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

November 20, 2025

Department of Revenue, Tax Division
Department of Labor, Employment Security
Department of Labor, Workers' Compensation
Via email: dol.esfieldtax@alaska.gov; velma.thomas@alaska.gov ; michele.wallrood@alaska.gov; tiffany.wirkus@alaska.gov savannah.ritter@alaska.gov ; dawn.wilson@alaska.gov ; tj.zielinski@alaska.gov

License Number:	11635
License Type:	Standard Marijuana Cultivation Facility
Physical Address:	3307 Spenard Road Anchorage, AK 99503

Transferor (from):	Lily A. Shimek; Joseph D. Shimek– see yellow highlight for breakdown of ownership and changes
Doing Business As:	Cloudberry Cannabis dba Salmonberry Farms
Designated Licensee:	Lily A Shimek
Phone Number:	907-350-8886
Email Address:	Kicker204@live.com
EIN:	84-3299013

Transferee (to):	Lily A. Shimek; Joseph D. Shimek; Zachary McGuire; Jennifer Cardona; Luke Stokes-- see yellow highlight for breakdown of new ownership
Doing Business As:	Cloudberry Cannabis dba Salmonberry Farms
Designated Licensee:	Lily A. Shimek
Phone Number:	907-350-8886
Email Address:	Kicker204@live.com

Current Structure: Lily A Shimek 60%, Joseph D. Shimek 40% New Structure: Lily A Shimek 20%, Joseph D. Shimek 20%, Zachary McGuire 20%, Jennifer Cardona 20%, Luke Stokes 20%.

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: _____

DATE: _____ PHONE: _____

COMMENTS: _____

☐ DOR Tax Division
☐ 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,

Kevin Richard, Director