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

September 2, 2025

Department of Revenue, Tax Division
Department of Labor, Employment Security
Department of Labor, Workers' Compensation
Via email: dol.esfieldtax@alaska.gov; dor.tax.collections@alaska.gov; dor.tax.accounting@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:	11304
License Type:	Marijuana Product Manufacturing Facility
Physical Address:	2429 E. 88th Avenue Anchorage, AK 99507

Transferor (from):	YNY Investment, LLC – see yellow highlight for breakdown of ownership and changes
Doing Business As:	Higher Altitude Manufacturing
Designated Licensee:	Eun Lee
Phone Number:	907-440-0651
Email Address:	Hollyweed907@outlook.com
EIN:	[redacted]

Transferee (to):	YNY Investment, LLC -- see yellow highlight for breakdown of new ownership
Doing Business As:	Higher Altitude Manufacturing
Designated Licensee:	Eun Lee
Phone Number:	907-440-0651
Email Address:	Hollyweed907@outlook.com

☒ **Transfer of Controlling Interest in License entity :** Current Structure: Eun Lee for Skylimit08, LLC 50%; Tina Yi 50%. New Structure: Eun Lee Skylimit 08, LLC 50%; Dae An 50%.

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: _____

☐ DOR Tax Division
☐ Employment Security
☐ Workers' Compensation

COMMENTS: _____

☐ 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