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

October 30, 2023

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
savannah.ritter@alaska.gov
dawn.wilson@alaska.gov
michele.wallrood@alaska.gov

License Number:	15594
License Type:	Marijuana Product Manufacturing Facility
Physical Address:	12642 W Western Drive, Unit B Houston, AK 99694

Transferor (from):	Cold Creek Extracts, LLC – see yellow highlight for breakdown of changes and ownership
Doing Business As:	Cold Creek Extracts
Designated Licensee:	Cade Inscho
Phone Number:	907-268-0717
Email Address:	cade@coldcreekextracts.com
EIN:	82-3619752

Transferee (to):	Cold Creek Extracts, LLC -- see yellow highlight for breakdown of changes and ownership
Doing Business As:	Cold Creek Extracts
Designated Licensee:	Cade Inscho
Phone Number:	907-268-0717
Email Address:	cade@coldcreekextracts.com

☒ **Transfer of Local Government:** This License is a Local Government Transfer of Premises from **Municipality of Anchorage** to the **City of Houston**. The Ownership structure remains the same just new premises. Code Creek Extracts LLC Ownership structure: Cade Inscho 50% and Steven Paul Johnson 50%.

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: _____ ☐ DOR Tax Division

DATE: _____ PHONE: _____

COMMENTS: _____

☐ Employment Security
☐ Workers' Compensation

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

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

Sincerely,

Joan Wilson, Director