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-15: Operating Plan Change

**What is this form?**

This operating plan change form is required for all marijuana establishment licensees seeking to change a licensed marijuana establishment's existing operating plan, as required by 3 AAC 306.100. With this form, a licensee may request changes to as much or as little as desired of Form MJ-01 and/or the corresponding operating plan supplemental for the establishment's license type. **The required $250 change fee may be made by check, cashier's check, or money order.**

Please complete and submit with this form the pages of Form MJ-01 and/or the corresponding operating plan supplemental that contain sections that you are requesting to change. **All fields must be completed of any page for which you are requesting changes** – upon board approval, the submitted pages will replace those currently on file. If your current, approved operating plan is on the original version of the forms, you may be required to complete and submit the new operating plan forms in their entirety.

**The form(s) that I am requesting board approval to change is:**

- ☐ **Form MJ-01:** Marijuana Establishment Operating Plan
- ☐ **Form MJ-03:** Retail Marijuana Store Operating Plan Supplemental
- ☐ **Form MJ-04:** Marijuana Cultivation Facility Operating Plan Supplemental
- ☑ **Form MJ-05:** Marijuana Product Manufacturing Facility Operating Plan Supplemental
- ☐ **Form MJ-06:** Marijuana Testing Facility Operating Plan Supplemental

**This form must be completed and submitted to AMCO's main office prior to changing existing operations. The licensed establishment's operations may not be altered unless and until the director has given temporary approval or the Marijuana Control Board (MCB) has given final approval of the changes. Please note that licensees seeking to change operating plans for multiple licenses must submit a separate completed copy of this form for each license.**

## Section 1 – Establishment Information

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

| | | | | | |
|---|---|---|---|---|---|
| **Licensee:** | Royal Mountain Extracts, LLC | **MJ License #:** | | 13249 | |
| **License Type:** | Marijuana Product Manufacturing Facility | | | | |
| **Doing Business As:** | X-tracted Laboratories | | | | |
| **Premises Address:** | 38957 South Commercial Drive | | | | |
| **City:** | Talkeetna | **State:** | Alaska | **ZIP:** | 99676 |

Received by AMCO 8.4.20



Received by AMCO 10.12.20

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## Section 2 – Summary of Changes

**Provide a summary of the changes for which you are requesting approval.**

Replace current packaging type with cartridge packaging option to our approved Northwest Concentrates products.

Add a 50mg option to our already approved 4oz bottle option to approved liquid products - Apple Cider, Coffee, Tropical Green Tea.

## Section 3 – Declarations

**Read each statement below, and then sign your initials in the corresponding box to the right:** Initials

The proposed changes conform to all applicable public health, fire, and safety laws. SB

I understand that any temporary approval granted by the director is pending a final decision by the MCB; therefore, any investment I make, based upon temporary approval, is at my own risk. SB

As a marijuana establishment licensee, I declare under penalty of unsworn falsification that this form, including all accompanying schedules and statements, is true, correct, and complete.

Signature of licensee

Samuel Benson

Printed name of licensee

Denise Richardson

Notary Public in and for the State of Alaska.

My commission expires: 7/07/2022

OFFICIAL SEAL Denise Richardson Notary Public State of Alaska My Comm. Expires 07/07/2022

Subscribed and sworn to before me this 3 day of August, 2020

**AMCO Director Review for Temporary Approval Pending Final MCB Decision:** Approved ☑ Disapproved ☐

Glen Klinkhart by Jane Sawyer 10-13-2020

Printed name of Director Date

Signature of Director by Jane Sawyer Regs. Spec.

**Director Comments:**



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