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-17d: Unaltered Operating Plan and/or Premises Diagram Form

Why is this form needed?

This operating plan and/or diagram form is required to be submitted by the transferee for any marijuana establishment transfer license application where the transferee is not making changes to the operating plan and/or premises diagram approved by the Marijuana Control Board, in the course of the transfer application, per 3 AAC 306.045(e). By completing this form you are certifying that no changes will be made to the operating plan and/or premises diagram that have been previously submitted and approved for this license. This form replaces the information required by regulations 3 AAC 306.020(b)(8), 3 AAC 306.020(c), 3 AAC 306.315(2), 3 AAC 306.420, 3 AAC 306.520(2) and (3), and 3 AAC 306.615 if no changes are being made to your operating plan or diagram during the transfer.

Section 1 – Establishment Information

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

New Licensee:	Apex Grow, LLC	**License Number:**	13614		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Apex Grow				
Premises Address:	200 West 68th Avenue, Unit A2				
City:	Anchorage	**State:**	Alaska	**ZIP:**	99518

Section 2 – Certification

You must be able to certify at least one of the statements below. Read the following and then sign your initials in the applicable box(es) to the right: Initials

I certify that there will be no changes to the operating plan for this license. MC
If the above statement is certified you will not be required to submit forms MJ-01 and MJ-03, MJ-04, MJ-05 or MJ-06.

I certify that there will be no changes to the premises diagram for this license. MC
If the above statement is certified, you will not be required to submit form MJ-02.

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification. MC

Michael Keller
Printed name of transferee

Signature of transferee

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.

Licensees seeking to establish a security interest in the license transferred must submit all documentation required under 3 AAC 306.051.

Section 1 – Transferor Information

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

Licensee:	RDA Enterprise LLC	**License Number:**	13614		
License Type:	Standard Marijuana Cultivation Facility				
Doing Business As:	Puffin AK				
Premises Address:	200 W 68th Avenue, Unit A2				
City:	Anchorage	**State:**	Alaska	**ZIP:**	99518
Email:	puffyouak@gmail.com				
Local Government:	Municipality of Anchorage				

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

☒ Transfer with security interest ☐ Compelled retransfer

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:	Apex Grow, LLC		**Alaska Entity #**	10264855	
Mailing Address:	200 West 68th Avenue, Unit A2				
City:	Anchorage	**State:**	Alaska	**ZIP:**	99518
Doing Business As:	Apex Grow				
Business License #:	2195979	**Business Phone:**			

Designated Licensee:	Michael Keller		
Contact Email:	premiersurveys@gmail.com	**Phone #**	907-250-3939

AMCO Received 9.26.24

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:	Michael Keller				
Title(s):	Manager, Member	**Phone:**	907-250-3939	**% Owned:**	50
Email:	premiersurveys@gmail.com				
Mailing Address:	16425 Sandpiper Drive				
City:	Anchorage	**State:**	Alaska	**ZIP:**	99516
Entity Official Name:	William Yancey				
Title(s):	Manager, Member	**Phone:**	907-887-1563	**% Owned:**	50
Email:	WilliamYancey907@gmail.com				
Mailing Address:	1701 Stanton Avenue				
City:	Anchorage	**State:**	Alaska	**ZIP:**	99508
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:**	

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?	☐	x

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

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?	x	☐

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

JDW Counsel - Attorney Jana Weltzin, Esq 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.	MK
Completed copies of all required documents and fees listed on Form MJ-17b are attached to this form.	MK
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.	MK
I agree to provide all information required by the Marijuana Control Board in support of this application.	MK

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.

Signature of transferee

Michael Keller

Printed name of transferee

BRENDA BUTLER My Commission Expires NOTARY PUBLIC May 27, 2025 STATE OF ALASKA

Brenda Butler

Notary Public in and for the State of Alaska.

My commission expires: May 27, 2025

Subscribed and sworn before me this 19th day of June, 2024.

AMCO Received 9.26.24

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?	☐	x

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

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?	x	☐

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

JDW Counsel - Attorney Jana Weltzin, Esq 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.	WCY
Completed copies of all required documents and fees listed on Form MJ-17b are attached to this form.	WCY
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.	WCY
I agree to provide all information required by the Marijuana Control Board in support of this application.	WCY

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.

Signature of transferee

William Yancey

Printed name of transferee

BRENDA BUTLER
My Commission Expires
NOTARY PUBLIC
May 27, 2025
STATE OF ALASKA

Brenda Butler

Notary Public in and for the State of Alaska.

My commission expires: May 27, 2025

Subscribed and sworn to before me this 19th day of June, 2024.

License # 13614

AMCO Received 9.26.24

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.

Signature of transferor

Maclovia Avila
Printed name of transferor

BRENDA BUTLER
My Commission Expires
NOTARY PUBLIC
May 27, 2025
STATE OF ALASKA

Notary Public in and for the State of Alaska.

My commission expires: May 27, 2025

Subscribed and sworn to before me this 19th day of June, 2024.

Signature of transferor

Printed name of transferor

Notary Public in and for the State of Alaska.

My commission expires: _____

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

Signature of transferor

Printed name of transferor

Notary Public in and for the State of Alaska.

My commission expires: _____

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

License # 13614

AMCO Received 9.26.24