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:	HAYSTACK INVESTMENTS, INC.	**License Number:**	18111		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	HAYSTACK INVESTMENTS, INC.				
Premises Address:	6718 HAYSTACK DR.				
City:	FAIRBANKS	**State:**	AK	**ZIP:**	99712

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	RICHARD L. INGRAM		
Title:	VICE PRESIDENT		
SSN:	[redacted]	**Date of Birth:**	[redacted]

Received by AMCO 8.20.18

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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

Richard Ingram

Printed name of licensee

NOTARY PUBLIC
MALISSA BERGAN
STATE OF ALASKA
My Commission Expires Feb. 1, 2021

My commission expires: 2/1/21

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

Received by AMCO 8.20.18

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Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	CARRIE SUE DUNLAP		
Title:	SECRETARY / TREASURER		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Carrie S. Dunlap
Signature of licensee

Melissa Bergan
Notary Public in and for the State of Alaska

NOTARY PUBLIC
MALISSA BERGAN
STATE OF ALASKA
My Commission Expires Feb. 1, 2021

Carrie S. Dunlap
Printed name of licensee

My commission expires: 2/1/21

Subscribed and sworn to before me this 27 day of July, 2017.

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Premises Address:	6718 HAYSTACK DR.				
City:	FAIRBANKS	**State:**	AK	**ZIP:**	99712

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	JAMES C. DUNLAP		
Title:	PRESIDENT		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Signature of licensee

JAMES C. DUNLAP
Printed name of licensee

NOTARY PUBLIC
MALISSA BERGAN
STATE OF ALASKA
My Commission Expires Feb. 1, 2021

Notary Public in and for the State of Alaska

My commission expires: 2/1/21

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

Received by AMCO 8.20.18