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)) 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 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:	Denali Industries, LLC	**License Number:**	23144		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	Denali Farms				
Premises Address:	5300 N Infinite Rd, A1				
City:	Wasilla	**State:**	AK	**ZIP:**	99654

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Bradley Bartlett		
Title:	Manager/Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 10/17/2019

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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

Bradley Bartlett
Printed name of licensee

YUMIKO FRASER NOTARY PUBLIC No. 12-131 STATE OF HAWAII

Notary Public in and for the State of ~~Alaska~~ HAWAII
Yumiko Fraser

My commission expires: April 8, 2020

Subscribed and sworn to before me this _____ day of OCT 17 2019, 20____.

YUMIKO FRASER NOTARY PUBLIC No. 12-131 STATE OF HAWAII

Doc. Date: OCT 17 2019 # Pages: 1
YUMIKO FRASER, First Circuit
Doc Description: FORM MJ-09: STATEMENT OF FINANCIAL INTEREST SECTION 3 - CERTIFICATIONS
NOTARY SIGNATURE — OCT 17 2019 DATE
NOTARY CERTIFICATION

AMCO Received 10/17/2019

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Section 1 – Establishment Information

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

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License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	Denali Farms				
Premises Address:	5300 N Infinite Rd, A1				
City:	Wasilla	**State:**	AK	**ZIP:**	99654

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Branden Bartlett		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 10/17/2019

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Signature of licensee

Branden Bartlett
Printed name of licensee

YUMIKO FRASER NOTARY PUBLIC No. 12-131 STATE OF HAWAII

Notary Public in and for the State of ~~Alaska~~ HAWAII YF
Yumiko Fraser

My commission expires: ~~April 8, 2020~~

Subscribed and sworn to before me this _____ day of OCT 17 2019, 20____.

YUMIKO FRASER NOTARY PUBLIC No. 12-131 STATE OF HAWAII

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Doing Business As:	Denali Farms				
Premises Address:	5300 N Infinite Rd, A1				
City:	Wasilla	**State:**	AK	**ZIP:**	99654

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Andrew Campbell		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Signature of licensee

Andrew Campbell
Printed name of licensee

AIMEE ROCUSH
My Commission
NOTARY
PUBLIC
Expires 08-29-2023
STATE OF ALASKA

Aimee Rocush
Notary Public in and for the State of Alaska

My commission expires: 8/29/2023

Subscribed and sworn to before me this 16 day of October, 2019.

AMCO Received 10/17/2019