CITY OF CRAIG COUNCIL AGENDA APRIL 1, 2021 COUNCIL CHAMBERS 6:30 PM

ROLL CALL

Mayor Tim O'Connor, Hannah Bazinet, Jim See, Julie McDonald, Michael Kampnich, Chanel McKinley, Millie Schoonover

CONSENT AGENDA

Items listed below will be enacted by one motion. If separate discussion is desired on an item, that item may be removed and placed on the regular meeting agenda.

- City Council Meeting Minutes of March 4, 2021
- 2021/2022 Hill Bar Liquor License Renewal Application
- 2021/2022 Hill Bar Liquor Store Renewal Application

HEARING FROM THE PUBLIC

Open for public comment

REPORTS FROM CITY OFFICIALS

MayorCity PlannerPublic WorksAdministratorFire/EMS CoordinatorRecreation

Treasurer Harbormaster Parks and Public Facilities

Aquatic Manager Library
City Clerk Police Chief

READING OF CORRESPONDENCE

- United Fishermen of Alaska Membership Letter
- Five Year Schedule of Timber Sales State Fiscal Years 2021-2025
- City Assessor 2021 Post Fieldwork Letter

CONSIDERATION OF RESOLUTIONS AND ORDINANCES

UNFINISHED BUSINESS

NEW BUSINESS

• Review of American Rescue Plan Act

COUNCIL COMMENTS

ADJOURNMENT

Note: City council meetings have limited seating capacity due to COVID-19 protocols. For those wishing to attend the council meeting remotely go to:

https://zoom.us/j/5281996980?pwd=V1RCbnJVcm85bDlRbURmNTdORjZkdz09 (if you are prompted for a passcode, use code 1111), or watch the meeting at:

 $\underline{https://www.youtube.com/channel/UCTou8Pn03MIEjLLb9Em0Xrg} \ . \ To \ provide \ public \ comment \ to \ the \ council \ remotely, \ contact \ the \ Craig \ City \ Clerk \ at \ \underline{cityclerk@craigak.com}, \ before \ 5:00 \ p.m. \ the \ day \ of \ the \ council \ meeting$

ROLL CALL

Mayor Timothy O'Connor called the meeting to order at 6:34 p.m. and the roll was taken. Present were, Julie McDonald, Hannah Bazinet, Jim See, Millie Schoonover, Michael Kampnich, and Chanel McKinley.

<u>Staff present:</u> Brian Templin, City Planner; Tracey Jensen, City Clerk; Sheri Purser, Treasurer; Jessica Holloway, Aquatic Center Manager; Hans Hjort, Harbormaster and Minnie Ellison, Fire/EMS Coordinator. RJ Ely, Police Chief; Victoria Merritt, Recreation Director; Angela Matthews, Library Director; Doug Ward, Parks and Public Facilities Director; attended by telephone.

Audience present: No public present.

CONSENT AGENDA

1. City Council Meeting Minutes of February 4, 2021

KAMPNICH/SCHOONOVER

Moved to accept the Consent Agenda.
MOTION CARRIED UNANIMOUSLY

HEARING FROM THE PUBLIC

No Public Attended.

The Council discussed the letter from Cheryl Fecko regarding the access permit issued for the golf ball driving range near the ballpark.

Michael Kampnich said that although the authority to issue access permits is within the scope of administration authorization, it might be nice to have them noted in the council packet. Jim See said that he is not sure if the golf ball driving range adjacent to the park is the best place for it. Jim See also said that although Douglas Ward put up buzzers and signs saying that walkers have the right-of-way, that getting hit with a golf ball does hurt. Brian Templin explained access permit ordinance code. Tim O'Connor said that he would like to see this type of thing be brought to the Council's attention before approving the permits, possibly under the consent agenda in the council packet. Julie McDonald suggested that we put access permits discussion under new business at the next council meeting.

Tim O'Connor said that He and Jon Bolling had a good meeting with Bert Stedman regarding the harbor, school, hatchery, and Klawock Airport funding and that Senator Stedman is very supportive of our Mariculture startup.

REPORTS FROM CITY OFFICIALS

Mayor- Had nothing new to report.

Administrator- Jon Bolling was absent from the meeting but did submit a written report.

Treasurer- Sheri Purser said that she and Jon Bolling met with all the department heads on their budget data and requested volunteers for the Budget Committee that will start on March 24, 2021. Councilwomen McDonald, Schoonover and Bazinet agreed to participate. Sheri updated that Henry from Horan Associates obtained assessment information here, then left today. Sheri expects that staff will be sending out assessments at the end of the month. Sheri advised that senior tax cards three-year terms are set to expire in December, and staff has sent the support payments to the school.

The Council discussed upcoming senior card expirations, terms, ages, island tax agreements and prices. The Council agreed to discuss senior card terms later.

Aquatic Manager- Provided a written report. Jessica Holloway said that the free swim Saturdays are over and have been very busy. Jessica said that the pool will opt out of the Easter Swim due to COVID-19 social distancing protocols but agreed to bring the Easter plastic eggs containing prizes of quarters and swim passes to Councilwoman Hannah Bazinet to give out to the children at the Moose Hunt.

Clerk- Provided a written report. Tracey Jensen said that the next Council meeting first Thursday of the month is March 18, 2021 and let the Council know they could leave their Ipad's with the clerk to clean and update them, if they were interested.

Planner- Provided a written report. Brian Templin updated that there is one confirmed case of COVID-19 in Craig, another community spread in another area and close to seventy active cases in Petersburg. Mayor Nickerson shared that the other community referred to is Klawock.

Fire/EMS Coordinator- Provided a written report.

Mayor O'Connor said that the Firemen are getting new flashlights as the older ones were too dim to get by.

Minnie Ellison said that the physician sponsor has not been here yet because she is dealing with a family emergency.

Harbormaster- Submitted a report. Hans Hjort said that there are plans to replace the entire water system in South Cove, because it continues to be an issue and the last leak was 132,000 gallons. Hans said the several engineering firms that he spoke with said that they would draw up plans for the condition assessment survey for 30-\$40,000, and Hans believes it could be done in-house for less. Hans explained the process he hopes to implement to repair the welds breaking.

Library- Submitted a written report. Angela said if COVID-19 cases remain low, that she will reopen the Library.

Police Chief- Submitted a written report. RJ Ely said that he is doing better after his surgery, and has been signed off for light duty and is now off crutches. RJ updated that CPD is short staffed because Josh Connolly does not return from the Academy until mid-June.

Public Works- Absent from meeting but provided a written report.

Recreation- Submitted a written report. Victoria Merritt said that the 4th of July Committee will meet on Saturday and the following Saturday will be another Community Clean-up with Klawock. Victoria said that she is planning a bazaar with a partial swap meet on March 27th. Victoria said that she is looking at upcoming Easter egg hunts, just not the carnival. Victoria added that volleyball has been a huge success and going very well with masks and sanitizing.

Jim See said that since volleyball is going so well, that he sees that there is no reason to not reopen the gym rentals to responsible individuals with a sanitizing fogger fee added to the rental fee.

Chanel McKinley said that most of the rentals are for children's birthday parties and the children invite their classmates, in which the children are already interacting with their classmates daily without masks on.

The Council directed staff to amend the gym rental agreement to add a mask and social distancing recommendation; a 25 people limit; and a sanitizing fogging fee at \$25 per gym rental with a risk waiver attached.

Parks and Public Facilities- Submitted a written report.

READING OF CORRESPONDENCE

- 1. January 2021 Alaska Permanent Capital Management Fund Statement
- 2. Rare Earth Minerals Article
- 3. Cheryl Fecko February 26, 2021 Driving Range Letter

Councilwoman McDonald commented that Cheryl Fecko's Driving Range Letter was nicely worded.

CONSIDERATION OF RESOLUTIONS AND ORDINANCES
RETURN TO TOP
1. Resolution 21-07: Supporting Senate Bill No. 60: Sport Fishing Hatchery Facility Surcharge SEE/SCHOONOVER Moved to adopt the Resolution 21-07,

Supporting Senate Bill No. 60: An Act Establishing the Sport Fishing Hatchery Facilities Account and Establishing the Sport Fishing Facility Surcharge. MOTION CARRIED UNANIMOUSLY BY ROLL **CALL VOTE**

UNFINISHED BUSINESS

None.

NEW BUSINESS

1. Consider Acceptance of Late Filed 2021 Senior Property Tax Exemption Application

MCDONALD/BAZINET

Moved to approve Mr. Roy Clark's late filed
2021 Senior Citizen Property Tax Exemption

Application

MOTION CARRIED UNANIMOUSLY

2. Consider Appointment of Michael Kampnich to City of Craig Seat on POW Voc-Tec Board

of Directors

MCKINLEY/MCDONALD Moved to Appoint Michael Kampnich to the

City of Crag's designated seat on the POW Voc-Tec Board of Directors. MICHAEL KAMPNICH ABSTAINED. MOTION

CARRIED UNANIMOUSLY

The Council Members thanked Michael Kampnich for serving on the Voc-Tec Board of Directors.

3. City of Craig COVID-19 Policy and Mandates for Harbor Users

Brian Templin said that this policy most closely mirrors the last health order that was put in place for out of state travelers before the Governor's Disaster Declaration expired in February. This policy is more restrictive to in-state travelers but has the effect of replacing the health order that applied strictly to small fishing vessels that also expired in mid-February.

Councilwomen McKinley and McDonald expressed the need for further clarification under the first section, under point number one that anyone not on Prince of Wales Island that had tested positive within the last 14 days needs to isolate. Brian Templin said that he could add that. Hans Hjort said that the differences between last year and this year is that Fishermen were designated as essential employees that had mandates and mitigation plans that they had to file that were basically boilerplate, but the Fishermen could move and work freely as they needed to. Hans expressed enforcement questions. The Council said they would pay for COVID-19 testing and rides for harbor users to get tested.

The Council discussed Covid-19 cases, areas, travelers, testing and vaccines.

Hans Hjort said that incoming travelers are not required to test at the airport anymore.

Councilwoman McKinley and Bazinet expressed concern that the mandate would be required of fishing vessels, but not out of state travelers like Forest Service workers and general visitors and could be targeting just the fishing industry.

SCHOONOVER/BAZINET

Moved to adopt the City of Craig Covid-19 Policy and Mandates. MOTION FAILED UNANIMOUSLY. The Council directed

staff to amend the Mandate to be rewritten and made into an Advisory for Harbor Users.

TRACEY JENSEN, CITY CLERK

COUNCIL COMMENTS

MAYOR TIMOTHY O'CONNOR

Councilman Kampnich said that DNR is issuing the Premium Aquatics permit for the second site,

and the anchor buoys will stay out. The Council discussed anchors. **ADJOURNMENT** Moved to adjourn at 8:01 p.m. KAMPNICH/BAZINET MOTION CARRIED APPROVED on the _____, ____, ATTEST:



Alcohol and Marijuana Control Office 550 W 7 Avenue, Suite 1600 Anchorage, AK 99501 alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-17: 2021/2022 License Renewal Application

This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2020 per AS 04.11.270, 3 AAC 304.160, with all required fees paid in full, or a non-refundable \$500.00 late fee applies.

