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:	Catalyst Retail, LLC	**License Number:**	23821		
License Type:	Retail Marijuana Store				
Doing Business As:	Catalyst Cannabis Company				
Premises Address:	317 Muldoon Rd.				
City:	Anchorage	**State:**	AK	**ZIP:**	99504

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	William Schneider		
Title:	Manager		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO
JAN 24 2020

Alcohol and 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

William Schneider
Printed name of licensee

DARREN DONAHUE NOTARY PUBLIC STATE OF ALASKA My Commission Expires: Jan 9th, 2023

Notary Public in and for the State of Alaska

My commission expires: Jan 9th, 2023

Subscribed and sworn to before me this 26th day of November, 2019.

AMCO
JAN 24 2020

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
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ALCOHOL & MARIJUANA AMCO CONTROL OFFICE

Alaska Marijuana Control Board

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Doing Business As:	Catalyst Cannabis Company				
Premises Address:	317 Muldoon Rd.				
City:	Anchorage	**State:**	AK	**ZIP:**	99504

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Ann M Roberts		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCC
JAN 24 2020

Alcohol and Marijuana Control Office
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ALCOHOL & MARIJUANA AMCO CONTROL OFFICE

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

OFFICIAL SEAL
Cole Reynolds
NOTARY PUBLIC - STATE OF NEW MEXICO
My commission expires: 12/28/21

Cole Reynolds
Notary Public in and for the State of ~~Alaska~~ New Mexico

Ann M Roberts
Printed name of licensee

My commission expires: 12/28/21

Subscribed and sworn to before me this 31st day of December, 2019.

AMCO
JAN 24 2020

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

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Doing Business As:	Catalyst Cannabis Company				
Premises Address:	317 Muldoon Rd.				
City:	Anchorage	**State:**	AK	**ZIP:**	99504

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	MARK HA		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO
JAN 24 2020

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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.

Signature of licensee

MARK HA
Printed name of licensee

S. ANDREW
My Commission Expires
NOTARY PUBLIC
Jun 3, 2023
STATE OF ALASKA

Notary Public in and for the State of Alaska

My commission expires: 06/03/23

Subscribed and sworn to before me this 27th day of November, 2019.

AMCO
JAN 24 2020

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License Type:	Retail Marijuana Store				
Doing Business As:	Catalyst Cannabis Company				
Premises Address:	317 Muldoon Rd.				
City:	Anchorage	**State:**	AK	**ZIP:**	99504

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Babette Elaine Miller		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO
JAN 24 2020

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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

Babette Elaine Miller
Printed name of licensee

My commission expires: Nov. 5th, 2023

Subscribed and sworn to before me this 27th day of November, 2019.

BRETT E. JOHNSON
My Commission Expires
NOTARY PUBLIC
Nov 5, 2023
STATE OF ALASKA

AMCO
JAN 24 2020

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Licensee:	Catalyst Retail, LLC	**License Number:**	23821		
License Type:	Retail Marijuana Store				
Doing Business As:	Catalyst Cannabis Company				
Premises Address:	317 Muldoon Rd.				
City:	Anchorage	**State:**	AK	**ZIP:**	99504

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	KATHLEEN LAWRENCE		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO
JAN 24 2020

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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.

Kathleen Lawrence
Signature of licensee

Kathleen Lawrence
Printed name of licensee

Maria S. Gobaleza
NOTARY PUBLIC
My Commission Expires August 13, 2021
State of Alaska

Notary Public in and for the State of Alaska

My commission expires: August 13, 21

Subscribed and sworn to before me this 27th day of November, 2019.

AMCO
JAN 24 2020

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Doing Business As:	Catalyst Cannabis Company				
Premises Address:	317 Muldoon Rd.				
City:	Anchorage	**State:**	AK	**ZIP:**	99504

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	John Connolly		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO
JAN 24 2020

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Signature of licensee

Printed name of licensee: John Connolly

WILLIAM LEARY B. DAVID NOTARY PUBLIC STATE OF ALASKA My Commission Expires: 8/27/20

Notary Public in and for the State of Alaska

My commission expires: 8/27/20

Subscribed and sworn to before me this 26th day of NOVEMBER, 2019.

AMCO
JAN 24 2020

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License Type:	Retail Marijuana Store				
Doing Business As:	Catalyst Cannabis Company				
Premises Address:	317 Muldoon Rd.				
City:	Anchorage	**State:**	AK	**ZIP:**	99504

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Larry P. Greenstein		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO
JAN 24 2020

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Larry P. Greenstein
Signature of licensee

Larry P. Greenstein
Printed name of licensee

KEVIN A. TABLER NOTARY PUBLIC STATE OF ALASKA

Notary Public in and for the State of Alaska

My commission expires: April 15, 2021

Subscribed and sworn to before me this 3rd day of December, 2019.

