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:** | Great Nothern Cultivation, Inc. | **License Number:** | 10747 | | |
| **License Type:** | Standard Marijuana Cultivation Facility | | | | |
| **Doing Business As:** | Great Northern Cultivation | | | | |
| **Premises Address:** | 2341 Cinnabar Loop | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99507 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | | | |
|---|---|---|---|
| **Name:** | Big Sky Holdings, LLC (Single-Member LLC) | | |
| **Title:** | Shareholder of Great Northern Cannabis, Inc. | | |
| **SSN:** | AK Entity #10071203 | **Date of Birth:** | 11/03/2017 |

RECEIVED
JUN 21 2018
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-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.

Stephen W. Brashear
Signature of licensee

Stephen W. Brashear
Printed name of licensee

CASSIE MARLOVITS
My Commission Expires
NOTARY PUBLIC
Jan. 23, 2022
STATE OF ALASKA

Notary Public in and for the State of Alaska

My commission expires: Jan 23, 2022

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

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:** | Great Northern Cultivation, Inc. | **License Number:** | 10747 | | |
| **License Type:** | Standard Marijuana Cultivation Facility | | | | |
| **Doing Business As:** | Great Northern Cultivation | | | | |
| **Premises Address:** | 2341 Cinnabar Loop | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99507 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | | | |
|---|---|---|---|
| **Name:** | Birch Clearing Holdings, LLC | | |
| **Title:** | Shareholder of Great Northern Cannabis, Inc. | | |
| **SSN:** | AK Entity #: 10050167 | **Date of Birth:** | 01/27/2017 |

Alcohol and Marijuana Control Office
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marijuana.licensing@alaska.gov
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Alaska Marijuana Control Board

# 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.

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*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

JANICA LILLAND
Printed name of licensee

CASSIE MARLOVITS
My Commission Expires
NOTARY PUBLIC
Jan. 23, 2022
STATE OF ALASKA

Notary Public in and for the State of Alaska

My commission expires: Jan 23 2022

Subscribed and sworn to before me this 9 day of May, 20 18.

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:** | Great Nothern Cultivation, Inc. | **License Number:** | 10747 | | |
| **License Type:** | Standard Marijuana Cultivation Facility | | | | |
| **Doing Business As:** | Great Northern Cultivation | | | | |
| **Premises Address:** | 2341 Cinnabar Loop | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99507 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | | | |
|---|---|---|---|
| **Name:** | Anita Bradbury | | |
| **Title:** | Shareholder Great Northern Cannabis, Inc. | | |
| **SSN:** | [redacted] | **Date of Birth:** | [redacted] |

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
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Alaska Marijuana Control Board

# 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.

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

Signature of licensee

ANITA BRADBURY
Printed name of licensee

KARISSA SLEPPY
My Commission Expires
NOTARY PUBLIC
Jan. 23, 2022
STATE OF ALASKA

Notary Public in and for the State of Alaska

My commission expires: Jan 23, 2022

Subscribed and sworn to before me this 2 day of April, 2018.

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:** | Great Nothern Cultivation, Inc. | **License Number:** | 10747 | | |
| **License Type:** | Standard Marijuana Cultivation Facility | | | | |
| **Doing Business As:** | Great Northern Cultivation | | | | |
| **Premises Address:** | 2341 Cinnabar Loop | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99507 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | | | |
|---|---|---|---|
| **Name:** | Stephen Brashear | | |
| **Title:** | Shareholder of Big Sky Holdings, LLC (Single-Member LLC) | | |
| **SSN:** | [redacted] | **Date of Birth:** | [redacted] |

Alcohol and Marijuana Control Office
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Phone: 907.269.0350

Alaska Marijuana Control Board

# 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.

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

Stephen W. Brashear
Signature of licensee

Stephen W. Brashear
Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 11/19/2018

Subscribed and sworn to before me this 19th day of March, 2018.

STATE OF ALASKA
NOTARY PUBLIC
Michael Cassel
My Commission Expires: November 19, 2018

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
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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:** | Great Nothern Cultivation, Inc. | **License Number:** | 10747 | | |
| **License Type:** | Standard Marijuana Cultivation Facility | | | | |
| **Doing Business As:** | Great Northern Cultivation | | | | |
| **Premises Address:** | 2341 Cinnabar Loop | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99507 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | | | |
|---|---|---|---|
| **Name:** | Jerad Brown | | |
| **Title:** | Shareholder Great Northern Cannabis, Inc. | | |
| **SSN:** | [redacted] | **Date of Birth:** | [redacted] |

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

## 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.

Signature of licensee

Notary Public in and for the State of Alaska

Printed name of licensee

My commission expires: 11/19/2018

Subscribed and sworn to before me this 22nd day of March, 2018.