Any complete application for renewal or any fees for renewal that have not been postmarked by 02/28/2021 will be expired per AS

04.11.540,3 AAC 304.160(e).

All fields of this application must be deemed complete by AMCO staff and must be accompanied by the required fees and all documents required, or the application will be returned without being processed, per AS 04.11.270, 3 AAC 304.105 Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees in any way that an application will be deemed complete, renewed, or that it will be scheduled for the next ABC Board meeting.

	Establishment			The second secon	
Licensee (Owner):	CRAIG BAR	LIQUORS	PORE INC	License #:	1328
License Type:	BEVERAGE D				
Doing Business As:	HILL BAR				
Premises Address:	503 FRONT ST, CRAIG, AK				
Local Governing Body:	CITY OF CRAIG				
Community Council:	NMe				
your mailing address has	s changed, write the NEW ac	ddress below:		***************************************	
Mailing Address:	PO BOY 73	70	and the second s	-	
City:	CRAIG		ALASKA	ZIP:	99921
ust be listed on CBPL with the his person will be the designa	ated point of contact regarding t	ed in Section 2 or 3 this license, unless	as an Official/Own	er/Shareholde	
ust he listed on CRPI with the	vidual listed below must be listed be same name and title. ated point of contact regarding to RALPH MACKING.	ed in Section 2 or a	as an Official/Own the Optional contact Contact Phone	er/Shareholde	
ust be listed on CBPL with the his person will be the designation Contact Licensee: Contact Email: Optional: If you wish for AMCO	vidual listed below must be list te same name and title. ated point of contact regarding t	ed in Section 2 or : this license, unless E laska - ne	as an Official/Own the Optional contac Contact Phone tact Licensee about yo	er/Shareholder it is completed Google	n-826-342
contact Licensee: Contact Email: Optional: If you wish for AMCO Name of Contact:	vidual listed below must be list e same name and title. ated point of contact regarding to RALPH MACKI hillbar@aptal	ed in Section 2 or : this license, unless E laska - ne	as an Official/Own the Optional contac Contact Phone	er/Shareholder it is completed Google	n-826-342
ust be listed on CBPL with the his person will be the designation Contact Licensee: Contact Email: ptional: If you wish for AMCO	vidual listed below must be list e same name and title. ated point of contact regarding to RALPH MACKI hillbar@aptal	ed in Section 2 or : this license, unless E laska - ne	as an Official/Own the Optional contac Contact Phone tact Licensee about yo	er/Shareholder it is completed Google	n-826-342
contact Licensee: Contact Email: Optional: If you wish for AMCO Name of Contact:	vidual listed below must be list e same name and title. ated point of contact regarding to RALPH MACKI hillbar@aptal	ed in Section 2 or : this license, unless E laska - ne	as an Official/Own the Optional contac Contact Phone tact Licensee about yo	er/Shareholder It is completed	n-826-342
ust be listed on CBPL with the his person will be the designate Contact Licensee: Contact Email: ptional: If you wish for AMCO Name of Contact: Contact Email:	vidual listed below must be list e same name and title. ated point of contact regarding to RALPH MACKI hillbar@aptal	ed in Section 2 or : this license, unless E laska - ne	contact Phone Contact Phone Contact Phone Contact Phone	er/Shareholder It is completed	n-826-342
contact Licensee: Contact Licensee: Contact Email: Optional: If you wish for AMCO Name of Contact: Contact Email: Name of Contact:	vidual listed below must be list e same name and title. ated point of contact regarding to RALPH MACKI hillbar@aptal	ed in Section 2 or : this license, unless E laska - ne	contact Phone Contact Phone Contact Phone Contact Phone	er/Shareholder It is completed	n-826-342



Form AB-17: 2021/2022 License Renewal Application

Section 2 - Entity or Community Ownership Information

Sole Proprietors should skip this Section.

Use the link from Corporations, Business and Professional Licensing (CBPL) below to assist you in finding the Entity #. https://www.commerce.alaska.gov/cbp/main/search/entities

Alaska CBPL Entity #:

17167 D

READ BEFORE PROCEEDING: Any new or changes to Shareholders (10% or more), Managers, Corporate Officers, Board of Directors, Partners, Controlling Interest or Ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI-approved card stock, AB-08a's, payment of \$48.25 for each new officer with a date-stamped copy of the CBPL change per AS 04.11.045, 50 & 55, or a Notice of Violation will be issued to your establishment and your application will be returned.

The only exception to this is a Corporation who can meet the requirements set forth in AS 04.11.050(c).

DO NOT LIST OFFICERS OR TITLES THAT ARE NOT REQUIRED FOR YOUR ENTITY TYPE.

- Corporations of any type including non-profit must list ONLY the following:
 - All shareholders who own 10% or more stock in the corporation
 - o Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- Limited Liability Corporations, of <u>any</u> type must list ONLY the following:
 - All Members with an ownership interest of 10% or more
 - All Managers (of the LLC, not the DBA) regardless of percentage owned
- Partnerships of any type, including Limited Partnerships must list ONLY the following:
 - Each Partner with an interest of 10% or more
 - All General Partners regardless of percentage owned

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, all required titles, phone number, percentage of shares owned (if applicable) and a full mailing address for each official of your entity whose information we require. If more space is needed: attach additional completed copies of this

	ion not on this page will be rejected	-0.6 1	AM Marjorie	VIII	110000
Name of Official:	ESTATE OF MY	ejene v	Toole Marjorie	V.98000	receas
Title(s):	owner	Phone:	907-826-3423	% Owned:	100
Mailing Address:	PO BOX 730				00000000000000000000000000000000000000
City:	CRAIG-	State:	AK	ZIP: 9	9921
Name of Official:	RALPH MACKIE				
Title(s):	PRESIDENT + G.N	Phone:	907 826 342	% Owned	: 0
Mailing Address:	PO BOX 252				and the second second second
City:	CRAIG	State:	AK	ZIP:	79921
Name of Official:	JAMES MAG	-KIE			
Title(s):	SECRETARY / TREA	S Phone:	907-965 5558	% Owned	: 0
Mailing Address:	Da 0 113	- Indiana			

State:

AMCO

ZIP:

[Form AB-17] (rev09/23/2020)

Page 2 of 4

NOV 2 3 2020



Form AB-17: 2021/2022 License Renewal Application

Section 2 - Entity or Community Ownership Information

Sole Proprietors should skip this Section.

Use the link from Carparations, Business and Professional Licensing (CBPL) below to assist you in finding the Entity #. https://www.commerce.alaska.gov/cbp/main/search/entities

	https://www.commerce.glaska.gov/c	CONTROL OF THE PROPERTY OF THE
Alaska CBPL Entity #:	17167D	Officers Board of

READ BEFORE PROCEEDING: Any new or changes to Shareholders (10% or more), Managers, Corporate Officers, Board of Directors, Partners, Controlling Interest or Ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI-approved card stock, AB-08a's, payment of \$48.25 for each new officer with a date-stamped copy of the CBPL change per AS 04.11.045, 50 & 55, or a Notice of Violation will be issued to your establishment and your application will be returned.

The only exception to this is a Corporation who can meet the requirements set forth in AS 04.11.050(c).

DO NOT LIST OFFICERS OR TITLES THAT ARE NOT REQUIRED FOR YOUR ENTITY TYPE.

- Corporations of any type including non-profit must list ONLY the following:
 - o All shareholders who own 10% or more stock in the corporation
 - Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- Limited Liability Corporations, of any type must list ONLY the following:
 - All Members with an ownership interest of 10% or more
 - All Managers (of the LLC, not the DBA) regardless of percentage owned
- Partnerships of any type, including Limited Partnerships must list ONLY the following:
 - Each Partner with an interest of 10% or more
 - All General Partners regardless of percentage owned

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, all required titles, phone number, percentage of shares owned (if applicable) and a full mailing address for each official of your entity whose information we require. If more space is needed: attach additional completed copies of this

Name of Official:	THOMAS MACK	0				
Title(s):	VICE PRESIDENT	Phone:	907-826-5432	% Owr	ned:	0
Mailing Address:	PO BOX 1050				Γ.	
City:	CRA16	State:	AK	ZIP:	199	921
Name of Official:				1		
Title(s):		Phone:		% Ow	ned:	
Mailing Address:				1	1	CONTRACTOR OF THE PROPERTY AND
City:		State:		ZIP:	<u> </u>	and the second of the second o
Name of Official:	T .			_		
Title(s):		Phone:		% Ov	med:	
Mailing Address:			•	1	T -	
City:		State:		ZIP:	1	parente solo e se de capa este e se

AMCC

NOV # S



Form AB-17: 2021/2022 License Renewal Application

Section 4 - Sole Proprietor Ownership Information

Corporations, LLC's and Partnerships of ALL kinds should skip this section.

READ BEFORE PROCEEDING: Any new or changes to the ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI approved cardstock, AB-08a's, payment of \$48.25 for each new owner or officer and a date stamped copy of the CBPL change per AS 04.11.045, or a Notice of Violation will be issued to your establishment and your application will be returned.

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, phone number, and mailing address for each owner or partner whose information we require.

If more space is needed, attach additional copies of this page. Additional owners not listed on this page will be rejected.

