Alcohol & 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

Cover Sheet for Marijuana Establishment Applications

What is this form?

This cover sheet **must** be completed and submitted any time a document, payment, or other marijuana establishment application item is emailed, mailed, or hand-delivered to AMCO's main office.

Items that are submitted without this page will be returned in the manner in which they were received.

Section 1 – Establishment Information

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

Licensee:	Kasilof River AeroGarden's LLC	**License Number:**	40302		
License Type:	Limited Marijuana Cultivation Facility				
Doing Business As:	Kasilof River Aero-Garden's				
Physical Address:	22720 Yukon Rd				
City:	Kasilof	**State:**	AK	**Zip Code:**	99610 - 1042
Designated Licensee:	Brian Ehlers				
Email Address:	brianehlers79@gmail.com				

Section 2 – Attached Items

List all documents, payments, and other items that are being submitted along with this page.

Attached Items:	Publisher's Affidavit RECEIVED JUN 18 2025 Dept. of Commerce AMCO

OFFICE USE ONLY					
Received Date:		Payment Submitted Y/N:		Transaction #:	

PUBLISHER'S AFFIDAVIT

UNITED STATES OF AMERICA,
STATE OF ALASKA } **SS:**

I Doug Munn,being first duly sworn, on oath deposes and says: That I am and was at all times here in this affidavit mentions, Supervisor of Legals of the Sound Publishing / Peninsula Clarion, a newspaper of general circulation and published at Kenai, Alaska, that the advertisement, a printed copy of which is hereto annexed was published in said paper on the dates listed below:

Marijuana License
05/16/25
05/23/25
05/30/25

Kasilof River Aero-Garden's LLC is applying under 3 AAC 306.400(a)(2) for a new Limited Marijuana Cultivation Facility license, license #40302, doing business as Kasilof River Aero-Garden's, located at 22720 Yukon Rd, Kasilof, AK, 99610-1042, UNITED STATES.

Interested persons may object to the application by submitting a written statement of reasons for the objection to their local government, the applicant, and the Alcohol & Marijuana Control Office (AMCO) not later than 30 days after the director has determined the application to be complete and has given written notice to the local government. Once an application is determined to be complete, the objection deadline and application information will be posted on AMCO's website at https://www.commerce.alaska.gov/web/amco.
Objections should be sent to AMCO at marijuana.licensing@alaska.gov or to 550 W 7th Ave, Suite 1600, Anchorage, AK 99501.
Pub: 5/16,5/23,5/30 2025 1013544

x _____

SUBSCRIBED AND SWORN before me on this
30TH **day of** May **, 2025.**

Donna K Schrader
NOTARY PUBLIC in favor for the State of Alaska.

My commission expires 10/19/27.

NOTARY PUBLIC
DONNA K SCHRADER
STATE OF ALASKA
My Commission Expires October 19, 2027

RECEIVED
JUN 18 2025
Dept. of Commerce
AMCO

SOUND PUBLISHING INC.
PO Box 930
Everett, WA 98203

ADVERTISING STATEMENT & INVOICE

BILLING PERIOD	ADVERTISER/CLIENT NAME
May-25	Kasilof River Aero Gardens
TOTAL AMOUNT DUE	**TERMS OF PAYMENT**
$0.00	Net 30 Days

BILLING DATE	ACCOUNT NUMBER	INVOICE NUMBER
05/30/25	256589	1013544

PENINSULA CLARION

ACCOUNT NAME AND ADDRESS	QUESTIONS
Kasilof River Aero Gardens PO Box 1042 Kasilof, AK 99610	For billing inquiries, please call 1-800-485-4920 For questions regarding rates, sizes or ad charges, please call your local sales representative. Pay past due balance immediately

A FINANCE CHARGE OF 1.5% WHICH IS A ANNUAL RATE OF 18% WILL BE ADDED TO ACCOUNTS OVER 30 DAYS

THE INVOICE/STATEMENT SHALL BE DEEMED CORRECT UNLESS ADVISED IN WRITING WITHIN 30 DAYS OF BILLING DATE

	DESCRIPTION-OTHER COMMENTS/CHARGES	Size	Rate	NET AMOUNT
05/16/25	Marijuana License	2x3	10.97	$197.46
05/23/25				
05/30/25				
	Affidavit			$11.15
	Sales Tax			$12.52
	thank you for your payment			-$221.13
				$0.00
				0

PLEASE DETACH AND RETURN BELOW WITH YOUR REMITTANCE

BILLING PERIOD	ACCOUNT NUMBER	ADVERTISER/CLIENT NAME
May-25	256589	

SOUND PUBLISHING INC.

REMIT TO
Sound Publishing, Inc PO Box 930 Everett, WA 98203

How to pay your bill:
PC or Telephone banking through your financial institution.
By credit card, please call 1-800-489-3390
By check payable to Sound Publishing, Inc.

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JUN 18 2025
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AMCO