

550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

Alcohol and Marijuana Control Office

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

What is this form?

This transfer license application form is required for all individuals or entities seeking to apply for the transfer of ownership and/or location of an existing liquor license. Applicants should review Title 04 of Alaska Statutes and Chapter 304 of the Alaska Administrative Code. All fields of this form must be completed, per AS 04.11.260, AS 04.11.280, AS 04.11.290, and 3 AAC 304.105.

This form must be completed and submitted to AMCO's main office, along with all other required forms and documents, before any license application will be considered complete.

	Section 1 – Tra	ansferor Ir	nformation		
Enter information for the cu	rrent licensee and licensed establis	shment.			
Licensee:	Pioneer Liquor Inc.		License #:		#872
License Type:	Package Store		Statutory R	eference:	AS 04.11.150
Doing Business As:	Pioneer Liquor Store				
Premises Address:	212 Katlian St				
City:	Sitka	State:	AK	ZIP:	99835
Local Governing Body:	City of Sitka				
Transfer Type: Regular transfer Transfer with secur Involuntary retrans	fer	ICE USE ONLY		2,0	95393
Complete Date:	10-11-21		saction #:	1000 6=	

License Years:

BRE:

Board Meeting Date:

Issue Date:

11-2-21



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	Section 2 – Trans	feree Ir	nformatio	n		
Enter information for the ne	w applicant and/or location seeking to	be licensed.				
Licensee:	Pioneer Liquor Inc	: : : : : : : : : : : : : : : : : : : :				
Doing Business As:	Pioneer Liquor Store					1811
Premises Address:	212 Katlian St					
City:	Sitka	State:	Ak	z	IP:	99835
Community Council:	N/A					
Basiling Address	D 0 D - 500					
Mailing Address:	P.O.Box 599	r				
City:	Sitka	State:	AK	Z	IP:	99835
Designated Licensee:	Richard D Heim					
Contact Phone:	907-738-6114	Business	Phone:	907-747-	-345	56
Contact Email:	rlheim@gci.net					
Seasonal License?	If "Yes", write your s		5,000	od:		
	Section 3 - Prem	ises int	ormation			
remises to be licensed is: an existing facility	Section 3 – Prem		ormation			
an existing facility he next two questions mus	a new building t be completed by <u>beverage dispensar</u>	a propos	ed building tourism) and <u>p</u>			
an existing facility he next two questions mus What is the distance of the	a new building	a proposery (including	ed building tourism) and <u>p</u> nce of the build	ding of your pro		
he next two questions mus What is the distance of the	a new building t be completed by <u>beverage dispensar</u> ne shortest pedestrian route from the	a proposery (including	ed building tourism) and <u>p</u> nce of the build	ding of your pro		

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AMCO

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	section 4 – Sole Propriet	or Owne	ersnip information	on	
If more space is needed, pl	leted by any <u>sole proprietor</u> who is appease attach a separate sheet with the mount of the second o	required info	ormation.	o to Sectio	on 5.
This individual is an:	applicant affiliate				
Name:					
Address:			i i i i i i i i i i i i i i i i i i i		T. H. W. C.
City:		State:		ZIP:	
This individual is an:	applicant affiliate	79741111111			
Address:			9979-1-11-1		
City:		State:		ZIP:	
partnership, that is applying if more space is needed, plot if the applicant is a corp the stock in the corporation if the applicant is a limit ownership interest of 1 if the applicant is a particular particular is a particular particular is a particular particular is a particular part	section 5 – Entity Overted by any entity, including a corporary for a license. Sole proprietors should ease attach a separate sheet with the reporation, the following information mustion, and for each president, vice-presided liability organization, the following own more, and for each manager. Enership, including a limited partnership for more, and for each general partnership.	stion, limited skip to Secti required info st be comple ident, secreto information p, the follow	I liability company (LLC), p ion 6. irmation. ted for each stockholder v ary, and managing officer must be completed for ea	vho owns ach <i>memb</i>	10% or more of er with an
Entity Official:	Richard D Heim	900,00			
Title(s):	President	Phone:	907-747-3456	% Ow	ned:
Address:	P.O.Box 599			30.	
City:	Sitka	State:	AK	ZIP:	99835