	Applicant				T		
Name:	N			Contact Phone:			
Mailing Address:		28 SQC 10 - 100 AMP 100 - 100 AMP 100 - 100 AMP 100 AM		· · · · · · · · · · · · · · · · · · ·			
City:			State:		ZIP:		
Email:		*					
is individual isan:	Applicant	Affiliate					
Name:				Contact Phone:			140000000000000000000000000000000000000
Mailing Address:			200000000000000000000000000000000000000				
City:			State:		ZIP:		
Email:							
		Section 5 -	License O	peration			
The license was on	ly operated during	a specific season each yea	r. (Seasonal)	nd)		$\overline{}$	
If your operation of the license was on A complete AB-30: F	ly operated to mee	toto et the minimum requirement eration Checklist, and all docu	nt of 240 total hour Imentation must be p	s each calendar year. rovided with this form.			
The license was on A complete AB-30: F	lates have changed by operated to mee Proof of Minimum Operated at all or	totthe minimum requirement of the control of	nt of 240 total hour imentation must be p ast the minimum re Form AB-29: Walver o	s each calendar year. rovided with this form. equirement of 240 total	erated.		
The license was on A complete AB-30: F The license was no hours each year, dand corresponding for the license was no hours each year, dand corresponding for the license was not hours each year, dand corresponding for the license was not hours each year.	ly operated to mee Proof of Minimum Operated at all or Juring one or both lees must be submitted	to eration Checklist, and all documents of the control operated for at least calendaryears. A complete is a with this application for each of the control of the contro	nt of 240 total hour imentation must be p ast the minimum re Form AB-29: Waiver of the calendar year during operation in 202	s each calendar year. rovided with this form. equirement of 240 total of Operation Application	o pay the f	ees, howe	
The license was on A complete AB-30: F The license was no hours each year, dand corresponding for the license was no hours each year, dand corresponding for the license was not hours each year.	ily operated to mee proof of Minimum Operated at all or during one or both dees must be submitted to met the minimum omplete AB-29 is	to eration Checklist, and all documents of the control operated for at least calendaryears. A complete is a with this application for each of the control of the contro	nt of 240 total hour imentation must be p ast the minimum re Form AB-29: Waiver of the calendar year durin operation in 202 2 marked "OTHE	s each calendar year. provided with this form. equirement of 240 total of Operation Application ning which the license was not ope 10, you are not required to R" and COVID is listed as	o pay the f	ees, howen.	aver a
The license was on A complete AB-30: F The license was no hours each year, dand corresponding for the license was not be a lift you have not constituted to the license was not be a lift you have not constituted to the license was not be a lift you have not constituted to the license was not be a lift you have not constituted to the license was not be a lift you have not constituted to the license was not be a license was not	In the property of the state of	to to to to tthe minimum requirement eration Checklist, and all docu was not operated for at lea calendar years. A complete in d with this application for each um number of hours of s required with Section section 6 - Viole calendary this license OR	nt of 240 total hour imentation must be p ast the minimum re form AB-29: Walver of the colendar year durin operation in 202 2 marked "OTHE ations and	es each calendar year. A convided with this form. Equirement of 240 total Of Operation Application In which the license was not ope O, you are not required to ER" and COVID is listed as Convictions or entity in this application	to pay the f s the reason	ees, howe	ever a No
If your operation of the license was on A complete AB 30: For the license was not hours each year, of and corresponding for the license was not hours each year, of and corresponding for the license was not hours each year, of and corresponding for the license was not hours each year, of and corresponding for the license was not hours each year.	In the state of th	to to the minimum requirement of the minimum requirement of the minimum requirement of the calendary ears. A complete is a dwith this application for each of the calendary ears of the calendary ears of the calendary ears. A complete is a calendary ears.	nt of 240 total hour mentation must be plast the minimum reform AB-29: Waiver of the colendar year during operation in 2022 marked "OTHIS ations and has ANY person on the adopted under the supplementation of the supplementation o	es each calendar year. A convictions To you are not required to the listed as the li	n been	Yes	No V

[Form AB-17] (rev09/23/2020)

AMCO

Page 3 of4

NOV 2 3 2020



Form AB-17: 2021/2022 License Renewal Application

Section 7 - Certifications

As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, are true, correct, and complete.

- Lagree to provide all information required by the Alcoholic Beverage Control Board or requested by AMCO staff in support of
 this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this
 application being returned and potentially expired if I do not comply with statutory or regulatory requirements.
- I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business.
- I certify that this entity is in good standing with Corporations, Business and Professional Licensing (CBPL) and that all entity
 officials and stakeholders are current and accurately listed, and I have provided AMCO with all required changes of
 Shareholders (10% or more), Managers, Corporate Officers/Board of Directors, Partners, Controlling Interest or Ownership of
 the business license, and have provided all required documents for any new or changes in officers.
- I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of patrons
 have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their
 course completion cards on the licensed premises during all working hours, if applicable for this license type as set forth
 in AS 04.21.025 and 3 AAC 304.465.
- I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name from what is currently approved and on file with the Alcoholic Beverage Control Board.

I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection of denial of this application or revocation of any license issued.

Signature of licensee

RALPH MACKIE

Notary Ribblic in and for the State of:

My commission expires: 3-23-7022

Subscribed and sworm to before me this 19 day of Notanger 2020.

Restaurant/Eating Place applications must include a completed AB-33: Restaurant Receipts Affidavit
Recreational Site applications must include a completed Recreational Site Statement
Tourism applications must include a completed Tourism Statement
Wholesale applications must include a completed AB-25: Supplier Certification

All renewal and supplemental forms are available online

Any application that is not complete or does not include ALL required completed forms and fees will not be processed and will be returned per AS 04.11.270, 3 AAC 304.105.

FOR OFFICE USE ONLY

license Fee:	5 2500	Application Fee:	\$ 300.00	Misc. Fee:	\$
	17		2800		\$ 2800

[Form AB-17] (rev09/23/2020)

AMCO

Page 4 of 4

NOV 2 3 2020

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

IN THE MATTER OF THE ESTATE OF MARJORIE VERLE YOUNG,

Deceased.

1KE-20- 43 PR

STATEMENT OF INFORMAL PROBATE OF WILL AND APPOINTMENT OF PERSONAL REPRESENTATIVE

The Registrar makes the following findings based upon the application of Ralph D.

Mackie for informal probate of the Last Will and Testament of Marjorie Verle Young and appointment of a personal representative:

- The application appears to be complete and contains the applicant's oath or affirmation that the statements contained therein are true to the best of the applicant's knowledge and belief.
 - The applicant is an interested person.
- 3. Decedent, Marjorie Verle Young, died on March 14, 2020, and at least 120 hours have elapsed since decedent's death.
 - Decedent was domiciled in Ketchikan, Alaska, at the time of death.
- Venue is proper because decedent was domiciled in this judicial district at the time of death.
 - The time for probate has not expired.
- 7. A personal representative has not been appointed in this or any other judicial district of the state, and neither this will nor any other will of the decedent has been the subject of a previous probate order.

Statement of Informal Probate of Will and Appointment of Personal Representative In the Matter of the Estate of Marjorie Verle Young

1KE-20- 43 PR Page 1 of 2

- Decedent left a valid, unrevoked will dated April 23, 2018. The original will
 is in the registrar's possession.
- The person whose appointment is sought has priority for appointment as personal representative.
- No bond is required because decedent's will waives the requirement for bond.
 (Article V, paragraph D.)
 - 11. Any notice required by Alaska law has been given.

THEREFORE, it is ordered that the will is admitted to informal probate. It is also ordered that Ralph D. Mackie is appointed as personal representative of decedent's estate. Letters Testamentary will be issued upon qualification.

DATED this <u>April</u>, 2020.

Registrar

ATE OF ATE OF A STANDARD OF THE STANDARD OF TH

CERTIFICATION
Copies Distributed
Date 4/20/20

By Seh

Statement of Informal Probate of Will and Appointment of Personal Representative In the Matter of the Estate of Marjorie Verle Young

