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:	FSE, Inc	**License Number:**	20827		
License Type:	Retail Marijuana Facility				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	506 Merhar Ave				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Brandon Emmett		
Title:	Shareholder, Vice President, Director		
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

State of Alaska
NOTARY PUBLIC
Melissa Proper
My Commission Expires Nov 19, 2019

Melissa Proper
Notary Public in and for the State of Alaska

Brandon Emmett
Printed name of licensee

My commission expires: 11/19/19

Subscribed and sworn to before me this 6 day of Sep, 2019.

AMCO Received 1/2/2020

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
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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:	FSE, Inc	**License Number:**	20827		
License Type:	Retail Marijuana Store				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	506 Merhar Ave				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Billie Jo Gehring		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 1/2/2020

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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

Billie Jo Gehring
Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 10-13-2019

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

CATHERINE E. STEC
Notary Public, State of Alaska
Commission # 151013003
My Commission Expires
October 13, 2019

AMCO Received 1/2/2020

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Section 1 – Establishment Information

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

Licensee:	FSE, Inc	**License Number:**	20827		
License Type:	Retail Marijuana Store				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	506 Merhar Ave				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Craig O'Donoghue		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 1/2/2020

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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

Craig O'Donoghue

Printed name of licensee

Notary Public
SHAUNTEALA GRAHAM
State of Alaska
My Commission Expires April 10, 2022

Notary Public in and for the State of Alaska

My commission expires: April 10, 2022

Subscribed and sworn to before me this 10th day of September, 20 19.

AMCO Received 1/2/2020

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Section 1 – Establishment Information

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Licensee:	FSE, Inc	**License Number:**	20827		
License Type:	Retail Marijuana Store				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	506 Merhar Ave				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Curtis Franklin		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 1/2/2020

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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

Curtis Franklin
Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 24 April, 2023

Subscribed and sworn to before me this 12 day of September, 20 19.

State of Alaska
NOTARY PUBLIC
Gabrielle Averett
My Commission Expires Apr 24, 2023

AMCO Received 1/2/2020

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What is this form?

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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:	FSE, Inc	**License Number:**	20827		
License Type:	Retail Marijuana Store				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	506 Merhar Ave				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Dawson Carroll		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 1/2/2020

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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.

Dawson Carroll
Signature of licensee

Dawson Carroll
Printed name of licensee

Melissa Proper
Notary Public in and for the State of Alaska

My commission expires: 11/19/19

Subscribed and sworn to before me this 4 day of Sep, 2019.

State of Alaska
NOTARY PUBLIC
Melissa Proper
My Commission Expires Nov 19, 2019

AMCO Received 1/2/2020

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Section 1 – Establishment Information

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

Licensee:	FSE, Inc	**License Number:**	20827		
License Type:	Retail Marijuana Store				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	506 Merhar Ave				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Frank Berardi		
Title:	Director, Shareholder, President		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 1/2/2020

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Alaska Marijuana Control Board

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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.

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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

Frank Berardi

Printed name of licensee

My commission expires: 10/03/21

Subscribed and sworn to before me this 27th day of September, 20 19.

AMCO Received 1/2/2020

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550 W 7th Avenue, Suite 1600
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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:	FSE, Inc	**License Number:**	20827		
License Type:	Retail Marijuana Store				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	506 Merhar Ave				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Jeffrey Weltzin		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 1/2/2020

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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.

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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.

Jeffrey Weltzin
Signature of licensee

Notary Public in and for the State of Alaska

STATE OF ALASKA
NOTARY PUBLIC
Megan Herning
My Commission Expires: 8/10/22

Jeffrey Weltzin
Printed name of licensee

My commission expires: 8/10/22

Subscribed and sworn to before me this 13th day of September, 2019.

AMCO Received 1/2/2020

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

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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:	FSE, Inc	**License Number:**	20827		
License Type:	Marijuana Retail Store				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	506 Merhar Ave				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Joanne Ellsworth		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 2/27/2020

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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.

Joanne Ellsworth
Signature of licensee

"Offical Seal"
Notary Public
Mason Berry
State of Alaska
Commission #170427011 Expires: 4/27/2021

Notary Public in and for the State of Alaska

Joanne Ellsworth
Printed name of licensee

My commission expires: 04/27/2021

Subscribed and sworn to before me this 9 day of September, 2019.

AMCO Received 2/27/2020

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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:	FSE, Inc	**License Number:**	20827		
License Type:	Retail Marijuana Store				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	506 Merhar Ave				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Joshua Spence		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 1/2/2020

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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

Joshua Spence
Printed name of licensee

State of Alaska
NOTARY PUBLIC
Melissa Proper
My Commission Expires Nov 19, 2019

Melissa Proper
Notary Public in and for the State of Alaska

My commission expires: 11/19/19

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

AMCO Received 1/2/2020

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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:	FSE, Inc	**License Number:**	20827		
License Type:	Retail Marijuana Facility				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	506 Merhar Ave				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Judy Bath		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 1/2/2020

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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.