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Alaska Alcoholic Beverage Control Board

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Entity Official:									
	Linda D.Heim								13.50
Title(s):	Secretary		Phor	ne:	907-747-6	114	% Ow	ned:	49
Address:	P.O.Box 599		N - 62 / 63	1-7-					
City:	Sitka		State	e:	AK		ZIP:	998	35
Entity Official:	Sandra Dee Ba	aird							
Title(s):	Vice President		Phon	ne:	907-738-7	038	% Ow	ned:	
Address:	1605 Halibut P	t.Road			27.10			VIII V	
City:	Sitka	3000	State	: :	Ak		ZIP:	998	35
Entity Official:	Christopher Da	vid Heim							
Title(s):	Treasurer		Phon	e:	907-738-8	337	% Ow	ned:	
Address:	P.O.Box 599				10000				
City:	Sitka		C4-4-		A 1				
			State	:	Ak	1 1 1 1000	ZIP:	998	35
standing with the Alaska Divis Alaska.	pleted by any applicant sion of Corporations (E	OOC) and have	oration o	or LLC ered a	C. Corporations a	nd LLCs a	re requir	ed to b	e in good
standing with the Alaska Divis	pleted by any applicant	t that is a corpo OOC) and have AK Formed	oration o	or LLC ered a	C. Corporations a agent who is an i	ndividua	re requir	ed to b	e in good state of
standing with the Alaska Divis Alaska.	pleted by any applicant sion of Corporations (E	OCC) and have	oration o	or LLC ered a	C. Corporations a agent who is an i	ndividua	re requir resident	ed to b	e in good state of
standing with the Alaska Divis Alaska. DOC Entity #:	oleted by any applicant sion of Corporations (D 38415D Richard D. He	OCC) and have	oration o	or LLC ered a	C. Corporations a agent who is an in	ndividua	re requir resident	ed to b	e in good state of
Registered Agent:	oleted by any applicant sion of Corporations (D 38415D Richard D. He	OCC) and have	oration o	or LLC ered a	C. Corporations a agent who is an in [20]	ndividua	re requir resident	ed to b	e in good state of SKA



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	David Len Sul	ser Suppleme	ntal	Needs Trus	st			
Title(s):	Stockholder	Pho	one:	907-738-5	016	% Ow	ned:	25.5
Address:	1605 Halibut P	oint Rd.						
City:	Sitka	Sta	te:	AK		ZIP:	998	335
Entity Official:	Harry Scott Su	loor Cupplem	nto	I Noods Tw	4			
Title(s):	Harry Scott Su					0/ 0		
	Stockholder		ne:	907-738-7	038	% Ow	ned:	25.5
Address:	1605 Halibut P	oint Rd.		T				
City:	Sitka	Sta	te:	AK		ZIP:	998	335
Entity Official:				1119				
Title(s):	30	Pho	ne:			% Ow	ned:	
Address:	100			<u> </u>				k view
City:	241	Sta	e:			ZIP:		
anding with the Alaska Divi	pleted by any applican sion of Corporations (E 3841D	t that is a corporation DOC) and have a regis	tered	agent who is an i	ndividua	re requir resident State:	of the	state of
nding with the Alaska Divi	3841D	OOC) and have a regis	tered	agent who is an i 06/20 186	ndividua	resident	ed to I	state of
anding with the Alaska Divi aska. DOC Entity #: Registered Agent:	3841D Richard D. He	OOC) and have a regis	tered	agent who is an i	ndividua	resident	of the	state of
anding with the Alaska Divi aska. DOC Entity #: Registered Agent: Agent's Mailing Address:	3841D Richard D. He	OOC) and have a regis	tered	agent who is an i 06/20 986 gent's Phone:	ndividua	resident	Alas	state of
nis subsection must be companding with the Alaska Divisaska. DOC Entity #: Registered Agent: Agent's Mailing Address: City:	3841D Richard D. He	AK Formed Date	tered	agent who is an i 06/20 986 gent's Phone:	Home	resident	of the	ska ska