1KE-20- 43 PR Page 2 of 2

(STATE OF ALASKA) CERTIFICATION OF VITAL RECORD

STATE OF ALASKA



E FILED 03/25/2020	CERTIFICAT	TE OF DEATH	BUREAU OF VI 1-0675		020000839
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, M	Middle, Last)		2. SEX Female	3. SOCIAL SECUR 574-09-6339	RITY NUMBER
MARJORIE VERLE YOUNG 4a. AGE-Last Birthday (Years) 4b. UNDER 1 YEAR	4c. UNDER 1 DAY	5. DATE OF BIRTI	H (MM/DD/YY) 6.	BIRTHPLACE (City and S	tate or Foreign Country)
86 Months Days	Hours Minutes	11/09/1933		Cetchikan, ALASKA	
7a. RESIDENCE-STATE 7b. COUN	Wales Hyder (ca)		7c. CITY OR TOWN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7/100
Alaska Prince 7d. STREET AND NUMBER	vvales rivoer (ca)	7e. APT No.	7f. ZIP CODE	79 INSIDE CITY LIMI	TS7 Yes No
8. EVER IN US ARMED FORCES? 9. MARITAL STAT	TUS AT TIME OF DEATH	T10. SURVIVII	99921	f wife, give name prior to fi	
Married	Married but separated W	fidowed			
11. FATHER'S NAME (First, Middle, Last)	Never Married U	NAME TO THE STANDARD	E PRIOR TO FIRST MAI	RRIAGE (First, Middle Last	1000
LESLIE VERLE THOMPSON		JESSIE COG	0		
138: INFORMANT'S NAME	13b. RELATIONSHIP TO DEC	EDENT 13c MAILING	252 Craig. Alaska	Number, City, State, Zip Co 99921	ide)
RALPH MACKIE 14. DECEDENT'S EDUCATION-Check the box that	15. DECEDENT OF HISPA	ANIC ORIGIN?	T16 DECEDENTS RA	CE (Check one or more ra	ces to indicate what the deced
best describes the highest degreeor level of school completed at the time of death.	Check the box that best the decedent is Spanish	VHispanic/Latino(a)	considered himse	or nersen (o pe)	
Bth grade or less	Check the 'No' box if the Spanish / Hispanic / La	e Decedent is not tino(a).	Black or African		NATIVE
☐ 9th - 12th grade, no diploma	No. not Spanish/Hi	snanic/Latino(a)	(Name of the e	n or Alaskan Native prolled or principal tribe	
☐ High school graduate or GED ☐ Some college credit, but no degree	☐ Yes, Mexican, Mex		Asian Indian		
Associate degree (e.g., AA, AS)	Chicano(a)		Chinese.		
☐ Bachelor's degree (e.g., BA, AB, BS)	Yes, Puerto Rican		Japanese		
Master's degree (e.g., MA, MS, MEng, MEd,	Yes, Cuban		Korean Vietnamese		1011 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MSW, MBA) Doctorate (e.g., PhD, EdD) or Professional	Yes, other Spanish	/Hispanic/Latino(a)	Other Asian (S	pecify)	
Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)	Specify		Native Hawaiia		***************************************
17. DECEDENT'S USUAL OCCUPATION (Indicate type of we life: DO NOT USE RETIRED) Business O		4 mil (6)	☐ Samoan		
18. KIND OF BUSINESS OR INDUSTRY Grocery			Other (Specify)	slander (Specify)	15 /5
Globery	10 PLACE O	F DEATH (Check on	(v one.)	and and a	
IF DEATH OCCURRED IN A HOSPITAL	110 H 10 H 10 10 10 11 11 11 11 11 11 11 11 11 11	CCURRED SOMEWHE	RE OTHER THAN A HO	nt's home Other (Hospice Facility
☐ Inpatient ☐ Emergency Room/Outpatient ☐ C		WN, STATE AND ZIP C		122 COU	NTY OF DEATH
20. FACILITY NAME (If not institution, give street & number)	0I- AI	k= 00024		Princ	e Wales Hyder (ca)
407 Water 23 METHOD OF DISPOSITION Burial Cremi	ation Donation 24. PLA	CE OF DISPOSITION (N	lame of cemetery, crema	atory, other place)	
Denough from State DOther f	Specify) Keto	hikan/roesel Mortu	ary		
		RESS OF FUNERAL FA	CILITY	00001	
Ketchikan, AK 27 NAME OF FUNERAL SERVICE LICENSEE OR OTHER	Ketchikan/Roesel Mortu	ary P.O. Box 8181	Ketchikan, Alaska	28. LICENSE NUMBER (C	of Licensee)
RON RANDALL	AGENT (SIGNATORE OFFTICE			200	
ITEMS 29-33 MUST BE COMPLETED BY PERSO	N WHO 29. DATE PI	RONOUNCED DEAD		30. TIME PRONOUNG	
CONCUENCES OF CENTIFIES DEATH			(WW/DD/111)	SO. THE PROPERTY	SED DEAD:
PRONOUNCES OR CERTIFIES DEATH	oty when applicable)	32 LICENSE NUMB		SIGNED (MM/DDMY)	SEUDEAD:
PRONOUNCES OR CERTIFIES DEATH 31. SIGNATURE OF PERSON PRONOUNCING DEATH (Or	11811 21 22 2 27 18111	32. LICENSE NUME	BER 33. DATE	SIGNED (MM/DDYY)	1
31. SIGNATURE OF PERSON PRONOUNCING DEATH (O	M/DD/Y) 35. AC	TUAL OR PRESUMED T	BER 33. DATE	SIGNED (MINIODAYY)	MINER OR CORONER
31. SIGNATURE OF PERSON PRONOUNCING DEATH (O	M/DD/Y) 35. AC	TUAL OR PRESUMED T	BER 33. DATE	SIGNED (MINIODAYY)	MINER OR CORONER Yes 🖾 No Approximate interval:
31. SIGNATURE OF PERSON PRONOUNCING DEATH (O	M/DD/Y) 35. AC	TUAL OR PRESUMED T	BER 33. DATE	SIGNED (MINIODAYY)	MINER OR CORONER Yes 🗵 No
31. SIGNATURE OF PERSON PRONOUNCING DEATH (O	M/DD/Y) 35. AC	TUAL OR PRESUMED T	BER 33. DATE	SIGNED (MINIODAYY)	MINER OR CORONER Yes S No Approximate Interval: Onset to death
31. SKINATURE OF PERSON PRONOUNCING DEATH (Or 34. ACTUAL OR PRESUMED DATE OF DEATH (M 03/14/2020 37. PART I. Enter the chain of events - diseases, in) such as cardiac arrest, respiratory arrest, or ventrict, on a line. Add additional lines if necessary.	M/DDAY) 35. AC CAUSE OF DEATH (S CAUSE OF DEATH (S cludings, or complications-that plar fibrillation without show URE	TUAL OR PRESUMED 1 17:15 ee instructions and e directly caused the cing the etiology. DO	BER 33. DATE	SIGNED (MINIODAYY)	MINER OR CORONER Yes S No Approximate Interval:
31. SIGNATURE OF PERSON PRONOUNCING DEATH (Or 34. ACTUAL OR PRESUMED DATE OF DEATH (M 03/14/2020 37. PART I. Enter the chain of events - diseases, in such as cardiac arrest, respiratory arrest, or ventrict, on a line. Add additional lines if necessary.	CAUSE OF DEATH (Surfes, or complications that lar fibrillation without show URE	TUAL OR PRESUMED T	BER 33. DATE	SIGNED (MINIODAYY)	MINER OR CORONER Yes S No Approximate Interval- Onset to death Unknown
31. SIGNATURE OF PERSON PRONOUNCING DEATH (Or 34. ACTUAL OR PRESUMED DATE OF DEATH (M 03/14/2020 37. PART I. Enter the chain of events diseases, in such as cardiac arrest respiratory arrest, or ventrict on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final MULTISYSTEM FAILURISM TO CONTROL OF CAUSE OF	M/DDYY) 35. AC CAUSE OF DEATH (S turies, or complications-that plar fibrillation without show URE	TUAL OR PRESUMED 1 17:15 ee instructions and e directly caused the cing the etiology. DO	BER 33. DATE	SIGNED (MINIODAYY)	MINER OR CORONER Yes S No Approximate Interval: Onset to death
31. SIGNATURE OF PERSON PRONOUNCING DEATH (Or 34. ACTUAL OR PRESUMED DATE OF DEATH (M 03/14/2020 37. PART I. Enter the chain of events diseases, in such as cardiac arrest respiratory arrest, or ventrict on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final MULTISYSTEM FAILURISM TO CONTROL OF CAUSE OF	MVDDYY) 35. AC CAUSE OF DEATH (S turies, or complications-that plar fibrillation without show URE DUFFIE DUF	TUAL OR PRESUMED T 17:15 ee instructions and e directly caused the ring the etiology. DO	BER 33. DATE	SIGNED (MINIODAYY)	MINER OR CORONER Yes S No Approximate Intervationset to death
31. SIGNATURE OF PERSON PRONOUNCING DEATH (MO3/14/2020 37. PART I. Enter the chain of events - diseases, inj such as cardiac arrest, respiratory arrest, or ventrict on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition - a manufacture of the condition - a resulting in cheath). Sequentially list conditions. If any, leading to the cause listed on line a Enter the UNDERLY INIG CAUSE (Issuesse or injury that	MVDDYY) 35. AC CAUSE OF DEATH (S turies, or complications-that plar fibrillation without show URE DUFFIE DUF	TUAL OR PRESUMED T 17:15 ee instructions and e directly caused the ring the etiology. DO	BER 33. DATE	SIGNED (MINIODAYY)	MINER OR CORONER Yes S No Approximate Intervationset to death
31. SIGNATURE OF PERSON PRONOUNCING DEATH (Or 34. ACTUAL OR PRESUMED DATE OF DEATH (M 03/14/2020 37. PART I. Enter the chair of events diseases, in such as cardiac arrest, respiratory arrest, or ventrict on a line. Add additional lines if necessary. In MAREDATE CAUSE (Final disease or condition areauling in death) Sequentially list conditions. Sequentially list conditions. If any, leading to the cause listed on line a Enter the UNDERLYING CAUSE (Cleases or injury that initiated the events resolving	CAUSE OF DEATH (S juries, or complications-that plan fibrillation without show URE RE TO THRIVE Due to (TUAL OR PRESUMED 1 17:15 ee instructions and e directly caused the cing the etiology. DO in as a consequence on: or as a consequence on: or as a consequence on:	SER 33. DATE	SIGNED (MM/ODNY) 36. WAS MEDICAL EXA CONTACTED? C r terminal events Enter only one cause.	MINER OR CORONER Yes S No Approximate Interval Onset to death: Unknown 6 Months
31. SIGNATURE OF PERSON PRONOUNCING DEATH (Or 03/14/2020) 37. PART I. Enter the chain of events diseases, in such as cardiac arrest, respiratory arrest, or ventrict on a line. Add additional lines if necessary. Interest CAUSE (Final Interest CAUSE (Final Interest CAUSE (Final Interest CAUSE)) Sequentially list conditions. In any, leading to the cause listed on line a Enter the UNDERLYING CAUSE (Causes or injury that initiated the events respirition and earth) LAST.	CAUSE OF DEATH (S juries, or complications-that plan fibrillation without show URE RE TO THRIVE Due to (TUAL OR PRESUMED 1 17:15 ee instructions and e directly caused the cing the etiology. DO in as a consequence on: or as a consequence on: or as a consequence on:	DER 33. DATE. TIME OF DEATH xamples) jeath. DO NOT enter NOT ABBREVIATE.	SIGNED (MM/DD/YY) 36 WAS MEDICAL EXA CONTACTED? I terminal events Enter only one cause.	MINER OR CORONER Yes S No Approximate interval: Onset to death Unknown 6 Months
31. SIGNATURE OF PERSON PRONOUNCING DEATH (Or 34. ACTUAL OR PRESUMED DATE OF DEATH (M 03/14/2020) 37. PART I. Enter the chain of events diseases, in such as cardiac arrest respiratory arrest, or ventrict on a line. Add additional lines if necessary. Interest of the control o	CAUSE OF DEATH (S juries, or complications-that plan fibrillation without show URE RE TO THRIVE Due to (TUAL OR PRESUMED 1 17:15 ee instructions and e directly caused the cing the etiology. DO in as a consequence on: or as a consequence on: or as a consequence on:	DER 33. DATE: TIME OF DEATH xamples) jeath. DO NOT ente NOT ABBREVIATE. 38. WAS A 39. WAS A	SIGNED (MM/ODNY) 36. WAS MEDICAL EXA CONTACTED? IT terminal events Enter only one cause. UN AUTOPSY PERFORMS AUTOPSY PERFORMS AUTOPSY FINDINGS AVAUSE OF DEATH?	MINER OR CORONER Yes S No Approximate Interval Onset to death: Unknown 6 Months TO Yes S AILABLE TO COMPLETE Yes No
