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

March 31, 2026

**Department of Revenue, Tax Division**
**Department of Labor, Employment Security**
**Department of Labor, Workers' Compensation**

Via email: dol.esfieldtax@alaska.gov; velma.thomas@alaska.gov; dawn.wilson@alaska.gov; michele.wallrood@alaska.gov; tiffany.wirkus@alaska.gov; tj.zielinski@alaska.gov; savannah.ritter@alaska.gov

| | |
|---|---|
| **License Number:** | 25205 |
| **License Type:** | Marijuana Concentrate Manufacturing Facility |
| **Physical Address:** | 521 W. Tudor Road, Unit 203<br>Anchorage, AK 99503<br>UNITED STATES |

| | |
|---|---|
| **Transferor (from):** | No Limit, LLC |
| **Doing Business As:** | Cannabaska Concentrates (see ownership breakdown below) |
| **Designated Licensee:** | Smadar Warden |
| **Phone Number:** | 907-903-3534 |
| **Email Address:** | smadi@cannabaska.com |
| **EIN:** | 87-4260530 |

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|---|---|
| **Transferee (to):** | Northernlight101, LLC |
| **Doing Business As:** | No Limit (see ownership breakdown below) |
| **Designated Licensee:** | Yotam Levi |
| **Phone Number:** | 515-707-3010 |
| **Email Address:** | yotam@cannabaska.com |

**☒ Transfer of Ownership**
**Current Structure: Smadar Warden- 99%, Nathan Warden- 1%**
**New Structure: Yotam Levi- 100%**

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