STATE OF ALASKA
NOTARY PUBLIC
Michael Cassel
My Commission Expires: November 19, 2018

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:** | Great Nothern Cultivation, Inc. | **License Number:** | 10747 | | |
| **License Type:** | Standard Marijuana Cultivation Facility | | | | |
| **Doing Business As:** | Great Northern Cultivation | | | | |
| **Premises Address:** | 2341 Cinnabar Loop | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99507 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | | | |
|---|---|---|---|
| **Name:** | Donna Clark | | |
| **Title:** | Shareholder of Great Northern Cannabis, Inc. | | |
| **SSN:** | [redacted] | **Date of Birth:** | [redacted] |

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
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https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

**Alaska Marijuana Control Board**

# 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.

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

Donna Clark
Signature of licensee

Donna Clark
Printed name of licensee

PATRICIA A. GRAIKA
My Commission Expires
NOTARY PUBLIC
Oct. 24, 2021
STATE OF ALASKA

Patricia A. Graika
Notary Public in and for the State of Alaska

My commission expires: 10/24/21

Subscribed and sworn to before me this 5th day of April, 2018.

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
marijuana.licensing@alaska.gov
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Phone: 907.269.0350

**Alaska Marijuana Control Board**

# Form MJ-09: Statement of Financial Interest

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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:** | Great Nothern Cultivation, Inc. | **License Number:** | 10747 | | |
| **License Type:** | Standard Marijuana Cultivation Facility | | | | |
| **Doing Business As:** | Great Northern Cultivation | | | | |
| **Premises Address:** | 2341 Cinnabar Loop | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99507 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | | | |
|---|---|---|---|
| **Name:** | Larry Clark | | |
| **Title:** | Shareholder of Great Northern Cannabis, Inc. | | |
| **SSN:** | [redacted] | **Date of Birth:** | [redacted] |

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
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https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

Alaska Marijuana Control Board

# 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.

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

Signature of licensee

Printed name of licensee: Larry G. Clark

PATRICIA A. GRAIKA
My Commission Expires
NOTARY PUBLIC
Oct. 24, 2021
STATE OF ALASKA

Notary Public in and for the State of Alaska

My commission expires: 10/24/21

Subscribed and sworn to before me this 5th day of April, 2018.

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
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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?**

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## Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

| | | | | | |
|---|---|---|---|---|---|
| **Licensee:** | Great Nothern Cultivation, Inc. | **License Number:** | 10747 | | |
| **License Type:** | Standard Marijuana Cultivation Facility | | | | |
| **Doing Business As:** | Great Northern Cultivation | | | | |
| **Premises Address:** | 2341 Cinnabar Loop | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99507 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | | | |
|---|---|---|---|
| **Name:** | Ann Desalvo | | |
| **Title:** | Shareholder of Great Northern Cannabis, Inc. | | |
| **SSN:** | [redacted] | **Date of Birth:** | [redacted] |

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
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Alaska Marijuana Control Board

# 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.

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*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

Printed name of licensee

Notary Public
L.M. LLEWELLYN
State of Alaska
My Commission Expires Jan. 16, 2020

Notary Public in and for the State of Alaska

My commission expires: Jan 16, 2020

Subscribed and sworn to before me this 27 day of March, 20 18.

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
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Phone: 907.269.0350

Alaska Marijuana Control Board

# Form MJ-09: Statement of Financial Interest

**What is this form?**

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## Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

| | | | | | |
|---|---|---|---|---|---|
| **Licensee:** | Great Nothern Cultivation, Inc. | **License Number:** | 10747 | | |
| **License Type:** | Standard Marijuana Cultivation Facility | | | | |
| **Doing Business As:** | Great Northern Cultivation | | | | |
| **Premises Address:** | 2341 Cinnabar Loop | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99507 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | | | |
|---|---|---|---|
| **Name:** | Thomas Desalvo | | |
| **Title:** | Shareholder Great Northern Cannabis, Inc. | | |
| **SSN:** | [redacted] | **Date of Birth:** | [redacted] |

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
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Alaska Marijuana Control Board

# 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.

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

Signature of licensee

Notary Public in and for the State of Alaska

TONY DESALVO
Printed name of licensee

My commission expires: 06/20/20

Subscribed and sworn to before me this 22nd day of March, 2018.