31. SKINATURE OF PERSON PRONOUNCING DEATH (Or 03/14/2020 37. PART I. Enter the chain of events - diseases, in such as cardiac arrest, respiratory arrest, or ventrict on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition - a resulting in death) list conditions. END OF LIFE FAILUE (disease or injury that initiated the events resulting in death) LAST death (and the events resulting in part II. Enter other significant conditions contributed to the part of the part II. Enter other significant conditions contributed and part of the part II. Enter other significant conditions contributed and part of the part II.	CAUSE OF DEATH (S CAUSE OF DEA	TUAL OR PRESUMED T 17:15 ee instructions and e directly caused the c ing the etiology. DO 1 or as a consequence on: or as a consequence on: or as a consequence on:	DER 33. DATE TIME OF DEATH xamples) Jeath DO NOT ente NOT ABBREVIATE. 38. WAS 7 39. WERE THE C	SIGNED (MM/DD/Y) 36 WAS MEDICAL EXA CONTACTED? I terminal events Enter only one cause. IN AUTOPSY PERFORME AUTOPSY PINDINGS AV AUSE OF DEATH? 142 MANNER OF DE	MINER OR CORONER Yes S No Approximate Interval Onset to death Unknown 6 Months D? Yes M All ABLE TO COMPLETE Yes No
31. SIGNATURE OF PERSON PRONOUNCING DEATH (Or 03/14/2020 37. PART I. Enter the chain of events diseases, in such as cardiac arrest, respiratory arrest, or ventrict on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final MULTISYSTEM FAILI disease or condition a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final MULTISYSTEM FAILI disease or condition a line in the conditions. If any, leading to the cause listed on the cause listed on the cause listed on the cause listed on the cause of the cause listed on the caus	M/DD/Y) 35. AC CAUSE OF DEATH (S turies, or complications-that plan fibrillation without show URE Due to 1	FUAL OR PRESUMED 1 17:15 ee instructions and e directly caused the cing the etiology. DO in a seconsequence of: or as a consequence of:	SER 33. DATE TIME OF DEATH xamples) Geath. DO NOT enter NOT ABBREVIATE. IT ause 38. WAS / 39. WERE THE Common that the commo	SIGNED (MM/DD/Y) 36 WAS MEDICAL EXA CONTACTED? I terminal events Enter only one cause. NA AUTOPSY PERFORME AUTOPSY FINDINGS AV AUSE OF DEATH! 12 MANNER OF DE MANUER OF DE	MINER OR CORONER Yes S No Approximate Intervationset to death Unknown 6 Months One of the death ALABLE TO COMPLETE Yes No ATH Comicide
31. SKINATURE OF PERSON PRONOUNCING DEATH (Or 34. ACTUAL OR PRESUMED DATE OF DEATH (M 03/14/2020 37. PART I. Enter the chain of events diseases, inj such as cardiac arrest, respiratory arrest, or ventricum a line. Add additional lines in recessary ventricum a line. Add additional lines in recessary restricts and lines of condition. In a disease of condition are sulting in death) into a Enter the UNDERLYING CAUSE (disease or injury that in death) LAST disease or injury that given in PART II. Enter other significant conditions contribute given in PART II. Enter other significant conditions contribute given in PART II. Preparet a life Female. In the preparet and	M/DDYY) 35. AC CAUSE OF DEATH (S turies, or complications-that alar fibrillation without show URE BE TO THRIVE Due to (Due to (Ing to death but not resulting ant within past year Not put is time of death Not put	FUAL OR PRESUMED 1 17:15 ee instructions and e directly caused the cing the etiology. DO in a seconsequence of: or as a consequence of: or as a conseq	SER 33. DATE TIME OF DEATH xamples) Geath. DO NOT enter NOT ABBREVIATE. 38. WAS / 39. WERE THE Common of the c	SIGNED (MM/ODNY) 36 WAS MEDICAL EXA CONTACTED? T terminal events Enter only one cause. WALTOPSY PERFORMS AVAUSE OF DEATH? 42 MANNER OF DE NEW CONTACT WALTER OF DE NEW CONTACT ACCIDENT ACC	MINER OR CORONER Yes S No Approximate interval Onsel to death Unknown 6 Months 107: Yes S AILABLE TO COMPLETE The tomicide Fending Investigation Could not be determined
31. SIGNATURE OF PERSON PRONOUNCING DEATH (Or 03/14/2020) 34. ACTUAL OR PRESUMED DATE OF DEATH (M 03/14/2020) 37. PART I. Enter the chain of events diseases, in such as cardiac arrest, respiratory arrest, or ventrict on a line. Add additional lines if necessary. In MAREDATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions. Sequentially list conditions. It is supported to the conditions of the conditions	MVDDYY) 35. AC CAUSE OF DEATH (S turies, or complications-that slar fibrillation without show URE Due to (Due to (Due to (Due to (Not pir It lime of death Not pir It lime of death Union	FUAL OR PRESUMED T 17:15 ee instructions and e directly caused the ching the etiology. DO 1 or as a consequence on: or as a consequence on: or as a consequence on: g in the underlying cause of the consequence on the consequence of the conseq	Ause 38. WAS A 39. WCRE THE Course of death ause 38. WAS A 39. WCRE THE Course of death days to 1 year before dest year	SIGNED (MM/ODNY) 36. WAS MEDICAL EXA CONTACTED? If terminal events enter only one cause. ON AUTOPSY PERFORME AUTOPSY FINDINGS AVAILSE OF DEATH? 42. MANNER OF DE INTINUE AUTOPSY SUCIONE OF DE INTINUE OF	MINER OR CORONER Yes S No Approximate Interval Onset to death Unknown 6 Months D? Yes M ALLABLE TO COMPLETE Yes No ATH Comicide Pending Investigation Could not be determined 46, INJURY AT WORK?
31. SKINATURE OF PERSON PRONOUNCING DEATH (Or 03/14/2020 37. PART I. Enter the chain of events - diseases, in such as cardiac arrest, respiratory arrest, or ventricum in line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition - arrest or conditions contributed - arrest or conditions -	M/DDYY) 35. AC CAUSE OF DEATH (S turies, or complications-that alar fibrillation without show URE BE TO THRIVE Due to (Due to (Ing to death but not resulting ant within past year Not put is time of death Not put	FUAL OR PRESUMED T 17:15 ee instructions and e directly caused the ching the etiology. DO 1 or as a consequence on: or as a consequence on: or as a consequence on: g in the underlying cause of the consequence on the consequence of the conseq	Ause 38. WAS A 39. WCRE THE Course of death ause 38. WAS A 39. WCRE THE Course of death days to 1 year before dest year	SIGNED (MM/ODNY) 36. WAS MEDICAL EXA CONTACTED? If terminal events enter only one cause. ON AUTOPSY PERFORME AUTOPSY FINDINGS AVAILSE OF DEATH? 42. MANNER OF DE INTINUE AUTOPSY SUCIONE OF DE INTINUE OF	MINER OR CORONER Yes S No Approximate interval Onsel to death Unknown 6 Months 107: Yes S AILABLE TO COMPLETE COMPLETE AND NO EATH Comicide Fording Investigation Could not be determined
31. SKINATURE OF PERSON PRONOUNCING DEATH (Or 34. ACTUAL OR PRESUMED DATE OF DEATH (M 03/14/2020 37. PART I. Enter the chain of events diseases, in such as cardiac arrest, respiratory arrest, or ventrict on a line. Add additional lines for consisting in the state of the condition of the condit	MVDDYY) 35. AC CAUSE OF DEATH (S turies, or complications-that plan fibrillation without show URE But to THRIVE Due to t	FUAL OR PRESUMED T 17:15 ee instructions and e directly caused the ching the etiology. DO 1 or as a consequence on: or as a consequence on: or as a consequence on: g in the underlying cause of the consequence on the consequence of the conseq	Ause 38. WAS A 39. WCRE THE Course of death ause 38. WAS A 39. WCRE THE Course of death days to 1 year before dest year	SIGNED (MM/ODNY) 36. WAS MEDICAL EXA CONTACTED? If terminal events enter only one cause. ON AUTOPSY PERFORME AUTOPSY FINDINGS AVAILSE OF DEATH? 42. MANNER OF DE INTINUE AUTOPSY SUCIONE OF DE INTINUE OF	MINER OR CORONER Yes S No Approximate Interval Onset to death Unknown 6 Months D? Yes M ALLABLE TO COMPLETE Yes No ATH Comicide Pending Investigation Could not be determined 46, INJURY AT WORK?
31. SKINATURE OF PERSON PRONOUNCING DEATH (Or 03/14/2020 34. ACTUAL OR PRESUMED DATE OF DEATH (M 03/14/2020 37. PART I. Enter the chain of events - diseases, in such as cardiac arrest respiratory arrest, or ventrict on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition - a resulting in sheath) - resulting in sheath) - resulting in sheath MULTISYSTEM FAILURE Sequentially list conditions END OF LIFE FAILURE END OF LIFE FAILURE Condition Conditio	MVDDYY) 35. AC CAUSE OF DEATH (S turies, or complications-that plan fibrillation without show URE But to THRIVE Due to t	FUAL OR PRESUMED T 17:15 ee instructions and e directly caused the ching the etiology. DO 1 or as a consequence on: or as a consequence on: or as a consequence on: g in the underlying cause of the consequence on the consequence of the conseq	BER 33. DATE IN TIME OF DEATH xamples) death. DO NOT entered NOT ABBREVIATE. 38. WAS / 39. WERE THE Community of the Commun	SIGNED (MM/ODNY) 36 WAS MEDICAL EXA CONTACTED? T terminal events Enter only one cause. IN AUTOPSY PERFORMS AVAILE OF DEATH? 42 MANNER OF DEATH? Sulcide Corestaurant, wooded area)	MINER OR CORONER Yes S No Approximate interval: Onsel to death: Unknown 6 Months D7 Yes S No AILABLE TO COMPLETE Yes No NO LATH Controlled Sould not be determined 46 INJURY AT WORK?
31. SKINATURE OF PERSON PRONOUNCING DEATH (Or 34. ACTUAL OR PRESUMED DATE OF DEATH (M 03/14/2020 37. PART I. Enter the chain of events diseases, in such as cardiac arrest, respiratory arrest, or ventrict on a line. Add additional lines for consisting in the state of the condition of the condit	MVDDYY) 35. AC CAUSE OF DEATH (S turies, or complications-that plan fibrillation without show URE But to THRIVE Due to t	FUAL OR PRESUMED T 17:15 ee instructions and e directly caused the ching the etiology. DO 1 or as a consequence on: or as a consequence on: or as a consequence on: g in the underlying cause of the consequence on the consequence of the conseq	BER 33. DATE IN TIME OF DEATH xamples) death. DO NOT entered NOT ABBREVIATE. 38. WAS / 39. WERE THE Community of the Commun	SIGNED (MM/DD/Y) 36. WAS MEDICAL EXA CONTACTED? It terminal events Enter only one cause. IN AUTOPSY PERFORME AUTOPSY FINDINGS AVAUSE OF DEATH? 12. MANNER OF DE Natural	MINER OR CORONER Yes S No Approximate Intervat Onset to death Unknown 6 Months 6 Months AILABLE TO COMPLETE Yes No ATH Architecture
31. SKINATURE OF PERSON PRONOUNCING DEATH (Or 03/14/2020 34. ACTUAL OR PRESUMED DATE OF DEATH (M 03/14/2020 37. PART I. Enter the chain of events - diseases, in such as cardiac arrest respiratory arrest, or ventrict on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition - a resulting in sheath) - resulting in sheath) - resulting in sheath MULTISYSTEM FAILURE Sequentially list conditions END OF LIFE FAILURE END OF LIFE FAILURE Condition Conditio	MVDDYY) 35. AC CAUSE OF DEATH (S turies, or complications-that plan fibrillation without show URE But to THRIVE Due to t	FUAL OR PRESUMED T 17:15 ee instructions and e directly caused the ching the etiology. DO 1 or as a consequence on: or as a consequence on: or as a consequence on: g in the underlying cause of the consequence on the consequence of the conseq	BER 33. DATE IN TIME OF DEATH xamples) death. DO NOT entered NOT ABBREVIATE. 38. WAS / 39. WERE THE Community of the Commun	SIGNED (MM/DD/Y) 36 WAS MEDICAL EXA CONTACTED? It terminal events Enter only one cause. IN AUTOPSY PERFORME AUTOPSY PINDINGS AVAUSE OF DEATH? 42 MANNER OF DE Suicide Correstaurant, wooded area) IF TRANSPORTATION Driver/Operator	MINER OR CORONER Yes S No Approximate Interval Onset to death: Unknown 6 Months D7 Yes S No AILABLE TO COMPLETE Yes No Noticide Could not be determined 46 INJURY AT WORK? Yes No
