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 20, 2026

**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;

| | |
|---|---|
| **License Number:** | 32350 |
| **License Type:** | Standard Marijuana Cultivation Facility |
| **Physical Address:** | 21635 Renault Street<br>Kasilof, AK 99610 |

| | |
|---|---|
| **Transferor (from):** | Joseph Daniel Utrup |
| **Doing Business As:** | Crooked Creek Cultivation |
| **Designated Licensee:** | Joseph Daniel Utrup |
| **Phone Number:** | 505-358-2518 |
| **Email Address:** | danutrup@gmail.com |
| **EIN:** | [redacted] |

| | |
|---|---|
| **Transferee (to):** | Smooth Like Butter , LLC |
| **Doing Business As:** | Smooth Like Butter |
| **Designated Licensee:** | Jacquelyn Skurkey |
| **Phone Number:** | 405-434-2819 |
| **Email Address:** | 907smooth@gmail.com |

☒ **Transfer of Ownership**
**Current Structure: Joseph Daniel Utrup- 100%**
**New Structure: Smooth Like Butter , LLC – Jacquelyn Slurkey 51%, John Skurkey 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: _____

☐ DOR Tax Division
☐ Employment Security

DATE: _____ PHONE: _____

COMMENTS: _____

☐ 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