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Section 6 – Other Licenses		
wnership and financial interest in other alcoholic beverage businesses:	Yes	No
Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?	V	
If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Al license number(s) and license type(s):	laska, wh	ich
Pioneer Liquor Store Alaska Liquor License #872 865		
Section 7 – Authorization mmunication with AMCO staff:	Yes	No
Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?	V	
If "Yes", disclose the name of the individual and the reason for this authorization:	1100	
Cynthia Franklin Attorney @ Carlson Law		



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Section 8 - Transferor Certifications

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of perjury that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

Katherine Signature of transferor	by Sandy Baird, Personal Representative	
Printed name of transferor		9
	Subscribed and sworn to before me this Daday of APPIL	, 20 <u>21</u> .
	NOTAR Signature of Signature of Notary Public in and for the State of ALAS KA	Notary Public HARCH ZOZ
Signature of transferor		
Printed name of transferor	Subscribed and sworn to before me this day of	20
	Signature of	Notary Public
	Notary Public in and for the State of	
	My commission expires:	



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Section 9 - Transferee Certifications

Read each line below, and then sign your initials in the box to the right of each statement:	Initials
I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.	2×
I certify that all proposed licensees have been listed with the Division of Corporations.	
I certify that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.	W T
I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 304.465.	(A)
I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.	(A)
As an applicant for a liquor license, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC that this application, including all accompanying schedules and statements, is true, correct, and complete.	304, and
Signature of transferee Richard D Heim	
Printed name	5.
Subscribed and sworn to before me this	, 20
Notary Public in and for the State of <u>OLASKU</u> My commission expires: 12-08-2	2024



Filed in the Trial Couπs State of Alaska First District Sitka

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA FIRST JUDICIAL DISTRICT AT SITKA

MAR 05 2019

Clerk	of the	Trial	Courts
Зу	9		_Deputy

In the Matter of the Estate of:	
	CASE NO: 1SI-19-00009PR
Katherine Sulser,	COST BEOGRAPH MERCHANIC
Person who Died (Decedent)	
Date of Birth: 05/01/1926	LETTERS TESTAMENTARY BY COURT
	-
(Court Opens Probate and Appoints a Pers	sonal Representative When There is a Will)
The will of the decedent was admitted to probate <u>Sandy Baird</u> .	e. The appointed personal representative is:
The personal representative is: not supervised. supervised. The personal representati or exercise the following powers without	ive shall not make any distribution of the estate ut prior order of the court:
3/5/19 Date	Signature of Registrar or Judicial Officer ¹
	Jonie Calhoun
CERTIFICATION I certify that on 5 day of Max 2019 a true copy of this do was placed in attorney's box/matied to the following: S. Band A	Printed Name It certify that this is a true and correct copy of an original document on file in the Alaska Trial Courts at Sitka. Signed and sealed this 5 day of Mar 2019 By Clerk/Deputy Clerk

<u>Informal</u> appointment under AS 13.16.115 can be made by the <u>registrar</u> without hearing or notice. <u>AMCO</u> <u>Formal</u> appointment under AS 13.16.145 must be made by a <u>judge</u> after hearing and notice.

