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:	FREEDOM FARMS 49, LLC	**License Number:**	17873		
License Type:	STANDARD MARIJUANA CULTIVATION FACILITY				
Doing Business As:	FREEDOM 49 FARMS				
Premises Address:	12510 WEST WESTEN DRIVE				
City:	HOUSTON	**State:**	AK	**ZIP:**	99694

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	GREGORY K. LANGO		
Title:	MEMBER / MANAGER, LLC		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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MAY 03 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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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

Official Seal
Robert H. Smith
Notary Public-State of Alaska
My Comm. Expires 11/09/2020

Notary Public in and for the State of Alaska

Gregory K. Lango
Printed name of licensee

My commission expires: 11/09/2020

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

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Doing Business As:	FREEDOM 49 FARMS				
Premises Address:	12510 WEST WESTEN DRIVE				
City:	HOUSTON	**State:**	AK	**ZIP:**	99694

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	JONATHAN D.GARRABRANT		
Title:	MEMBER, LLC		
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

JONATHAN D. GARRAISRANT
Printed name of licensee

My commission expires: 11/09/2020

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

Official Seal
Helen A. Duarte
Notary Public-State of Alaska
My Comm. Expires 11/09/2020

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STATE OF ALASKA