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

May 27, 2025

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

License Number:	10271
License Type:	Marijuana Product Manufacturing Facility
Physical Address:	2315 Industrial BLVD Suite B Juneau, AK 99801

Transferor (from):	Top Hat Concentrates, Inc
Doing Business As:	Top Hat Concentrates (see ownership breakdown below)
Designated Licensee:	Lacy Wilcox
Phone Number:	907-419-0961
Email Address:	lacy@thcalaska.com
EIN:	81-2189507

Transferee (to):	Top Hat Concentrates, Inc
Doing Business As:	Top Hat Concentrates (see ownership breakdown below)
Designated Licensee:	Benjamen Wilcox
Phone Number:	907-419-0961
Email Address:	lacy@thcalaska.com

☒ Transfer of Controlling Interest
Current Structure: Benjamen Wilcox 36.25%, James Koeneman 11%, John Nemeth 36.25%, Kevin Doyle 5.50%, Lacy Wilcox 0%, Naomi Hamb 11% .
New Structure: Naomi Hamb 14.68%, James Koeneman 14.68%, Kevin Doyle 14.68%, Lacy Wilcox 0%, Benjamen Wilcox 55.96%.

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