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:	AK Rime, LLC	**License Number:**	10865		
License Type:	Retail MJ Store				
Doing Business As:	AK Rime, ~~LLC~~				
Premises Address:	5200 A Street, Suite 101				
City:	Anchorage	**State:**	Ak	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Kelly Wilmes		
Title:	Partner - MEMBER		
SSN:	[redacted]	[redacted] **of Birth:**	[redacted]

Received by AMCO 11.27.18

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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.

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

Kelly Wilmes
Printed name of licensee

MARC F. EID NOTARY PUBLIC State Of Alaska

Notary Public in and for the State of Alaska

My commission expires: 2/14/2019

Subscribed and sworn to before me this 17th day of May, 2018.

Received by AMCO 11.27.18

Alcohol and Marijuana Control Office
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Section 1 – Establishment Information

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

Licensee:	AK RIME, LLC	**License Number:**	10865		
License Type:	MJ Product Manufacturing Facility				
Doing Business As:	MJ Product Manufacturing Facility - AK RIME				
Premises Address:	5200 A Street, Suite 101				
City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Marc F. Eid		
Title:	Fractional Owner / MEMBER		
SSN:	[redacted]	**of Birth:**	[redacted]

Received by AMCO 11.27.18

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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

Marc F. Eid

Printed name of licensee

PAULA G. KERSBERGEN
Notary Public
State of Alaska
My Commission Expires Jan 15, 2022

Notary Public in and for the State of Alaska

My commission expires: 1/15/2022

Subscribed and sworn to before me this 17 day of May, 2018.

Received by AMCO 11.27.18

Alcohol and Marijuana Control Office
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Section 1 – Establishment Information

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

Licensee:	AK Rime, LLC	**License Number:**	10865		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	AK Rime				
Premises Address:	5200 A Street, Suite 101				
City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Harry Prichard		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 9.19.18

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Signature of licensee

Harry Prichard

Printed name of licensee

MARC F. EID NOTARY PUBLIC State Of Alaska

Notary Public in and for the State of Alaska

My commission expires: 2/14/2019

Subscribed and sworn to before me this 17th day of May, 2018.

Received by AMCO 9.19.18

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License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	AK Rime				
Premises Address:	5200 A Street Suite 101				
City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Carey Mills		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 9.19.18

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Alaska Marijuana Control Board

Form MJ-09: Statement of Financial Interest

Section 3 – Certifications

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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

Caye Mills

Printed name of licensee

My commission expires: 08/19/2019

Subscribed and sworn to before me this 16 day of May, 20 18.

"Official Seal"
Notary Public
B. Orloff
State Of Alaska
Commission #150819001 Expires 08/19/2019

Received by AMCO 9.19.18

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Licensee:	AK Rime, LLC	**License Number:**	10865		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	AK Rime				
Premises Address:	5200 A Street, Suite 101				
City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	David McConnell		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 9.19.18

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Signature of licensee

OFFICIAL SEAL
NOTARY PUBLIC
STATE OF ALASKA
THERESA A. C. BAYER
My Comm. Expires: September 1, 2018 22

Notary Public in and for the State of Alaska

David McConnell

Printed name of licensee

My commission expires: 09/01/2022

Subscribed and sworn to before me this 18 day of Sept, 2018.

Received by AMCO 9.19.18

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550 W 7th Avenue, Suite 1600
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Licensee:	AK Rime, LLC	**License Number:**	10865		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	AK Rime				
Premises Address:	5200 A Street Suite 101				
City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Kyle Denton		
Title:	Manager		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 9.19.18

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Section 3 – Certifications

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Signature of licensee

OFFICIAL SEAL
NOTARY PUBLIC
STATE OF ALASKA
THERESA A. C. BAYER
My Comm. Expires: September 1, 2018 22

Notary Public in and for the State of Alaska

Kyle Denton

Printed name of licensee

My commission expires: 09/01/2022

Subscribed and sworn to before me this 18 day of Sept, 2018

Received by AMCO 9.19.18

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Section 1 – Establishment Information

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

Licensee:	AK Rime, LLC	**License Number:**	10865		
License Type:	MJ Product Manufacturing Facility				
Doing Business As:	MJ Product Manufacturing Facility - AK Rime				
Premises Address:	5200 A Street Suite ~~100~~ 101				
City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	John Scott Young		
Title:	Percentage Owner - Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 9.19.18

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Alaska Marijuana Control Board

Form MJ-09: Statement of Financial Interest

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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

John Scott Young

Printed name of licensee

MARC F. EID NOTARY PUBLIC State Of Alaska

Marc Eid

Notary Public in and for the State of Alaska

My commission expires: 2/14/2019

Subscribed and sworn to before me this 15th day of May, 2018.

[redacted]

Received by AMCO 9.19.18

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Alaska Marijuana Control Board

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Section 1 – Establishment Information

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Licensee:	AK Rime, LLC	**License Number:**	10865		
License Type:	MJ product Manufacturing				
Doing Business As:	AK RIME				
Premises Address:	5200 A Street, Suite 101				
City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Seth Andersen		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 9.19.18

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Phone: 907.269.0350

Alaska Marijuana Control Board

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Signature of licensee

Seth Andersen
Printed name of licensee

KATHERINE JERNSTROM
Commission # 160208002
NOTARY PUBLIC
My Commission Expires 02-08-2020
STATE OF ALASKA

Notary Public in and for the State of Alaska

My commission expires: 02-08-2020

Subscribed and sworn to before me this 17 day of May, 2018.

Received by AMCO 9.19.18

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Licensee:	AK RIME, LLC	**License Number:**	10865		
License Type:	MJ Product Manufacturing Facility				
Doing Business As:	AK RIME				
Premises Address:	5200 A Street, Suite 101				
City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Todd Olson		
Title:	Investor / Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 9.19.18

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Signature of licensee

Notary Public in and for the State of Alaska

Printed name of licensee: Todd Olson

My commission expires: 2/14/19

Subscribed and sworn to before me this 17th day of May, 2018.

Received by AMCO 9.19.18

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Licensee:	AK Rime, LLC	**License Number:**	10865		
License Type:	~~Retail MJ Store~~ MJ PRODUCT MANUFACTURING FACILITY				
Doing Business As:	AK Rime, ~~LLC~~				
Premises Address:	5200 A Street, Suite ~~100~~ 101				
City:	Anchorage	**State:**	Ak	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Todd Zietlow		
Title:	Partner, MEMBER		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 9.19.18

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Signature of licensee

Printed name of licensee

MARC F. EID NOTARY PUBLIC State Of Alaska

Notary Public in and for the State of Alaska

My commission expires 2/14/2019

Subscribed and sworn to before me this 17th day of May, 2018.

Received by AMCO 9.19.18

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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:	AK RIME, LLC	**License Number:**	10865		
License Type:	MJ Product Manufacturing Facility				
Doing Business As:	MJ Product Manufacturing Facility - AK RIME				
Premises Address:	5200 A Street, Suite ~~100~~ 101				
City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Thomas D Zietlow		
Title:	Fractional Owner, MEMBER		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 9.19.18

Alcohol and Marijuana Control Office
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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

Thomas D Zietlow
Printed name of licensee

MARC F. EID NOTARY PUBLIC State of Alaska

Marc Eid
Notary Public in and for the State of Alaska

My commission expires: 2/14/2019

Subscribed and sworn to before me this 16th day of May, 2016.

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