THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community, and Economic Development

Alcohol and Marijuana Control Office

550 West 7th Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

December 5, 2022

Department of Revenue, Tax Division
Department of Labor, Employment Security
Department of Labor, Workers' Compensation
Via email: theresa.mitchell@alaska.gov
velma.thomas@alaska.gov
ben.roundy@alaska.gov

12488	
License Type:	Standard Marijuana Cultivation Facility
Physical Address:	200 Pheasant Farm Road Fairbanks, AK 99712

Transferor (from):	H.E. Holdings ✔
Doing Business As:	Thirdstate ✔
Designated Licensee:	Haley Essig ✔
Phone Number:	907-328-7747
Email Address:	haley@thirdstate.com
EIN:	82-1424872

Transferee (to):	H.E. Holdings ✔
Doing Business As:	Thirdstate ✔
Designated Licensee:	John Paul Hoff ✔
Phone Number:	907-744-2502
Email Address:	jp@akpipeandleaf.com

☒ **Transfer of Controlling Interest:** Current is 100% Haley Essig to John Paul Hoff 100%

3 AAC 306.300(a)(2)(B), 3 AAC 306.400(b)(2)(B), 3 AAC 306.500(b)(2)(B), and 3 AAC 306.605(b)(2)(B) require that an applicant for a marijuana establishment license operate in compliance with each applicable public health, fire, safety, and tax code and ordinance of the state and the local government in which the applicant's proposed licensed premises are located. This letter serves to provide written notice and request for compliance status from the above referenced entities regarding the above application (see attached application documents for more information). **Please complete and return this form to the AMCO office at the email below.**

REVIEWER: Ben Roundy

DATE: 12/5/2022 PHONE: 907.269.6696

☒ DOR Tax Division
☐ Employment Security
☐ Workers' Compensation

COMMENTS: Reviewed MJ-17c and all parties with a financial interest.

☒ Compliant/Does not owe tax
☐ Non-compliant/Owes tax

If you have any questions, please send them to marijuana.licensing@alaska.gov

Sincerely,

Joan M. Wilson

Joan Wilson, Director

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

Marijuana Establishment

Form MJ-17c: License Transfer Application

What is this form?

This form must be used to initiate a transfer of ownership of a marijuana establishment license under 3 AAC 306.045. This transfer application must be completed and submitted to AMCO's main office, along with all necessary supplemental documents and fees listed in **Form MJ-17b: License Transfer Application Checklist**, before a transfer of ownership, including a change that affects the controlling interest of an entity, will be considered by the Marijuana Control Board.

Please note that licensees seeking to change controlling interest of an entity that owns multiple licenses must submit a separate completed copy of this form and the required supplemental documents and fees for each license.

Section 1 – Transferor Information

Enter information for the *current* licensee and licensed establishment.

Licensee:	H.E. Holdings, LLC ✓	**License Number:**	12488		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Thirdstate ✓				
Premises Address:	200 Pheasant Farm Road				
City:	Fairbanks	**State:**	Alaska	**ZIP:**	99712
Email:	haley@thirdstate.com				
Local Government:	Fairbanks North Star Borough				

☐ Regular ownership transfer ☑ Transfer of controlling interest in the licensed entity

Section 2 – Transferee Information

Enter information for the *new* applicant seeking to be licensed. The business license # should be issued for the DBA listed below, and held by the transferee.

Licensee:	H.E. Holdings, LLC ✓	**Alaska Entity #**	10054107		
Mailing Address:	PO Box 111969				
City:	Anchorage ✓	**State:**	AK	**ZIP:**	99511
Doing Business As:	Thirdstate				
Business License #:	1050993	**Business Phone:**	907.328.7747		

Designated Licensee:	John Paul Hoff ✓		
Contact Email:	jp@akpipeandleaf.com	**Phone #**	907.744.2502

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Alaska Marijuana Control Board

Form MJ-17c: License Transfer Application

Section 3 – Entity Ownership Information

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 4. If any entity official is another entity, you must include the AK Entity # of that entity in the Entity Official Name field, attach a separate completed copy of this page that breaks down the ownership information for that entity, and submit the supplemental documents and fingerprint fees listed on Form MJ-17b required for each individual entity official. Entity documents must be submitted for each entity listed on this form.

