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, Inc.				
Premises Address:	7031 Arctic Boulevard, Suite 101				
City:	Anchorage	**State:**	AK	**ZIP:**	99518-2149

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Jerad Brown		
Title:	Shareholder of Great Northern Cannabis, Inc.		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 1.24.19

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550 W 7th Avenue, Suite 1600
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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

Notary Public in and for the State of Alaska

Jerd Brown
Printed name of licensee

My commission expires: 11/19/2018

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

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

Received by AMCO 1.24.19

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
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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:	Amy L. Vail		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Alaska Marijuana Control Board

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Signature of licensee

Amy L Vail
Printed name of licensee

STATE OF ALASKA
NOTARY PUBLIC
Julie Ellison
My Commission Expires July 20, 2021

Notary Public in and for the State of Alaska

My commission expires: 7/20/21

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

RECEIVED
AUG 14 2018
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

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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:	Angela C Miller		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

RECEIVED
AUG 0 9 2018
ALCOHOL MARIJUANA CONTROL OFFICE

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
marijuana.licensing@alaska.gov
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Alaska Marijuana Control Board

Form MJ-09: Statement of Financial Interest

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Angela C Miller
Signature of licensee

STATE OF ALASKA
NOTARY PUBLIC
Nicola A. Perez
My Commission Expires July 4, 2018

Notary Public in and for the State of Alaska

Angela C Miller
Printed name of licensee

My commission expires: 7/4/18

Subscribed and sworn to before me this 20 day of March, 2018.

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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:	Patrick Flynn		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

RECEIVED
AUG 2 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
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Alaska Marijuana Control Board

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Signature of licensee

Patrick Flynn
Printed name of licensee

CASSIE MARLOVITS
My Commission Expires
NOTARY PUBLIC
Jan. 23, 2022
STATE OF ALASKA

Cassie Marlovits
Notary Public in and for the State of Alaska

My commission expires: Jan 23, 2022

Subscribed and sworn to before me this 20 day of March, 2018.

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
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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:	Victoria L. Rhoades		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

RECEIVED
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

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Victoria L. Rhoades
Signature of licensee

Victoria L. Rhoades
Printed name of licensee

DEBORAH OLSON
My Commission Expires
NOTARY PUBLIC
Mar 23, 2019
STATE OF ALASKA

Deborah Olson
Notary Public in and for the State of Alaska

My commission expires: 3/23/19

Subscribed and sworn to before me this 20th day of March, 2018.

RECEIVED
AUG 03 2018
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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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 Hennessey		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

RECEIVED
AUG 07 2018
ALCOHOL & MARIJUANA CONTROL OFFICE

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
marijuana.licensing@alaska.gov
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Alaska Marijuana Control Board

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Signature of licensee

Angela C. Miller
Notary Public in and for the State of Alaska

Terry Lee Hennessey
Printed name of licensee

My commission expires: 9.11.20

Subscribed and sworn to before me this 21 day of March, 20 18.

STATE OF ALASKA
NOTARY PUBLIC
Angela C. Miller
My Commission Expires Sep 11, 2020

Anchorage, AK 99501
marijuana.licensing@alaska.gov
https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

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:	Darcy Holt		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

RECEIVED
AUG 03 2018
ALCOHOL & MARIJUANA CONTROL OFFICE

Anchorage, AK 99501
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Alaska Marijuana Control Board

Form MJ-09: Statement of Financial Interest

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Signature of licensee

Printed name of licensee: Darcy Pitts

WALKER SEXTON
My Commission Expires
NOTARY PUBLIC
Aug. 21, 2021
STATE OF ALASKA

Notary Public in and for the State of Alaska

My commission expires: Aug 21, 2021

Subscribed and sworn to before me this 21st day of March, 2018.

RECEIVED
AUG 01 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
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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:	Jead Brown		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Anchorage, AK 99501
marijuana.licensing@alaska.gov
https://www.commerce.alaska.gov/web/amco
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Alaska Marijuana Control Board

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Signature of licensee

Notary Public in and for the State of Alaska

Jerad Brown
Printed name of licensee

My commission expires: 11/19/2018

Subscribed and sworn to before me this 22nd 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
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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:	MORGAN VAIL		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

RECEIVED
AUG 08 2018
ALCOHOL & MARIJUANA CONTROL OFFICE

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
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Signature of licensee

MORGAN VAIL
Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: Jan 1 2022

Subscribed and sworn to before me this 21st day of MARCH, 2018.

Notary Public
CHANCE HERNANDEZ
State of Alaska
My Commission Expires Jan. 1, 2022

RECEIVED
AUG 03 2018
ALCOHOL AND MARIJUANA CONTROL OFFICE

Alcohol and 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:	Carla Miller		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
marijuana.licensing@alaska.gov
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Alaska Marijuana Control Board

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Cada Miller
Signature of licensee

Cada Miller
Printed name of licensee

Victoria Jackson
Notary Public in and for the State of Alaska

My commission expires: 12/14/19

Subscribed and sworn to before me this 20th day of March, 2018.

STATE OF ALASKA
NOTARY PUBLIC
Victoria Jackson
My Commission Expires: 12/14/19

RECEIVED
MAR 08 2018
ALCOHOL & MARIJUANA CONTROL

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:	Robert G. Thompson		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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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

A. WINSMANN
My Commission Expires
NOTARY PUBLIC
Jun 14, 2019
STATE OF ALASKA

Notary Public in and for the State of Alaska

Robert G Thompson
Printed name of licensee

My commission expires: June 14, 2019

Subscribed and sworn to before me this 20th day of March, 2018.

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City:	Anchorage	**State:**	AK	**ZIP:**	99518

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	ANITA BRADBURY		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Signature of licensee

ANITA BRADBURY
Printed name of licensee

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

Notary Public in and for the State of Alaska

My commission expires: Jan 23, 2022

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

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AUG 01 2018
ALCOHOL & MARIJUANA CONTROL OFFICE

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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:	JANICA LILAND		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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AUG 03 2018

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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: JANICA LILAND

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

Notary Public in and for the State of Alaska

My commission expires: Jan 23, 2022

Subscribed and sworn to before me this 2 day of April, 20 18.

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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:	Colt Windsor Miller		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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ALCOHOL MARIJUANA CONTROL OFFICE

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Colt Miller
Signature of licensee

Colt Miller
Printed name of licensee

Angela C Miller
Notary Public in and for the State of Alaska

My commission expires: 9.11.20

Subscribed and sworn to before me this 30 day of March, 2019.

STATE OF ALASKA
NOTARY PUBLIC
Angela C. Miller
My Commission Expires Sep 11, 2020