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 |

| | |
|---|---|
| **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: Buena Amor

DATE: 4/2/2026 PHONE: 907-931-3183

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

Alcohol and 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
**Marijuana Establishment**

# Form MJ-17c: License Transfer Application

This transfer application must be completed and submitted to AMCO's main office, along with all necessary supplemental documents and fees listed in **Form MJ-17b: License Transfer Application Checklist**, before a transfer of ownership, including a change that affects the controlling interest of an entity, will be considered by the Marijuana Control Board.
**Please note that licensees seeking to change controlling interest of an entity that owns multiple licenses must submit a separate completed copy of this form and the required supplemental documents and fees for each license.**
**Licensees seeking to establish a security interest in the license transferred must submit all documentation required under 3 AAC 306.051.**

## Section 1 – Transferor Information

Enter information for the ***current*** licensee and licensed establishment.

| | | | | | |
|---|---|---|---|---|---|
| **Licensee:** | No Limit, LLC | **License Number:** | 25205 | | |
| **License Type:** | Marijuana Concentrate Manufacturing Facility | | | | |
| **Doing Business As:** | Cannabaska Concentrates | | | | |
| **Premises Address:** | 521 W Tudor Road, Suite 203 | | | | |
| **City:** | Anchorage | **State:** | Alaska | **ZIP:** | 99503 |
| **Email:** | smadi@cannabaska.com | | | | |
| **Local Government:** | Municipality of Anchorage | | | | |

- [x] Regular ownership transfer
- [ ] Transfer of controlling interest in the licensed entity
- [ ] Transfer with security interest
- [ ] Compelled re-transfer
- [ ] Transfer of Location

## Section 2 – Transferee Information

Enter information for the ***new*** applicant seeking to be licensed. The business license # should be issued for the DBA listed below and held by the transferee.

| | | | | | |
|---|---|---|---|---|---|
| **Licensee:** | Northernlight101, LLC | **Alaska Entity #** | 10325526 | | |
| **Mailing Address:** | 521 W Tudor Road | | | | |
| **City:** | Anchorage | **State:** | Alaska | **ZIP:** | 99503 |
| **Doing Business As:** | No Limit | | | | |
| **New Premises Address:** (Skip if location remains the same). | | | | | |
| **City:** (Skip if location remains the same). | | **Local Government:** (Skip if location remains the same): | | | |
| **State of Alaska Business License #:** | 2228467 | **Business Phone:** | 515-707-3010 | | |

| | | | |
|---|---|---|---|
| **Designated Licensee:** A main contact person. | Yotam Levi | | |
| **Contact Email:** | Yotam@cannabaska.com | **Phone Number:** | (515)-707-3010 |


AMCO Received 2.17.26

Alaska Marijuana Control Board

# Form MJ-17c: License Transfer Application

## Section 3 – Entity Ownership Information

**This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 4.** If any entity official is another entity, you must include the AK Entity # of that entity in the Entity Official Name field, attach a separate completed copy of this page that breaks down the ownership information for that entity, and submit the supplemental documents and fingerprint fees listed on Form MJ-17b required for each individual entity official. Entity documents must be submitted for each entity listed on this form.

**If more space is needed, please attach additional completed copies of this page.**

- If the applicant is a corporation, list each ***officer or director, and owner of any of the corporation's stock.***
- If the applicant is a limited liability company, list each ***member holding any ownership interest and each manager.***
- If the applicant is a partnership or limited partnership, list each ***partner holding any interest and each general partner.***

| | | | | | |
|---|---|---|---|---|---|
| **Entity Official Name:** | Yotam Levi | | | | |
| **Title(s):** | Member | **Phone:** | (515)-707-3010 | **% Owned:** | 100 |
| **Email:** | Yotam@cannabaska.com | | | | |
| **Mailing Address:** | 521 W Tudor Road | | | | |
| **City:** | Anchorage | **State:** | Alaska | **ZIP:** | 99503 |
| **Entity Official Name:** | | | | | |
| **Title(s):** | | **Phone:** | | **% Owned:** | |
| **Email:** | | | | | |
| **Mailing Address:** | | | | | |
| **City:** | | **State:** | | **ZIP:** | |
| **Entity Official Name:** | | | | | |
| **Title(s):** | | **Phone:** | | **% Owned:** | |
| **Email:** | | | | | |
| **Mailing Address:** | | | | | |
| **City:** | | **State:** | | **ZIP:** | |
| **Entity Official Name:** | | | | | |
| **Title(s):** | | **Phone:** | | **% Owned:** | |
| **Email:** | | | | | |
| **Mailing Address:** | | | | | |
| **City:** | | **State:** | | **ZIP:** | |
| **Entity Official Name:** | | | | | |
| **Title(s):** | | **Phone:** | | **% Owned:** | |
| **Email:** | | | | | |
| **Mailing Address:** | | | | | |
| **City:** | | **State:** | | **ZIP:** | |



AMCO Received 2.17.26