		FOR THE STATE OF ALASKA SITKA
In th	e Matter of the Estate of:	Filed in the frial Courts State of Alaska First District Sitka
		MAR 0 5 2019
	HERINE SULSER n Who Died (Decedent) Date of Birth:	Clerk of the Trial Courts ByDeputy CASE NO. <u>1SI-19-9PR</u>
	APPOINTING A PERSONAL REPRES (Statement of Informal Probate of Will an	INFORMAL PROBATE AND SENTATIVE WHEN THERE IS A WILL d Appointment of Personal Representative)
Based proba a per reque	te of (name of person who died)sonal representative, the court makes the	SANDY BAIRD to open informal KATHERINE SULSER 's last will and appoint following findings and order based on that
	FIND	PINGS
1.	Application. The application appears to or affirmation that the statements are tr	o be complete and includes the requestor's oath ue to the best of the requestor's belief.
2.	Interest. The requestor is a person wire a spouse, relative, person named in the representing an interested person.	th an interest in the estate because he or she is will, beneficiary, creditor or fiduciary
3.	Person Who Died (Decedent). The of five full days have passed since the deat	decedent died on <i>(date)</i> 12/14/18 . At least h.
4.	lived in this judicial district at the ti	ort to file in because the person who died: ime of death. If death, but had property located in this judicial
5.	Time. The time for probate is within the less than three years have passed more than three years have passed because:	e required time period because: since the person died. If but late probate is allowed under AS 13.16.040
6.	Will. The person who died made a valid original will.	will on <i>(date)</i> 1/30/17 . The court has the
7.	Current Personal Representative. ☑ No court has appointed a personal re ☐ A court appointed a personal represe	ntative, but later ended that appointment.
	A court appointed (name) who lives at (address)	as personal representative
	The requestor filed an authenticated where the will was first probated.	copy of the will and a statement from the court
Page 1	of 2 (1/19)(cs)	AS 13.16.115
STATEM	ENT STARTING INFORMAL PROBATE AND APPOINTIN	G A PERSONAL REPRESENTATIVE WHEN THERE IS A WILL

8.	Right to be Appointed as Personal Representative. The court finds that (name) Sandy Baird is at least 19 years ald an	t
	priority to serve because:	nd has
	the will named him or her as the personal representative.	
	he or she is the surviving spouse and named in the will to receive property	'.
	he or she is the surviving spouse but the will did not name him or her to reproperty.	eceive
	the will named him or her to receive property.	William Control
	he or she is an heir (someone with the right to inherit property from the pro-	erson who
	died if no will had been made).	H WAR S
	he or she is a creditor and 45 days have passed since the person died.	
9.	Additional Findings.	- 100 ST.
٥.	Additional Findings.	Office State of
10.	Notice. Any notice required by the laws of Alaska has been given.	of the ct
	the second required by the laws of Alaska has been given.	day in S
	PROCEDURAL ORDER	but and x
The co	ourt and are that.	Sit Sit or
THE CO	ourt orders that:	a tr mer s at s at this
1.	The will is admitted to informal probate.	docu Counts sealed
2		that the ginal of rial Co.
2.	$oxed{\boxtimes}$ No bond is required. $oxed{\square}$ A bond is required in the amount of \$	and an
3.	The appointed personal representative is (name) Sandy Baird	an o an o iska ined
	and he or she assumes the responsibilities after posting a bond, if required.	B (S/A) 5
4.		
4.	The court will issue Letters Testamentary after the personal representative files	Form P-
	335, Acceptance of Duties by Personal Representative and Letters Testamental Court.	ry by
_		
5.	Other:	
		8 million
3/5/19	Come Calhow - E	A SAN
Date	Signature of Registrar	
	Jonie Calhoun	生
CC:S.	Baird Frinted Name of 2 3/5/19 grant Ass	William & B
Page 2	of 2 3/57/9 7	13.16.115
P-316 (1/19)(cs)	
- 11 11 H	ENT STARTING INFORMAL PROBATE AND APPOINTING A PERSONAL REPRESENTATIVE WHEN THERE I	S A WILLO

