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

January 22, 2026

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

License Number:	11920
License Type:	Standard Marijuana Culitvation Facility
Physical Address:	7801 Schoon St. Unit D,J,H,K Anchorage, AK 99518

Transferor (from):	AK Joint Ventures, LLC – see yellow highlight for breakdown of ownership and changes
Doing Business As:	Voodoo Cannabis Company
Designated Licensee:	Colleen Howard
Phone Number:	907-522-5224
Email Address:	akjointventures@gmail.com
EIN:	[redacted]

Transferee (to):	Denali Fire Black , LLC -- see yellow highlight for breakdown of new ownership
Doing Business As:	Voodoo Cannabis Company
Designated Licensee:	Chris Owens
Phone Number:	907-230-7112
Email Address:	chris@denalifire.com

☒ Transfer of Controlling Interest:
Current Structure: Alaksa Joint Ventures, LLC, Colleen Howard 100%
New Structure: Denali Fire Black, LLC – Denali Fire, LLC, 100% - Maverick Ventures, LLC -James Stevens 51%, Silver Fox Solutions, LLC – Chris Owens 49%.

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