Judy K. Bath
Signature of licensee

Melissa Proper
Notary Public in and for the State of Alaska

Judy Bath
Printed name of licensee

My commission expires: 11/19/19

Subscribed and sworn to before me this 4 day of Sep, 2019.

State of Alaska
NOTARY PUBLIC
Melissa Proper
My Commission Expires Nov 19, 2019

AMCO Received 1/2/2020

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Section 1 – Establishment Information

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

Licensee:	FSE, Inc	**License Number:**	20827		
License Type:	Retail Marijuana Facility				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	506 Merhar Ave				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Lynn Crane		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 1/2/2020

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

OFFICIAL SEAL
K. Huling
Notary Public - State of Alaska
My Commission Expires 10/4/21

Lynn Crane
Printed name of licensee

My commission expires: 10/4/21

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

AMCO Received 1/2/2020

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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:	FSE, Inc	**License Number:**	20827		
License Type:	Retail Marijuana Store				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	506 Merhar Ave				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Martin Tacke		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 1/2/2020

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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

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.

PAMELA MURTIFF
NOTARY PUBLIC
STATE OF ALASKA
My Commission Expires: 8-26-21

Signature of licensee

Martin Tacke

Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 8/26/21

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

AMCO Received 1/2/2020

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

What is this form?

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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:	FSE, Inc	**License Number:**	20827		
License Type:	Retail Marijuana Store				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	506 Merhar Ave				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Melissa Cervantes (Sole Member of U.N.ME, LLC)		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 1/2/2020

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.

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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

Melissa Cervantes
Printed name of licensee

DONNA R. FOUNTAIN NOTARY PUBLIC STATE OF ALASKA My Commission Expires: 6-20-20

Notary Public in and for the State of Alaska

My commission expires: 6-20-20

Subscribed and sworn to before me this 4 day of September, 2019.

AMCO Received 1/2/2020

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

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:	FSE, Inc	**License Number:**	20827		
License Type:	Retail Marijuana Store				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	506 Merhar Ave				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Michael Cervantes		
Title:	Director		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 1/2/2020

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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.

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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

Michael Cervantes
Printed name of licensee

DONNA R. FOUNTAIN NOTARY PUBLIC STATE OF ALASKA My Commission Expires: 6-20-22

Notary Public in and for the State of Alaska

My commission expires: 6-20-20

Subscribed and sworn to before me this 4 day of September, 2019.

AMCO Received 1/2/2020

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

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Section 1 – Establishment Information

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

Licensee:	FSE, Inc	**License Number:**	20827		
License Type:	Retail Marijuana Store				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	506 Merhar Ave				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Naomi Johnson		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 1/2/2020

Alcohol and Marijuana Control Office
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Anchorage, AK 99501
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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.

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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

"Offical Seal"
Notary Public
Mason Berry
State of Alaska
Commission #170427011 Expires: 4/27/2021

Notary Public in and for the State of Alaska

Naomi Johnson

Printed name of licensee

My commission expires: 04/27/2021

Subscribed and sworn to before me this 6 day of September, 2019.

AMCO Received 1/2/2020

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

What is this form?

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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:	FSE, Inc	**License Number:**	20827		
License Type:	Retail Marijuana Store				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	506 Merhar Ave				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Seth Hawkins		
Title:	Shareholder		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 1/2/2020

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

Notary Public in and for the State of Alaska

Seth Hawkins
Printed name of licensee

My commission expires: 4/20/2020

Subscribed and sworn to before me this 11 day of Sept, 2019.

State of Alaska
NOTARY PUBLIC
Kimberley A. Beuchaw
My Commission Expires April 20, 2020

AMCO Received 1/2/2020

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
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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:	FSE, Inc	**License Number:**	20827		
License Type:	Retail Marijuana Store				
Doing Business As:	GOOD TITRATIONS				
Premises Address:	506 Merhar Ave				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99701

Section 2 – Individual Information

Enter information for the individual licensee.

Name:	Shaun Tacke		
Title:	Director, Shareholder, Treasurer		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 1/2/2020

Alcohol and Marijuana Control Office
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.

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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

Shaun Tacke
Printed name of licensee

State of Alaska
NOTARY PUBLIC
Melissa Proper
My Commission Expires Nov 19, 2019

Melissa Proper
Notary Public in and for the State of Alaska

My commission expires: 11/19/19

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

AMCO Received 1/2/2020