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:	Cut Above LLC	**License Number:**	16815		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Cut Above LLC				
Premises Address:	1520 Raven Lake Street				
City:	Fairbanks	**State:**	AK	**ZIP:**	99709

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Conrad Schwartz		
Title:	Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 6.21.18

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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

Conrad Schwartz

Printed name of licensee

My commission expires: Jan 1st 2022

Subscribed and sworn to before me this 8th day of June, 2018.

Notary Public
TABITHA L. CORE
State of Alaska
My Commission Expires Jan. 1, 2022

Received by AMCO 6.21.18

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Doing Business As:	Cut Above LLC				
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City:	Fairbanks	**State:**	AK	**ZIP:**	99709

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Darren Ray Resa		
Title:	Member		
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

Darren Resa
Printed name of licensee

My commission expires: 2-1-2020

Subscribed and sworn to before me this 28th day of February, 2018.

Received by AMCO 6.21.18

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License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Cut Above LLC				
Premises Address:	1520 Raven Lake Street				
City:	Fairbanks	**State:**	AK	**ZIP:**	99709

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Lane Joseph Nichols Jr		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 6.21.18

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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

Lane Nichols Sr
Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 2-1-2020

Subscribed and sworn to before me this 28th day of February, 20 18.

Received by AMCO 6.21.18

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Doing Business As:	Cut Above LLC				
Premises Address:	1520 Raven Lake Street				
City:	Fairbanks	State:	AK	ZIP:	99709

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Zachery Craft		
Title:	Owner		
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

State of Alaska
NOTARY PUBLIC
Samantha Ahlstrom
My Commission Expires Jul 5, 2020

Notary Public in and for the State of Alaska

Zach Craft
Printed name of licensee

My commission expires: July 5, 2020

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

Received by AMCO 6.21.18

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Premises Address:	1520 Raven Lake Street				
City:	Fairbanks	**State:**	AK	**ZIP:**	99709

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Stephen Fidler		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Signature of licensee

Stephen Fidler
Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 2-1-2020

Subscribed and sworn to before me this 28TH day of February, 2018.

Received by AMCO 6.21.18

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Doing Business As:	Cut Above LLC				
Premises Address:	1520 Raven Lake Street				
City:	Fairbanks	**State:**	AK	**ZIP:**	99709

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Michael Smith		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Signature of licensee

Notary Public in and for the State of Alaska

Michael E Smith
Printed name of licensee

My commission expires: May 20, 2020

Subscribed and sworn to before me this 6th day of March, 2018.

Notary Public
ASHLYN WAMSLEY
State of Alaska
My Commission Expires May 20, 2020

Received by AMCO 6.21.18