31. SKONATURE OF PERSON PRONOUNCING DEATH (Or 03/14/2020 37. PART I. Enter the chain of events - diseases, in such as cardiac arrest respiratory arrest, or ventricular on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition — a multiple of the condition of the condition — a multiple of the condition of the cond	MVDDYY) 35. AC CAUSE OF DEATH (S uries, or complications-that plan fibrillation without show URE Due to (Due t	FUAL OR PRESUMED T 17:15 ee instructions and er directly caused the cr directly caused the	SER 33. DATE TIME OF DEATH xamples) Seath. DO NOT ente honor ABBREVIATE. 38. WAS A 38. WERE THE C thin 42 days of death days to 1 year before de st year home: construction site, t	SIGNED (MM/ODNY) 36. WAS MEDICAL EXA CONTACTED? IT terminal events Enter only one cause. ON AUTOPSY PERFORMS AUTOPSY FINDINGS AVAISE OF DEATH? 42. MANNER OF DI NAUSE OF DEATH? 42. MANNER OF DE NAUSE OF DEATH? 143. MANNER OF DE NAUSE OF DEATH? 144. MANNER OF DE NAUSE OF DEATH? 145. MANNER OF DE NAUSE OF DEATH? 146. MANNER OF DE NAUSE OF DEATH? 147. MANNER OF DE NAUSE OF DEATH? 148. MANNER OF DE NAUSE OF DEATH? 149. MANNER OF DE NAUSE OF DEATH? 149. MANNER OF DE NAUSE OF DEATH OF DEA	MINER OR CORONER Yes S No Approximate Interval Onsel to death: Unknown 6 Months D7 Yes M AILABLE TO COMPLETE Yes No Noticide could not be determined 46 INJURY AT WORK? Yes No INJURY, SPECIFY: Passenger Unknown
31. SKINATURE OF PERSON PRONOUNCING DEATH (Or 03/14/2020 37. PART I. Enter the chain of events - diseases, in such as cardiac arrest respiratory arrest, or ventriculon a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition — a resulting in sheath). IMMEDIATE CAUSE (Final disease or condition — a resulting in sheath). IMMEDIATE CAUSE (Final MULTISYSTEM FALL disease or condition — a resulting in sheath). END OF LIFE FAILUE (Included or line a Enter the UNDERLYING CAUSE). IMMEDIATE (Included or line). IMMEDIATE (Included or line). END OF LIFE FAILUE (Included or line). IMMEDIATE (Included or line). IMMULTISYSTEM FAILUE. END OF LIFE FAILUE. IMMULTISYSTEM FAILUE. IMMULTISYSTE	MVDDYY) 35. AC CAUSE OF DEATH (S uries, or complications-that plan fibrillation without show URE Due to (Due t	FUAL OR PRESUMED T 17:15 ee instructions and er directly caused the cr directly caused the	SER 33. DATE TIME OF DEATH xamples) Seath. DO NOT ente honor ABBREVIATE. 38. WAS A 38. WERE THE C thin 42 days of death days to 1 year before de st year home: construction site, t	SIGNED (MM/ODNY) 36. WAS MEDICAL EXA CONTACTED? IT terminal events Enter only one cause. ON AUTOPSY PERFORMS AUTOPSY FINDINGS AVAISE OF DEATH? 42. MANNER OF DI NAUSE OF DEATH? 42. MANNER OF DE NAUSE OF DEATH? 143. MANNER OF DE NAUSE OF DEATH? 144. MANNER OF DE NAUSE OF DEATH? 145. MANNER OF DE NAUSE OF DEATH? 146. MANNER OF DE NAUSE OF DEATH? 147. MANNER OF DE NAUSE OF DEATH? 148. MANNER OF DE NAUSE OF DEATH? 149. MANNER OF DE NAUSE OF DEATH? 149. MANNER OF DE NAUSE OF DEATH OF DEA	MINER OR CORONER Yes S No Approximate Interval: Onsel to death: Unknown 6 Months D7 Yes No AILABLE TO COMPLETE Yes No No LATH Conicide could not be determined 46 INJURY AT WORK? Yes No INJURY, SPECIFY: Passenger Unknown
31. SKINATURE OF PERSON PRONOUNCING DEATH (Or 03/14/2020 37. PART I. Enter the chain of events - diseases, in such as cardiac arrest respiratory arrest, or ventrict on a line. Add additional lines if necessary. Interest CAUSE (Final disease or conditions (Final disease or conditions) Sequentially list conditions. Is any, leading to the conditions. Is any, leading to the conditions. Interest or injury that initiated the events respirated on time a Enter the UNDERLYING CAUSE C. Gosease or injury that initiated the events respiring in death) LAST death) 40. DID TOBACCO USE CONTRIBUTE 1. IF FEMALE 1. Or prognat 1. Or prognat 2. Or probably 1. Or prognat 2. Or probably 1. Or prognat 3. Or p	CAUSE OF DEATH (S furies, or complications-that ular fibrillation without show URE RE TO THRIVE Due to (Due to (Ing to death but not resultin ant within past year Not pr is time of death Not pr is	FUAL OR PRESUMED 1 17:15 ee instructions and e directly caused the cing the etiology. DO 1 or as a consequence on: or as a consequence on: or as a consequence on: g in the underlying ca regnant, but pregnant within pa JURY (e. g., Decedent's 1 to the cause(s) and in th occurred at the tim figation, in my opinion	SER 33. DATE TIME OF DEATH xamples) of DEATH xamples) O NOT enter NOT ABBREVIATE. 38. WAS / 39. WERE THE C thin 42 days of death days to 1 year before death year nome: construction site, in the construction site, in the date and place, are, death occurred at the	SIGNED (MM/ODYY) 36. WAS MEDICAL EXA CONTACTED? IT TERMINAL EVANS ENTER ON AUTOPSY PERFORMS AUTOPSY PINDINGS AVAUSE OF DEATH? 42. MANNER OF DEATH? 42. MANNER OF DEATH? 19. IF TRANSPORTATION Driver/Operator Pedestrian Other (Specify) and due to the cause(s) in time, date, and place	MINER OR CORONER Yes S No Approximate Interval: Onsel to death: Unknown 6 Months D7 Yes No AILABLE TO COMPLETE Yes No No LATH Conicide could not be determined 46 INJURY AT WORK? Yes No INJURY, SPECIFY: Passenger Unknown
31. SKINATURE OF PERSON PRONOUNCING DEATH (Or 03/14/2020 34. ACTUAL OR PRESUMED DATE OF DEATH (M 03/14/2020 37. PART I. Enter the chain of events - diseases, in such as cardiac arrest, respiratory arrest, or ventrict on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition - aresulting in death) in the cause of the cau	CAUSE OF DEATH (Sturies, or complications-that ular fibrillation without show URE BETO THRIVE Due to (FUAL OR PRESUMED T 17:15 ee instructions and et directly caused the cing the etiology. DO I or as a consequence on: or as a co	SER 33. DATE TIME OF DEATH xamples) DO NOT enter leath. DO NOT enter leath. DO NOT enter NOT ABBREVIATE. 39. WAS A 39. WERE THE C thin 42 days of death days to 1 year before de st year nome; construction slis, it	SIGNED (MM/ODYY) 36. WAS MEDICAL EXA CONTACTED? IT TERMINAL EVANS ENTER ON AUTOPSY PERFORMS AUTOPSY PINDINGS AVAUSE OF DEATH? 42. MANNER OF DEATH? 42. MANNER OF DEATH? 19. IF TRANSPORTATION Driver/Operator Pedestrian Other (Specify) and due to the cause(s) in time, date, and place	MINER OR CORONER Yes S No Approximate Interval: Onsel to death: Unknown 6 Months D7 Yes No AILABLE TO COMPLETE Yes No No LATH Conicide redding investigation could not be determined 46 INJURY AT WORK? Yes No
31. SKONATURE OF PERSON PRONOUNCING DEATH (Or 03/14/2020 34. ACTUAL OR PRESUMED DATE OF DEATH (M 03/14/2020 37. PART I. Enter the chain of events - diseases, in such as cardiac arrest respiratory arrest, or ventrict on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final MULTISYSTEM FAILURE CAUSE (Edited on the a Enter the UNDERLYING CAUSE CONDITION THAT I IN THE CAUSE (Edited on time a Enter the UNDERLYING CAUSE CONTRIBUTE I INJURY IN TO DEATH? 40. DID TOBACCO USE CONTRIBUTE 41. IF FEMALE TO DEATH? 10. NO Unknown 43. DATE OF INJURY (MWIDDIAY) 44. TIME CONTRIBUTE (Check only one): 26. Certifying physician - to the best of my know Pronouncing & Certifying physician - To the loss of my know Pronouncing & Certifying Pr	CAUSE OF DEATH (Sturies, or complications-that plan fibrillation without show URE BY TO THRIVE Due to t	FUAL OR PRESUMED 1 17:15 ee instructions and et directly caused the cing the etiology. DO it is as a consequence of: or	ause 38. WAS / Security of the Construction sites in a construction site in a construction	SIGNED (MM/ODNY) 36. WAS MEDICAL EXA CONTACTED? T terminal events Enter only one cause. ON AUTOPSY PERFORME AUTOPSY FINDINGS AVAUSE OF DEATH? 12. MANNER OF DE MALUSE OF DEATH? 13. MANNER OF DE Sulcide OF Sulcide OTHER OF SULCIDENT OTHER OTHER OF SULCIDENT OTHER	MINER OR CORONER Yes S No Approximate interval Onsel to death Unknown 6 Months Fig. 1 Yes S All ABLE TO COMPLETE Yes No ATH Comicide 46 INJURY AT WORK? Yes No No NO NURY, SPECIFY: Passenger Unknown And manner stated. e, and due to the cause(s)
31. SKONATURE OF PERSON PRONOUNCING DEATH (Or 34. ACTUAL OR PRESUMED DATE OF DEATH (MO3/14/2020 37. PART I. Enter the chair of events - diseases, in such as cardiac arrest respiratory arrest, or ventrict on a line. Add additional lines if necessary. MMEDIATE CAUSE (Fine) disease or condition - resulting in death) Sequentially list conditions. If any, seading to the cause of the events resulting in death). END OF LIFE FAILUR if any the events resulting in death (LAST) Given in PART I. PART II. Enter other significant conditions contribute of the events resulting in death). TO DEATH? PART II. Enter other significant conditions contribute of the events resulting in death). TO DEATH? PART II. Enter other significant conditions contribute of the events resulting in death). TO DEATH? PART II. Enter other significant conditions contribute of the events resulting in death). TO DEATH? Probably Pregnant at the events resulting in death (Last Conditions). TO DEATH? Probably Pregnant at the events resulting in death (Last Conditions). TO DEATH? Probably Pregnant at the death (Last Conditions). TO DEATH? Probably Pregnant at the death (Last Conditions). TO DEATH? Probably Pregnant at the death (Last Conditions). TO DEATH? TO DEATH? Pregnant at the death (Last Conditions). TO DEATH? Pregnant at the death (Last Conditions).	CAUSE OF DEATH (Sturies, or complications-that plan fibrillation without show URE BY TO THRIVE Due to t	FUAL OR PRESUMED T 17:15 ee instructions and et directly caused the cing the etiology. DO I or as a consequence on: or as a co	ause 38. WAS / Say WERE THE Construction site, in anner stated, i.e., date and place, ar, death occurred at the implementation of the construction site, in the construction s	SIGNED (MM/ODYY) 36. WAS MEDICAL EXA CONTACTED? IT TERMINAL EVANS ENTER ON AUTOPSY PERFORMS AUTOPSY PINDINGS AVAUSE OF DEATH? 42. MANNER OF DEATH? 42. MANNER OF DEATH? 19. IF TRANSPORTATION Driver/Operator Pedestrian Other (Specify) and due to the cause(s) in time, date, and place	MINER OR CORONER Yes S No Approximate interval: Onsel to death: Unknown 6 Months Fig. 1 Yes S No ALLABLE TO COMPLETE Yes No. ATH Comicide Fording Investigation could not be determined 46. INJURY AT WORK? Yes No. No. NO. NURY, SPECIFY: Passenger Unknown and manner stated. e, and due to the cause(s)