(STATE OF ALASKA) CERTIFICATION OF VITAL RECORD

STATE OF ALASKA



1. DECEDENTS LEGAL NAME (nclude AKA's	Fany) (First, M	iddle, Last)	FICA	CIAL SERVICE: Juneau, AK 998 E OF DEATI	2.	SEX	STATE FILE NO	CURITY N	IMBER
4a. AGE-Last Birthday (Years)	4b. UNDER	1 YEAR	46. UNDER 1	DAY	15 DATE OF BIR	TH (MWDD/YY)	emale la r	BIRTHPLACE (City an	nd State or	Foreign Country)
92	Months	Days	Hours	Minutes	J. DATE OF BILL	(T) (MATECALLY)	-	ondon, KENTU		, and gir dedicing,
7a, RESIDENCE-STATE		76. COUNT	ry ·	-		76 CITY OR	OWN	ONGOOD, KEINTO	- N	
Alaska 7d. STREET AND NUMBER		Sitka			7e. APT No.	Sitka 7f. ZIP CODE		7g. INSIDE CITY L	IMITS?	
8. EVER IN US ARMED FORCES		ARITAL STATE	JS AT TIME OF DE	ATH	I10 SURVA	99835	NAME /H	wife, give name prior		X Yes N
Yes No Unkn	own	Married 1	Married, but separa	W X beta	dowed	and di odde d	arden (m	and, give marile prior		
11. FATHER'S NAME (First, Midd		Divorced	Never Married	L Un	Inown	ME PRIOR TO FI	EST MARK	RIAGE (First, Middle I	Lest)	
SCOTT ISAAC HAMMO		100			MARTHA SH	HELL				
SANDRA D BAIRD	100		Daughter	P TO DECE	DENT 13c, MAILING	na Circle Sitk			Code)	
14. DECEDENT'S EDUCATION-C	hack the box	that	15. DECEDENT		NIC ORIGIN?	16 DECEDE	NTS RAC	E (Check one or more or herself to be)	e races to i	indicate what the dec
best describes the highest degree or level of school completed at the time of death. If the grade or less is the 12th grade, no diploma is school graduate or GED is Some college credit, but no degree			Check the box that best describes whether the decedent is Spanish/Hispanic/Latino(a). Check the Not box if the Decedent is not Spanish / Hispanic / Latino(a). INO, not Spanish/Hispanic/Latino(a) Yes, Mexican, Mexican American,			₩ White		Or Horson to Day		
								American or Alaskan Native		
								colled or principal to	ribe)	
						Asian In	dian		7	
Associate degree (e.g., A			Chicano(to Pican		Filipino	wi.			
Master's degree (e.g., M/			Yes, Cubi			☐ Japanes ☐ Korean	•			
MSW, MBA)	and a supple of a con-		THE RESERVE OF THE PERSON OF T		Hispanic/Latino(a)	☐ Vietnam		-14.0		
Doctorate (e.g., PhD, Edi degree (e.g., MD, DDS, I	DVM: LLB, J	D)	Specify			Native F		11 12 12 12 12 12 12 12 12 12 12 12 12 1	1777	
17. DECEDENT'S USUAL OCCUP	PATION (India	ale type of worl	k dane during most	of working		Guamar Samoan		hamorro(a)		
18. KIND OF BUSINESS OR INDI		omemaker				Other Pa	cific Isla	inder (Specify)		
The state of the s	7.3	Family	10.5	PLACE OF	DEATH (Check or	Other (S	pecify)			
IF DEATH OCCURRED IN A HOS		7, 100	IF.	DEATH OC	CURRED SOMEWHE	RE OTHER THA			☐ Hos	pice Facility
☐ Inpatient ☐ Emergency							ecedent			
20. FACILITY NAME (If not institut		t & number)	0.200		N, STATE AND ZIP	CODE		CONTRACTOR OF THE PARTY OF THE	DUNTY OF	DEATH
1605 Halibut Point Road		. 67.0	Sitk	ka, Alaska	99835 OF DISPOSITION (Name of complete	cremate	Sitk	(a)	
					kan/roesel Mortu		, cremato	ry, other piace)		
25. LOCATION - CITY, TOWN AND										
	STATE	28, N			ESS OF FUNERAL FA					
