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:**		11966	
License Type:	Retail Marijuana Store				
Doing Business As:	Great Northern Cannabis				
Premises Address:	541 W. 4th Ave.				
City:	Anchorage	**State:**	Alaska	**ZIP:**	99501
Email:	licensing@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 Retail Stores, Inc.	**Alaska Entity #**		10073942	
Mailing Address:	645 G Street, Suite 100-907				
City:	Anchorage	**State:**	Alaska	**ZIP:**	99501
Business License #:	1065429	**Business Phone:**			

Designated Licensee:	Stephen Brashear
Contact Phone:	(907) 887-6543
Contact Email:	licensing@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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Form MJ-17c: License Transfer Application

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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):

10747 (Standard Marijuana Cultivation), 16610 (Retail Marijuana Store), 17336 (Marijuana Product Manufacturing), 17346 (Standard Marijuana Cultivation), 17629 (Retail Marijuana Store)

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.

Signature of transferee

Stephen Brashear, President

Printed name of transferee

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

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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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

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

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

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

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

Murder Lake, LLC (Michael Ellenburg)

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

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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

Smart Capital Holdings, LLC (Louis John Kuest)

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

Morse Capital, LLC (Aaron Morse)

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 4th day of June, 2018.

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

Signature of transferor

Printed name of transferor

Notary Public in and for the State of Alaska.

My commission expires: _____

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

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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:	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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- 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.

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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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Ownership Information for Great Northern Cannabis, Inc.

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

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

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

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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Ownership Information for Great Northern Cannabis, Inc.

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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:	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

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

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

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

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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STATE OF ALASKA

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:	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

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

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

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

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

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

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

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

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

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:**	

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

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