001668040

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_

MARCH 27, 2020

Clint J. Farr State Registrar

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





Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West Seventh Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

March 17, 2021

Hill Bar Liquor Store

DBA: Craig Bar & Liquor Store, Inc. Via Email: l.lee.lee@hotmail.com

Re: Package Store License #1322 DBA: Hill Bar Liquor Store, Beverage Dispensary License #1328 DBA: Hill Bar

Dear Applicant:

I have received your application for renewal of your liquor license. Our staff has reviewed your application after receiving your application and required fees. Your renewal documents appear to be in order, and I have determined that your application is complete for purposes of AS 04.11.510, and AS 04.11.520.

Your application is now considered complete and will be sent electronically to your local governing body, your community council if your proposed premises is in Anchorage or certain locations in the Matanuska-Susitna Borough, and to any non-profit agencies who have requested notification of applications. The local governing body will have 60 days to protest the renewal of your license or waive protest.

A temporary license has been issued for this establishment.

Your application will be scheduled for the *March 2021* board meeting for Alcoholic Beverage Control Board consideration. The address and call-in number for the meeting will be posted on our home page. The board will not grant or deny your application at the meeting unless your local government waives its right to protest per AS 04.11.480(a).

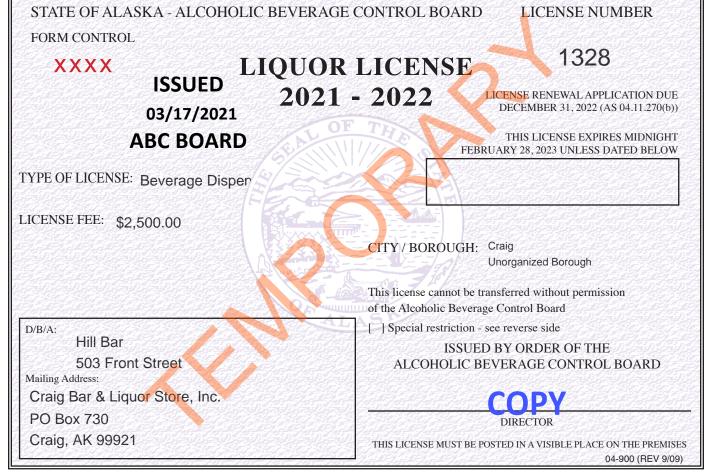
Please feel free to contact us through the <u>alcohol.licensing@alaska.gov</u> email address if you have any questions.

Sincerely,

Olivia Frank

Occupational Licensing Examiner

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD LICENSE NUMBER FORM CONTROL 1328 XXXX LIQUOR LICENSE **ISSUED** 2021 - 2022 LICENSE RENEWAL APPLICATION DUE 03/17/2021 DECEMBER 31, 2022 (AS 04.11.270(b)) **ABC BOARD** THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2023 UNLESS DATED BELOW TYPE OF LICENSE: Beverage Dispen LICENSE FEE: \$2,500.00 CITY / BOROUGH: Craig 1104 Unorganized Borough D/B/A: Hill Bar This license cannot be transferred without permission 503 Front Street of the Alcoholic Beverage Control Board Mail Address: Special restriction - see reverse side Craig Bar & Liquor Store, Inc. ISSUED BY ORDER OF THE PO Box 730 ALCOHOLIC BEVERAGE CONTROL BOARD Craig, AK 99921 DIRECTOR 04-900 (REV 9/09) THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES





Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

alcohol.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Master Checklist: Renewal Liquor License Application

				. 1
Doing Business As:			License Nu	mber:
License Type:				
Examiner:			Transactio	n #:
Document	Received	Completed	Notes	
AB-17: Renewal Applica	tion			
App and License Fees				
Supplemental Documer	nt Received	Completed	Notes	
Tourism/Rec Site Staten	nent			
AB-25: Supplier Cert (W	S)			
AB-29: Waiver of Opera	tion			
AB-30: Minimum Opera	tion			
AB-33: Restaurant Affid	avit			
COI / COC / 5 Star				
FP Cards & Fees / AB-08	Sa Sa			
Late Fee				
Names on FP Cards:				
				Yes No
Selling alcohol in respon	nse to written order (package stores)?		
Mailing address and cor	ntact information diff	erent than in datab	ase (if yes, update database)?	
In "Good Standing" with	n CBPL (skip this and r	next question for so	ole proprietor)?	
Officers and stockholde	rs match CBPL and da	atabase (if "No", de	termine if transfer necessary)	?
LGB 1 Response:		LGB 2 Re	sponse:	
Waive F	Protest Laps	ed Wa	ive Protest	Lapsed

[Master Checklist: Renewal] (rev 09/20/2018)

Department of Commerce, Community, and Economic Development CORPORATIONS, BUSINESS & PROFESSIONAL LICENSING

State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Corporations / Entity Details

ENTITY DETAILS

Name(s)

Туре	Name
Legal Name	CRAIG BAR & LIQUOR STORE, INC

Entity Type: Business Corporation

Entity #: 17167D

Status: Good Standing

AK Formed Date: 7/5/1977

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2023

Entity Mailing Address: PO BOX 730, CRAIG, AK 99921

Entity Physical Address: 407 WATER ST, CRAIG, AK 99921

Registered Agent

Agent Name: Ralph Mackie

Registered Mailing Address: PO BOX 252, CRAIG, AK 99921

Registered Physical Address: 512 FIRST ST., CRAIG, AK 99921

Officials

□Show Former

AK Entity #	Name	Titles	Owned
	Estate of Marjorie V Young	Shareholder	100.00
	James Mackie	Director, Secretary, Treasurer	
	Ralph Mackie	Director, President	

AK Entity #	Name	Titles	Owned
	THOMAS MACKIE	Director, Vice President	

Filed Documents

Date Filed	Туре	Filing	Certificate
7/05/1977	Creation Filing	Click to View	
1/19/1988	Biennial Report		
2/21/1989	Biennial Report		
3/04/1991	Biennial Report		
4/21/1993	Biennial Report	Click to View	
3/21/1996	Biennial Report		
1/13/1997	Biennial Report	Click to View	
12/28/1998	Biennial Report	Click to View	
8/30/2001	Biennial Report	Click to View	
4/10/2003	Biennial Report	Click to View	
8/22/2005	Biennial Report	Click to View	
9/14/2006	Change of Officials	Click to View	
3/02/2009	Biennial Report	Click to View	
12/15/2010	Biennial Report	Click to View	
12/14/2012	Biennial Report	Click to View	
2/25/2013	Agent Change	Click to View	
2/25/2013	Biennial Report	Click to View	
10/23/2014	Biennial Report	Click to View	
12/07/2016	Biennial Report	Click to View	
4/17/2019	Biennial Report	Click to View	
4/28/2020	Change of Officials	Click to View	
5/07/2020	Change of Officials	Click to View	
10/09/2020	Biennial Report	Click to View	

COPYRIGHT © STATE OF ALASKA · <u>DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT</u> ·

2 of 2 11/23/2020, 3:09 PM

Alaska Department of Commerce, Community, and Economic Development

Division of Corporations, Business, and Professional Licensing PO Box 110806, Juneau, AK 99811-0806

This is to certify that

HILL BAR

BOX 730, CRAIG, AK 99921

owned by

CRAIG BAR & LIQUOR STORE, INC

is licensed by the department to conduct business for the period

October 9, 2020 to December 31, 2021 for the following line(s) of business:

72 - Accommodation and Food Services



This license shall not be taken as permission to do business in the state without having complied with the other requirements of the laws of the State or of the United States.

This license must be posted in a conspicuous place at the business location. It is not transferable or assignable.

Julie Anderson Commissioner

RETURN TO TOP

Alaska Department of Commerce, Community, and Economic Development

Division of Corporations, Business, and Professional Licensing PO Box 110806, Juneau, AK 99811-0806

This is to certify that

HILL BAR

BOX 730, CRAIG, AK 99921

owned by

CRAIG BAR & LIQUOR STORE, INC

ENDORSEMENT: 403044 - 1

Effective October 9, 2020 through December 31, 2021 This business license has an endorsement for the physical address shown below:

504 FRONT STREET, CRAIG, AK 99921



This license shall not be taken as permission to do business in the state without having complied with the other requirements of the laws of the State or of the United States.

This license must be posted in a conspicuous place at the business location. It is not transferable or assignable.