Ketchikan, AK		Pr	AME AND COMPL ewitt Funeral H	ETE ADDRI		ACILITY		XXX		
27. NAME OF FUNERAL SERVIC		Pr	AME AND COMPL ewitt Funeral H	ETE ADDRI	ESS OF FUNERAL FA	ACILITY		LICENSE NUMBER	(Of Licens	.00)
27. NAME OF FUNERAL SERVICE TRUDY PREWITT ITEMS 29-33 MUST BE CO.	E LICENSEE (OR OTHER AG	AME AND COMPL ewitt Funeral H ENT (SIGNATURE	ETE ADDRI Tome Po ON FILE)	ESS OF FUNERAL FA	ACILITY Alaska 9983	28.	LICENSE NUMBER	NCED DE	AD
27. NAME OF FUNERAL SERVIC TRUDY PREWITT ITEMS 29-33 MUST BE CO PRONOUNCES OR CERTIF	MPLETED E	OR OTHER AG	WHO 29. I	ETE ADDRI Tome Po ON FILE)	ESS OF FUNERAL F. Box 1001 Sitka, DNOUNCED DEAD	ACILITY Alaska 9983: D (MM/DD/YY)	30	. TIME PRONOU	2.73	AD
27. NAME OF FUNERAL SERVICE TRUDY PREWITT ITEMS 29-33 MUST BE CO.	MPLETED E	OR OTHER AG	WHO 29. I	TE ADDRI HOME PO ON FILE)	ESS OF FUNERAL F. Box 1001 Sitka, DNOUNCED DEAD 32, LICENSE NUME	ACILITY Alaska 9983: D (MM/DD/YY) BER 33,	28. 30 DATE SIG	D. TIME PRONOU!	NCED DE 10:4	AD 5
27. NAME OF FUNERAL SERVIC TRUDY PREWITT 1TEMS 29-33 MUST BE CO PRONOUNCES OR CERTIF 31. SIGNATURE OF PERSON PR 34. ACTUAL OR PRESUMED	MPLETED E FIES DEATH CONCUNCING	Property of the property of th	WHO 29. (when applicable)	DATE PRO	ESS OF FUNERAL FA BOX 1001 Sitks, DNOUNCED DEAD 32, LICENSE NUMB AL OR PRESUMED 1	ACILITY Alaska 9983: D (MM/DD/YY) BER 33. TIME OF DEATH	DATE SIG	D. TIME PRONOUI INED (MM/DD/YY) 6. WAS MEDICAL EX	10:4	EAD 5 DR CORONER
27. NAME OF FUNERAL SERVIC TRUDY PREWITT 1TEMS 29-33 MUST BE CO PRONOUNCES OR CERTIF 31. SIGNATURE OF PERSON PR 34. ACTUAL OR PRESUMED	MPLETED E FIES DEATH CONCUNCING	Property of the property of th	WHO 29. (when applicable)	DATE PRO	ESS OF FUNERAL FA BOX 1001 Sitks, DNOUNCED DEAD 32, LICENSE NUMB AL OR PRESUMED 1	ACILITY Alaska 9983: D (MM/DD/YY) BER 33. TIME OF DEATH	DATE SIG	D. TIME PRONOUI INED (MM/DD/YY) 6. WAS MEDICAL EX	10:4	AD 5
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27. NAME OF FUNERAL SERVIC TRUDY PREWITT ITEMS 29-33 MUST BE CO PRONOUNCES OR CERTIF 31. SIGNATURE OF PERSON PR 34. ACTUAL OR PRESUMEC 12/14/2 37. PART I. Enter the chain of such as cardiac arrest, respiring on a line. Add additional lines	MPLETED E FIES DEATH CONOUNCING DATE OF I 018 I events - die air nocessary	Prior OTHER AG BY PERSON 1 DEATH (Only DEATH (MM/ DEATH (MM/ DEATH (MM/ DEATH (MM/ DEATH (MM/	AME AND COMPLE with Funeral H EENT (SIGNATURE WHO 29. (when applicable) DD/YY) CAUSE OF DE es, or complicati r fibrillation without	DATE PRO	ESS OF FUNERAL FA BOX 1001 Sitks, DNOUNCED DEAD 32, LICENSE NUMB AL OR PRESUMED 1	ACILITY Alaska 9983: D (MM/DD/YY) BER 33. TIME OF DEATH	DATE SIG	D. TIME PRONOUI INED (MM/DD/YY) 6. WAS MEDICAL EX	10:4	DR CORONER No
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I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

DATE ISSUED FEBRUARY 06, 2019

State Registrar



This copy not valid unless prepared on engraved border displaying the date, seal and signature of the Alaska State Registrar.