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)) and affiliate (as defined in 3 AAC 306.990(a)(1)) 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 or affiliate 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:	Kreative Konfections LLC	**License Number:**	17389		
License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	Kreative Konfections LLC				
Premises Address:	[redacted] 2115 E Bogard Rd #2				
City:	Wasilla	**State:**	AK	**ZIP:**	99654

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Allen H. Koenig		
Title:	Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 11/16/2018

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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.

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

Allen H. Koenig

Printed name of licensee

"Official Seal"
Notary Public
Brenda Batzner
State Of Alaska
Commission # 160601006 Exp: 6/1/20

Brenda Batzner

Notary Public in and for the State of Alaska

My commission expires: 6/1/20

Subscribed and sworn to before me this 29th day of May, 2018.

AMCO Received 11/16/2018

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Doing Business As:	Kreative Konfections LLC				
Premises Address:	[redacted] 2115 E Bogard Rd #2				
City:	Wasilla	**State:**	AK	**ZIP:**	99654

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Jenny L. Koenig		
Title:	Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 11/16/2018

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Jenny Koenig
Signature of licensee

Jenny L. Koenig
Printed name of licensee

"Official Seal"
Notary Public
Brenda Batzner
State Of Alaska
Commission # 168881006 Exp: 6/1/20

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Doing Business As:	Kreative Konfections LLC				
Premises Address:	[redacted] 2115 E Bogard Rd #2				
City:	Wasilla	**State:**	AK	**ZIP:**	99654

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Matthew G. Koenig		
Title:	Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

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Signature of licensee

Matthew G. Koenig

Printed name of licensee

"Official Seal"
Notary Public
Brenda Batzner
State Of Alaska
Commission # 160401006
Exp: 6/1/20

Brenda Batzner

Notary Public in and for the State of Alaska

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License Type:	Marijuana Product Manufacturing Facility				
Doing Business As:	Kreative Konfections LLC				
Premises Address:	[redacted] 2115 E Bogard Rd #2				
City:	Wasilla	**State:**	AK	**ZIP:**	99654

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	Trista P. Koenig		
Title:	Owner		
SSN:	[redacted]	**Date of Birth:**	[redacted]

AMCO Received 11/16/2018

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Trista P. Koenig
Signature of licensee

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State Of Alaska
Commission # 160601006 Exp: 6/1/20

Brenda Betzner
Notary Public in and for the State of Alaska

Trista P. Koenig
Printed name of licensee

My commission expires: 6/1/20

Subscribed and sworn to before me this 29th day of May, 20 18.

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