If more space is needed, please attach additional completed copies of this page.

- If the applicant is a corporation, list each ***officer or director, and owner of any of the corporation's stock.***
- If the applicant is a limited liability company, list each ***member holding any ownership interest and each manager.***
- If the applicant is a partnership or limited partnership, list each ***partner holding any interest and each general partner.***

Entity Official Name:	John Paul Hoff ✓				
Title(s):	Manager/Member	**Phone:**	907.744.2502	**% Owned:**	100
Email:	jp@akpipeandleaf.com				
Mailing Address:	1866 Fern St.				
City:	Fairbanks	**State:**	AK	**ZIP:**	99709

Entity Official Name:					
Title(s):		**Phone:**		**% Owned:**	
Email:					
Mailing Address:					
City:		**State:**		**ZIP:**	

Entity Official Name:					
Title(s):		**Phone:**		**% Owned:**	
Email:					
Mailing Address:					
City:		**State:**		**ZIP:**	

Entity Official Name:					
Title(s):		**Phone:**		**% Owned:**	
Email:					
Mailing Address:					
City:		**State:**		**ZIP:**	

Entity Official Name:					
Title(s):		**Phone:**		**% Owned:**	
Email:					
Mailing Address:					
City:		**State:**		**ZIP:**	

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Alaska Marijuana Control Board

Form MJ-17c: License Transfer Application

Section 4 – Other Licenses

Ownership and financial interest in other marijuana establishments:

	Yes	No
Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other marijuana establishment that is licensed in Alaska?	☑	☐

If "Yes", disclose which individual(s) has the financial interest, which license number(s), and license type(s):

30593- retail store ✓
17250- retail store ✓

Section 5 – Authorization

Communication with AMCO staff:

	Yes	No
Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?	☑	☐

If "Yes", disclose the name of the individual and the reason for this authorization:

JDW Counsel, Attorney Jana Weltzin and staff

Section 6 – Transferee Certifications

Read the line below, and then sign your initials in the box to the right of the statement: Initials

I certify that all proposed licensees (as defined in 3 AAC 306.020) have been listed on this application. DJH

Completed copies of all required documents and fees listed on Form MJ-17b are attached to this form. DJH

I certify that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued. DJH

I agree to provide all information required by the Marijuana Control Board in support of this application. DJH

As an applicant for a marijuana establishment license, I declare under penalty of unsworn falsification that I have read and am familiar with AS 17.38 and 3 AAC 306, and that this form, including all accompanying schedules and statements, is true, correct, and complete.

transferee

John Paul Hoff

Printed name of transferee

CINDY ZEITLER NOTARY PUBLIC STATE OF ALASKA

Cindy Zeitler
Notary Public in and for the State of Alaska.

My commission expires: 4-18-23

Subscribed and sworn to before me this 22 day of April, 2022

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Alaska Marijuana Control Board

Form MJ-17c: License Transfer Application

Section 7 – Transferor Certifications

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of unsworn falsification that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) approve of the transfer of this license, and that the information on this form is true, correct, and complete.

State of Texas County of Harris

Haley Essig

Signature of transferor

Haley Essig

Printed name of transferor

Avarita Williams

Notary Public in and for the State of ~~Alaska~~ Texas

Commission #: 641569-4

My commission expires: 07/14/2025

Subscribed and sworn to before me this 22nd day of April, 20 22.

Notarized online using audio-video communication

Signature of transferor

Notary Public in and for the State of Alaska.

Printed name of transferor

My commission expires: _____

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

Signature of transferor

Notary Public in and for the State of Alaska.

Printed name of transferor

My commission expires: _____

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

Received by AMCO 5.12.22