AMCO
JAN 24 2020

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Section 1 – Establishment Information

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License Type:	Retail Marijuana Store				
Doing Business As:	Catalyst Cannabis Company				
Premises Address:	317 Muldoon Rd.				
City:	Anchorage	**State:**	AK	**ZIP:**	99504

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Chad Reed		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO
JAN 24 2020

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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.

Chad Reed
Signature of licensee

"Official Seal" Notary Public K. Kwon State Of Alaska #1701213014 Expires 01/23/2021

Notary Public in and for the State of Alaska

Chad Reed
Printed name of licensee

My commission expires: 01.23.2021

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

AMCO
JAN 24 2020

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
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Doing Business As:	Catalyst Cannabis Company				
Premises Address:	317 Muldoon Rd.				
City:	Anchorage	**State:**	AK	**ZIP:**	99504

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Jonathan Hughes		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO
JAN 24 2020

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Signature of licensee

Notary Public in and for the State of Alaska

Jonathan Hughes
Printed name of licensee

My commission expires: 7/22/2022

Subscribed and sworn to before me this 18th day of December, 2019.

BRIAN MAJOR
NOTARY PUBLIC
MY COMMISSION EXPIRES JULY 22, 2022
STATE OF ALASKA

AMCO
JAN 24 2020

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Doing Business As:	Catalyst Cannabis Company				
Premises Address:	317 Muldoon Rd.				
City:	Anchorage	**State:**	AK	**ZIP:**	99504

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	KYLER DUNFORD		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO
JAN 24 2020

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Signature of licensee

Kyler Dunford
Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 12/03/2022

Subscribed and sworn to before me this 18th day of December, 2019.

STATE OF ALASKA
NOTARY PUBLIC
Manuel N. Phillips III
My Commission Expires: 12/03/2022

AMCO
JAN 24 2020

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Section 1 – Establishment Information

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

Licensee:	Catalyst Retail, LLC	**License Number:**	23821		
License Type:	Retail Marijuana Store				
Doing Business As:	Catalyst Cannabis Company				
Premises Address:	317 Muldoon Rd.				
City:	Anchorage	**State:**	AK	**ZIP:**	99504

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Keith Lopez		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO
JAN 24 2020

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.
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

Keith Lopez
Printed name of licensee

My commission expires: June 1, 2021

Subscribed and sworn to before me this 5th day of December, 2019.

DIANE C. DRAPER NOTARY PUBLIC STATE OF ALASKA

AMCO
JAN 24 2020

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Doing Business As:	Catalyst Cannabis Company				
Premises Address:	317 Muldoon Rd.				
City:	Anchorage	**State:**	AK	**ZIP:**	99504

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Andre Stolber		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO
JAN 24 2020

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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
M. INOKE
State of Alaska
My Commission Expires May 31, 2023

Notary Public in and for the State of Alaska

Andre Stolber
Printed name of licensee

My commission expires: 05/31/2023

Subscribed and sworn to before me this 12th day of December, 2019.

JAN 24 2020

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Doing Business As:	Catalyst Cannabis Company				
Premises Address:	317 Muldoon Rd.				
City:	Anchorage	**State:**	AK	**ZIP:**	99504

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	JOE KAISER		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO
JAN 24 2020

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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

Cody T. Terrell
Notary Public in and for the State of Alaska

JOE E. KAISER
Printed name of licensee

My commission expires: 9-6-2020

Subscribed and sworn to before me this 25 day of November, 2019.

STATE OF ALASKA
NOTARY PUBLIC
CODY T. TERRELL
MY COMMISSION EXPIRES SEP 6, 2020

AMCO
JAN 24 2020

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Doing Business As:	Catalyst Cannabis Company				
Premises Address:	317 Muldoon Rd.				
City:	Anchorage	**State:**	AK	**ZIP:**	99504

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Samuel Hammond Miller		
Title:	Member		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO
JAN 24 2020

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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

Official Seal
STATE OF ALASKA
Notary Public
Addam J. Parsons
Commission Expires: 06/15/2022

Samuel Miller
Printed name of licensee

My commission expires: 06-15-2022

Subscribed and sworn to before me this 27th day of November, 2019.

AMCO
JAN 24 2020