STATE OF ALASKA
NOTARY PUBLIC
*Antoinette Wiehl*
Commission #160620007
My Commission Expires: June 20, 2020

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
marijuana.licensing@alaska.gov
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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:** | Great Nothern Cultivation, Inc. | **License Number:** | 10747 | | |
| **License Type:** | Standard Marijuana Cultivation Facility | | | | |
| **Doing Business As:** | Great Northern Cultivation | | | | |
| **Premises Address:** | 2341 Cinnabar Loop | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99507 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | | | |
|---|---|---|---|
| **Name:** | Michael Ellenburg | | |
| **Title:** | Shareholder of Murder Lake, LLC (Single-Member LLC) | | |
| **SSN:** | [redacted] | **Date of Birth:** | [redacted] |

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

## 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.

Signature of licensee

Notary Public in and for the State of Alaska

Michael Ellenburg
Printed name of licensee

My commission expires: 4/02/19

Subscribed and sworn to before me this 17 day of April, 20 18.

MESHERA BARNHILL
My Commission Expires
NOTARY PUBLIC
Apr 2, 2019
STATE OF ALASKA

Alcohol and Marijuana Control Office
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| **Premises Address:** | 2341 Cinnabar Loop | | | | |
| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99507 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | | | |
|---|---|---|---|
| **Name:** | Patrick Flynn | | |
| **Title:** | Shareholder Great Northern Cannabis, Inc. | | |
| **SSN:** | [redacted] | **Date of Birth:** | [redacted] |

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

Signature of licensee

Patrick Flynn
Printed name of licensee

CASSIE MARLOVITS
My Commission Expires
NOTARY PUBLIC
Jan. 23, 2022
STATE OF ALASKA

Cassie Marlovits
Notary Public in and for the State of Alaska

My commission expires: Jan 23, 2022

Subscribed and sworn to before me this 20 day of March, 20 18.

Alcohol and Marijuana Control Office
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| **City:** | Anchorage | **State:** | AK | **ZIP:** | 99507 |

## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | | | |
|---|---|---|---|
| **Name:** | Great Northern Cannabis, Inc. | | |
| **Title:** | Shareholder | | |
| **SSN:** | AK Entity #10032664 | **Date of Birth:** | 10/09/2015 |

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Alaska Marijuana Control Board

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

Stephen W. Brashear
Signature of licensee

Stephen W. Brashear
Printed name of licensee

CASSIE MARLOVITS
My Commission Expires
NOTARY PUBLIC
Jan. 23, 2022
STATE OF ALASKA

Notary Public in and for the State of Alaska

My commission expires: Jan 23, 2022

Subscribed and sworn before me this 1 day of May, 20 18.

Alcohol and Marijuana Control Office
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## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | | | |
|---|---|---|---|
| **Name:** | Andrew Halcro | | |
| **Title:** | Shareholder of Great Northern Cannabis, Inc. | | |
| **SSN:** | [redacted] | **Date of Birth:** | [redacted] |

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

Signature of licensee

Notary Public in and for the State of Alaska

Andrew Holcro

Printed name of licensee

My commission expires: 12-22-18

Subscribed and sworn to before me this 11 day of May, 2018.

STATE OF ALASKA
NOTARY PUBLIC
MELINDA GANT
MY COMMISSION EXPIRES DEC 22, 2018

Alcohol and Marijuana Control Office
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## Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

| | | | |
|---|---|---|---|
| **Name:** | Victoria Halcro | | |
| **Title:** | Shareholder of Great Northern Cannabis, Inc. | | |
| **SSN:** | [redacted] | **Date of Birth:** | [redacted] |

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Signature of licensee

Notary Public in and for the State of Alaska

Victoria Halcro
Printed name of licensee

My commission expires: 12-22-18

Subscribed and sworn to before me this 11 day of May, 20 18.

STATE OF ALASKA
NOTARY PUBLIC
MELINDA GANT
MY COMMISSION EXPIRES DEC 22, 2018