro | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-317-2928 | **% Owned:** | 1.08 |
| **Email:** | visionhalcro@gmail.com | | | | |
| **Mailing Address:** | 4735 W. 80th Avenue | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99502 |

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Victoria Halcro | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-317-2928 | **% Owned:** | 1.08 |
| **Email:** | vcmanni@yahoo.com | | | | |
| **Mailing Address:** | 4735 W. 80th Avenue | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99502 |

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|---|---|---|---|---|---|
| **Entity Official Name:** | Aaron Morse (100% owner Morse Capital, LLC) | | | | |
| **Title(s):** | | **Phone:** | 907-227-4859 | **% Owned:** | |
| **Email:** | aaron.morse@gmail.com | | | | |
| **Mailing Address:** | 4715 Kershner Avenue | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99517-3281 |

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|---|---|---|---|---|---|
| **Entity Official Name:** | Louis John Kuest (100% owner of Smart Capital Holdings, LLC) | | | | |
| **Title(s):** | | **Phone:** | 907-227-5863 | **% Owned:** | |
| **Email:** | john.kuest@astrares.com | | | | |
| **Mailing Address:** | 10850 Kamishak Bay Circle | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99515-2364 |



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|---|---|---|---|---|---|
| **Entity Official Name:** | Big Sky Holdings, LLC (Stephen W. Brashear - 100% owner of Big Sky Holdings) | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-887-6543 | **% Owned:** | 9.74 |
| **Email:** | swbrashear2@yahoo.com | | | | |
| **Mailing Address:** | 21919 Barclay Drive | | | | |
| **City:** | Eagle River | **State:** | AK | **ZIP:** | 99577-9516 |

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|---|---|---|---|---|---|
| **Entity Official Name:** | Murder Lake, LLC (Michael Ellenburg - 100% owner of Murder Lake, LLC) | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-632-2749 | **% Owned:** | 5.89 |
| **Email:** | ecfnm2009@gmail.com | | | | |
| **Mailing Address:** | 3500 Latouche Street, #360 | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99508-4260 |

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|---|---|---|---|---|---|
| **Entity Official Name:** | Birch Clearing Holdings, LLC (Janica Leland - 100% owner of Birch Clearing Holdings, LLC) | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-223-6532 | **% Owned:** | 2.29 |
| **Email:** | janica818ak@gmail.com | | | | |
| **Mailing Address:** | 11112 Bluff Creek Circle | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99515 |

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|---|---|---|---|---|---|
| **Entity Official Name:** | Terry Lauck | | | | |
| **Title(s):** | Shareholder | **Phone:** | 707-260-5664 | **% Owned:** | .24 |
| **Email:** | t.s.lauck@gmail.com | | | | |
| **Mailing Address:** | 24634 Jem Circle | | | | |
| **City:** | Eagle River | **State:** | AK | **ZIP:** | 99577 |

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|---|---|---|---|---|---|
| **Entity Official Name:** | Allyson Lauck | | | | |
| **Title(s):** | Shareholder | **Phone:** | 707-580-1791 | **% Owned:** | .24 |
| **Email:** | aplauck@gmail.com | | | | |
| **Mailing Address:** | 24634 Jem Circle | | | | |
| **City:** | Eagle River | **State:** | AK | **ZIP:** | 99577 |



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|---|---|---|---|---|---|
| **Entity Official Name:** | Larry Clark | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-841-2255 | **% Owned:** | .03 |
| **Email:** | larry.clark@valkyriesap.com | | | | |
| **Mailing Address:** | 1150 S. Colony Way, Suite #3, PMB #307 | | | | |
| **City:** | Palmer | **State:** | AK | **ZIP:** | 99645 |

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|---|---|---|---|---|---|
| **Entity Official Name:** | Donna Clark | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-841-2255 | **% Owned:** | .03 |
| **Email:** | larry.clark@valkyriesap.com | | | | |
| **Mailing Address:** | 1150 S. Colony Way, Suite #3, PMB #307 | | | | |
| **City:** | Palmer | **State:** | AK | **ZIP:** | 99645 |

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|---|---|---|---|---|---|
| **Entity Official Name:** | Victoria Rhoades | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-486-7068 | **% Owned:** | .13 |
| **Email:** | vrhoades@alaskan.com | | | | |
| **Mailing Address:** | 1319 Madsen Avenue | | | | |
| **City:** | Kodiak | **State:** | AK | **ZIP:** | 99615 |

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|---|---|---|---|---|---|
| **Entity Official Name:** | Brian Pike | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-301-2909 | **% Owned:** | .32 |
| **Email:** | siknes98@yahoo.com | | | | |
| **Mailing Address:** | 6080 S. Pine Drive | | | | |
| **City:** | Wasilla | **State:** | AK | **ZIP:** | 99623 |

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|---|---|---|---|---|---|
| **Entity Official Name:** | Lawrence J. Wissing | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-240-0295 | **% Owned:** | .32 |
| **Email:** | Rep_Tile35@alaska.net | | | | |
| **Mailing Address:** | 800 High View Drive | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99515 |



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| **Entity Official Name:** | Jeff Rognes | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-441-8043 | **% Owned:** | .16 |
| **Email:** | jeffrognes@aol.com | | | | |
| **Mailing Address:** | 11721 Shetland Heights Circle | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99516 |

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|---|---|---|---|---|---|
| **Entity Official Name:** | Kristin Rognes | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-441-8043 | **% Owned:** | .16 |
| **Email:** | krognes@hotmail.com | | | | |
| **Mailing Address:** | 11721 Shetland Heights Circle | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99516 |

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|---|---|---|---|---|---|
| **Entity Official Name:** | Ann DeSalvo | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-355-8354 | **% Owned:** | .32 |
| **Email:** | anndesalvo@mtaonline.net | | | | |
| **Mailing Address:** | 1701 N. Seward Meridian Parkway | | | | |
| **City:** | Wasilla | **State:** | AK | **ZIP:** | 99654 |

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|---|---|---|---|---|---|
| **Entity Official Name:** | Terry Hennessey | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-440-1638 | **% Owned:** | .37 |
| **Email:** | akterry49@gmail.com | | | | |
| **Mailing Address:** | 8244 Seaview Street | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99502 |

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|---|---|---|---|---|---|
| **Entity Official Name:** | Aileen Vang | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-590-8276 | **% Owned:** | .32 |
| **Email:** | Aileen.vang@gmail.com | | | | |
| **Mailing Address:** | 4388 York Avenue | | | | |
| **City:** | Fairbanks | **State:** | AK | **ZIP:** | 99709 |



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|---|---|---|---|---|---|
| **Entity Official Name:** | Colt Miller | | | | |
| **Title(s):** | Shareholder | **Phone:** | 907-230-9477 | **% Owned:** | .10 |
| **Email:** | colt.miller5@gmail.com | | | | |
| **Mailing Address:** | 8751 Bell Place | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99507 |

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| **Entity Official Name:** | | | | | |
| **Title(s):** | | **Phone:** | | **% Owned:** | |
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