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:**	17346		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Great Northern Cultivation				
Premises Address:	7031 Arctic Boulevard				
City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Small Capital Holdings, LLC		
Title:	Shareholder		
SSN:	AK# 10049204	**Date of Birth:**	1/16/2017

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ALCOHOL & MARIJUANA CONTROL OFFICE

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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

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

Notary Public in and for the State of Alaska

John Guest
Printed name of licensee

My commission expires: Jan 23, 2022

Subscribed and sworn to before me this 3 day of April, 20 18.

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License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Great Northern Cultivation				
Premises Address:	7031 Arctic Boulevard				
City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	John Kuest		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Alaska Marijuana Control Board

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Signature of licensee

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

Notary Public in and for the State of Alaska

John Kuest
Printed name of licensee

My commission expires: Jan 23, 2022

Subscribed and sworn to before me this 3 day of April, 2018.

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Section 1 – Establishment Information

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Licensee:	Great Northern Cultivation, Inc.	**License Number:**	17346		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Great Northern Cultivation				
Premises Address:	7031 Arctic Boulevard				
City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Kristin Rognes		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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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.

Signature of licensee

Notary Public in and for the State of Alaska

Kristin Rognes
Printed name of licensee

My commission expires: 03/16/2019

Subscribed and sworn to before me this 3rd day of April, 20 18.

STATE OF ALASKA
NOTARY PUBLIC
Loama F. Sione
My Commission Expires: March 16, 2019

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Alaska Marijuana Control Board

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Section 1 – Establishment Information

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Licensee:	Great Northern Cultivation, Inc.	**License Number:**	17346		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Great Northern Cultivation				
Premises Address:	7031 Arctic Boulevard				
City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	JEFF R. ROGNES		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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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.

Signature of licensee

STATE OF ALASKA
NOTARY PUBLIC
Loama F. Sione
My Commission Expires: March 16, 2019

Notary Public in and for the State of Alaska

Jeff R. ROGNES
Printed name of licensee

My commission expires: 03/16/2019

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

Alcohol and Marijuana Control Office
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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 Northern Cultivation, Inc.	**License Number:**	17346		
License Type:	Standard Marijuana Cultivation				
Doing Business As:	Great Northern ~~Cannabis~~ Cultivation				
Premises Address:	7031 Arctic Boulevard				
City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Jacklyn Oney		
Title:	Shareholder		
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

Jacklyn Oney
Printed name of licensee

Notary Public in and for the State of ~~Alaska~~ CALIFORNIA

My commission expires: MAY 9, 2021

Subscribed and sworn to before me this 26 day of JANUARY, 2018.

HAROLD A. UTOMAKILI
COMM. # 2191377
NOTARY PUBLIC • CALIFORNIA
LOS ANGELES COUNTY
Comm. Exp. MAY 9, 2021
MGC1 MGC1

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Los Angeles
Subscribed and sworn to (or affirmed) before me on this 26 day of JANUARY, 2018, by JACKLYN ONEY
_____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.
Signature _____ (Seal)

Alcohol and Marijuana Control Office
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Alaska Marijuana Control Board

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License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Great Northern Cultivation				
Premises Address:	7031 Arctic Boulevard				
City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Terry S. Lauck		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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ALCOHOL & MARIJUANA CONTROL OFFICE

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
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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

Printed name of licensee: TERRY S. LAUCK

Notary Public in and for the State of Alaska: Brenda Batzner

My commission expires: 6/1/20

Subscribed and sworn to before me this 27th day of March, 2018.

"Official Seal"
Notary Public
Brenda Batzner
State Of Alaska
Commission # 160601005 Exp: 6/1/20

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ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
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Section 1 – Establishment Information

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License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Great Northern Cultivation				
Premises Address:	7031 Arctic Boulevard				
City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Allyson Parker-Lauck		
Title:	Shareholder		
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
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Allyson Parker-Lauck
Signature of licensee

Allyson Parker-Lauck
Printed name of licensee

Brenda Batzner
Notary Public in and for the State of Alaska

My commission expires: 6/1/20

Subscribed and sworn to before me this 27th day of March, 2018.

"Official Seal"
Notary Public
Brenda Batzner
State Of Alaska
Commission # 160601006 Exp: 6/1/20

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AUG 03 2018
ALCOHOL & MARIJUANA CONTROL OFFICE

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License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Great Northern Cultivation				
Premises Address:	7031 Arctic Boulevard				
City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Gerardo Martinez		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Alaska Marijuana Control Board

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Signature of licensee

Gerardo D. Martinez
Printed name of licensee

MIRANDA HONEST
My Commission Expires
NOTARY PUBLIC
Jul 21, 2019
STATE OF ALASKA

Miranda Honest
Notary Public in and for the State of Alaska

My commission expires: 7/21/19

Subscribed and sworn to before me this 27 day of March, 2018.

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APR 09 2018
ALCOHOL MARIJUANA CONTROL OFFICE

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
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Doing Business As:	Great Northern Cultivation				
Premises Address:	7031 Arctic Boulevard				
City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Brent Miller		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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AUG 02 2018
ALCOHOL MARIJUANA CONTROL OFFICE

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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.

Signature of licensee

Printed name of licensee: Brent Miller

M. DI RAMOS NOTARY PUBLIC STATE OF ALASKA

Notary Public in and for the State of Alaska

My commission expires: 11-19-18

Subscribed and sworn to before me this 23rd day of March, 2018.

RECEIVED
AUG 07 2018
ALCOHOL MARIJUANA CONTROL OFFICE

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
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Alaska Marijuana Control Board

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License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Great Northern Cultivation				
Premises Address:	7031 Arctic Boulevard				
City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Ann E. DeSalvo		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Alaska Marijuana Control Board

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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.

R DeLivo
Signature of licensee

Ann DeLivo
Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: Jan 16, 2020

Subscribed and sworn to before me this 26 day of March, 20 18.

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

RECEIVED
AUG 13 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 <u>by each proposed licensee or affiliate</u> 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:**	17346		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Great Northern Cultivation				
Premises Address:	7031 Arctic Boulevard				
City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Carla Mason		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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ALCOHOL MARIJUANA CONTROL OFFICE

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.
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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.

Carla Mason
Signature of licensee

Brooke Skjold
Notary Public in and for the State of Alaska

Carla Mason
Printed name of licensee

My commission expires: 8-9-19

Subscribed and sworn to before me this 23rd day of March, 2018.

BROOKE SKJOLD
My Commission Expires
NOTARY PUBLIC
Aug 9, 2019
STATE OF ALASKA

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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
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License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Great Northern Cultivation				
Premises Address:	7031 Arctic Boulevard				
City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Jordan C. Huss		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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AUG 02 2018

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
marijuana.licensing@alaska.gov
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Jordan C. Huss
Signature of licensee

Jordan C. Huss
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 20th day of March, 2018.

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

RECEIVED
AUG 03 2018
ALCOHOL MARIJUANA CONTROL OFFICE

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
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Alaska Marijuana Control Board

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

Licensee:	Great Northern Cultivation, Inc.	**License Number:**	17346		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Great Northern Cultivation				
Premises Address:	7031 Arctic Boulevard				
City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	BRIAN PIKE		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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

BRIAN PIRE
Printed name of licensee

My commission expires: 12/15/18

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

STATE OF ALASKA
NOTARY PUBLIC
Karen L. Cassel
My Commission Expires: December 15, 2018