Julie Anderson Commissioner



Alcohol and Marijuana Control Office
550 W 7 Avenue,
Suite 1600
Anchorage, AK 99501
alcohol.licensing@alaska.gov
https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-17: 2021/2022 License Renewal Application

- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2020 per AS 04.11.270, 3 AAC 304.160, with all required fees paid in full, or a non-refundable \$500.00 late fee applies.
- Any complete application for renewal or any fees for renewal that have not been postmarked by 02/28/2021 will be expired per AS 04.11.540,3 AAC 304.160(e).
- All fields of this application must be deemed complete by AMCO staff and must be accompanied by the required fees and all documents required, or the application will be returned without being processed, per AS 04.11.270, 3 AAC 304.105

	Establishment Co	intact In	formation		
Licensee (Owner):	CRAIG BAR + LIQUO	R 570B	EINC. LIC	ense#:	1322
License Type:	PACKAGE STORE				
Doing Business As:	HILL BAR LIQU	CR 570	RE		
Premises Address:	503 FRONTS	r < c	RAIG AK		
Local Governing Body:	CITY OF CRAIG		IP. 1		
Community Council:	NONE				
your mailing address ha	s changed, write the NEW addres				
Mailing Address:	PO BOX 730		<u> </u>		
City:	CRAIG-	State:	1AK	ZIP:	99921
nis person will be the design Contact Licensee:	RALPH MACK	JE	Contact Phone:		
	RALPH MACK	JE	Contact Phone:		
Contact Licensee: Contact Email:	RALPH MACK	JE aska . n	Contact Phone:	907	0·826·392
Contact Licensee: Contact Email: ptional: If you wish for AMCC	RALPH MACK	JE aska . n	Contact Phone:	907	0·826·342
Contact Licensee: Contact Email: Iptional: If you wish for AMCO Name of Contact:	RALPH MACK	JE aska . n	Contact Phone:	907	0·826·342
Contact Licensee: Contact Email: ptional: If you wish for AMCC	RALPH MACK	JE aska . n	Contact Phone:	907	0·826·342
Contact Licensee: Contact Email: Iptional: If you wish for AMCO Name of Contact:	RALPH MACK	JE aska . n	Contact Phone:	907	0·826·342
Contact Licensee: Contact Email: iptional: If you wish for AMCO Name of Contact: Contact Email:	RALPH MACK	JE aska . n	Contact Phone: et act Licensee about your l Contact Phone:	907	0·826·342
Contact Licensee: Contact Email: ptional: If you wish for AMCO Name of Contact: Contact Email: Name of Contact:	RALPH MACK	JE aska · n r than the Con	Contact Phone: et tact Licensee about your l Contact Phone: Contact Phone:	907	0·826·342
Contact Licensee: Contact Email: Iptional: If you wish for AMCO Name of Contact: Contact Email: Name of Contact: Contact Email:	RALPH MACK hillbar @ aptal. Staff to communicate with anyone other	JE aska - n r than the Con	Contact Phone: tact Licensee about your Contact Phone: Contact Phone:	907	0·826·392
Contact Licensee: Contact Email: Iptional: If you wish for AMCO Name of Contact: Contact Email: Name of Contact: Contact Email:	Section 2 – Writte	JE aska - n r than the Con	Contact Phone: et act Licensee about your l Contact Phone: Contact Phone:	907	9-826-342 em below:



Form AB-17: 2021/2022 License Renewal Application

Section 3 - Entity or Community Ownership Information

Sole Proprietors should skip this Section.

Use the link from Corporations, Business and Professional Licensing (CBPL) below to assist you in finding the Entity #. https://www.commerce.alaska.gov/cbp/main/search/entities

Alaska CBPL Entity #:	17167	D
2227912 전에 발표하다 [대한 대표 전 전 전 대표 기업 전 대표 전 대		

READ BEFORE PROCEEDING: Any new or changes to Shareholders (10% or more), Managers, Corporate Officers, Board of Directors, Partners, Controlling Interest or Ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI-approved card stock, AB-08a's, payment of \$48.25 for each new officer with a date-stamped copy of the CBPL change per AS 04.11.045, 50 & 55, or a Notice of Violation will be issued to your establishment and your application will be returned.

The only exception to this is a Corporation who can meet the requirements set forth in AS 04.11.050(c).

DO NOT LIST OFFICERS OR TITLES THAT ARE NOT REQUIRED FOR YOUR ENTITY TYPE.

- Corporations of <u>any</u> type including non-profit must list ONLY the following:
 - All shareholders who own 10% or more stock in the corporation
 - Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- Limited Liability Corporations, of <u>any</u> type must list ONLY the following:
 - All Members with an ownership interest of 10% or more
 - o All Managers (of the LLC, not the DBA) regardless of percentageowned
- Partnerships of any type, including Limited Partnerships must list ONLY the following:
 - o Each Partner with an interest of 10% or more
 - o All General Partners regardless of percentage owned

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, all required titles, phone number, percentage of shares owned (if applicable) and a full mailing address for each official of your entity whose information we require. If more space is needed: attach additional completed copies of this page. Additional information not on this page will be rejected.

	W W				
Estate of Marjo	rie 40	ung MarjorieV.	Young	16	eceased
owner	Phone:	967-826-3423	% Owr	red:	100
PO BOX 730					
CRAIG	State:	AK	ZIP:	9	9921
RALPH MACKIE					
PRESIDENT & G.M.	Phone:	907-826-3423	% Ow	ned:	0
PO BOX 252				_	
CRA16	State:	AK	ZIP:	9	9921
JAMES MACKIL	5				
SECRETARY /TREAS	Phone:	907-965-5558	% Ow	ned:	0
PO BOX 435				#F	
KLAWOCK	State:	AK	ZIP:	19	7925
	DW NRT PO BOY 733 CRAIG- RALPH MACKIE PRESIDENT & G.M. PO BOX 252 CRAIG- JAMES MACKIE SECRETARY /TREAS PO BOX 435	OWNER Phone: PO BOX 730 CRAIG State: RALPH MACKIE PRESIDENT & G.M. Phone: PO BOX 252 CRAIG State: JAMES MACKIE SECRETARY TREAS Phone: PO BOX 435	OWNER Phone: 967-826-3423 PO BOX 730 State: Ak CRAIG State: Ak RALPH MACKIE Phone: 907-826-3423 PO BOX DSD State: AK JAMES MACKIE State: AK JAMES MACKIE SECRETARY /TREAS Phone: 907-965-5558 PO BOX 435 Phone: 907-965-5558	OWNER Phone: 967-826-3423 % OWNER PC BOX 730 CRAIG State: AK ZIP: RALPH MACKIE PRESIDENT 4 G.M. Phone: 907-826-3423 % OWNER PO BOX DSD CRAIG State: AK ZIP: JAMES MACKIE SECRETARY /TREAS Phone: 907-965-555X % OWNER PO BOX 435 Phone: 907-965-555X % OWNER	PO BOX 730 CRAIG State: AK ZIP: 9 RALPH MACKIE PRESIDENT 4 G.M. Phone: 907-826-3423 %Owned: PO BOX 252 CRAIG State: AK ZIP: 9 JAMES MACKIE SECRETARY TREAS Phone: 907-965-5558 %Owned: PO BOX 435

AMCO

[Form AB-17] (rev09/23/2020)

NOV 2 3 2020

Page 2 of4



Form AB-17: 2021/2022 License Renewal Application

Section 2 - Entity or Community Ownership Information

Sole Proprietors should skip this Section.

Use the link from Corporations, Business and Professional Licensing (CBPL) below to assist you in finding the Entity #.

		THE COST OF THE CO
*	Contraction of the Contraction o	
Completed and	Alaska CBPL Entity #:	171670

READ BEFORE PROCEEDING: Any new or changes to Shareholders (10% or more), Managers, Corporate Officers, Board of Directors, Partners, Controlling Interest or Ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI-approved card stock, AB-08a's, payment of \$48.25 for each new officer with a date-stamped copy of the CBPL change per AS 04.11.045, 50 & 55, or a Notice of Violation will be issued to your establishment and your application will be returned.

The only exception to this is a Corporation who can meet the requirements set forth in AS 04.11.050(c).

DO NOT LIST OFFICERS OR TITLES THAT ARE NOT REQUIRED FOR YOUR ENTITY TYPE.

- Corporations of any type including non-profit must list ONLY the following:
 - o All shareholders who own 10% or more stock in the corporation
 - Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- Limited Liability Corporations, of <u>any</u> type must list ONLY the following:
 - o All Members with an ownership interest of 10% or more
 - o All Managers (of the LLC, not the DBA) regardless of percentage owned
- Partnerships of any type, including Limited Partnerships must list ONLY the following:
 - o Each Partner with an interest of 10% or more
 - All General Partners regardless of percentage owned

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.195. You must list full legal names, all required titles, phone number, percentage of shares owned (if applicable) and a full mailing address for each official of your entity whose information we require. If more space is needed: attach additional completed copies of this page. Additional information not on this page will be rejected. Name of Official: VICE PRESIDENT Phone: % Owned: 907-826-5432 Title(s): PO BOX 1050 Mailing Address: ZIP: 99921 State: CRAIG City: Name of Official: % Owned: Phone: Title(s): Mailing Address: ZIP: State: City: Name of Official: % Owned: Phone: Title(s): Mailing Address:

State:

AMCO

ZIP:

NOV 2 3 2020

Page 2 of 4

City:



Form AB-17: 2021/2022 License Renewal Application

Section 3 - Sole Proprietor Ownership Information

Corporations, LLC's and Partnerships of ALL kinds should skip this section.

READ BEFORE PROCEEDING: Any new or changes to the ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI approved cardstock, AB-08a's, payment of \$48.25 for each new owner or officer and a date stamped copy of the CBPL change per AS 04.11.045, or a Notice of Violation will be issued to your establishment and your application will be returned.

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, phone number, and mailing address for each owner or partner whose information we require.

If more space is needed, attach additional copies of this page. Additional owners not listed on this page will be rejected. Affiliate This individual is an: Applicant Contact Phone: Name: Mailing Address: ZIP: State: City: Email: This individual is an: Applicant Affiliate **Contact Phone:** Name: Mailing Address: State: ZIP: City: Email: Section 4 - License Operation Check ONE BOX for EACH CALENDAR YEAR that best describes how this liquor license was operated: 1. The license was regularly operated continuously throughout each year. (Year-round) The license was only operated during a specific season each year. (Seasonal) If your operation dates have changed, list them below: 3. The license was only operated to meet the minimum requirement of 240 total hours each calendar year. A complete AB-30: Proof of Minimum Operation Checklist, and all documentation must be provided with this form 4. The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, during one or both calendaryears. A complete Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated If you have not met the minimum number of hours of operation in 2020, you are not required to pay the fees, however a complete AB-29 is required with Section 2 marked "OTHER" and COVID is listed as the reason. Section 5 - Violations and Convictions Yes No Have ANY Notices of Violation been issued for this license OR has ANY person or entity in this application been convicted of a violation of Title 04, 3AAC 304 or a local ordinance adopted under AS 04.21.010 in 2019 or 2020? If you checked YES, you MUST attach a list of all Notices of Violation and/or Convictions per AS 04.11.270(a)(2) If you are unsure if you have received any Notices of Violation, contact the office before submitting this form. AMCO

NOV 9 3 2028

Page 3 of 4

RETURN TO TOP

[Form AB-17] (rev09/23/2020)



Form AB-17: 2021/2022 License Renewal Application

Section 6 - Certifications

As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, are true, correct, and complete.

- Lagree to provide all information required by the Alcoholic Beverage Control Board or requested by AMCO staff in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned and potentially expired if I do not comply with statutory or regulatory requirements.
- I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business.
- I certify that this entity is in good standing with Corporations, Business and Professional Licensing (CBPL) and that all entity officials and stakeholders are current and accurately listed, and I have provided AMCO with all required changes of Shareholders (10% or more), Managers, Corporate Officers/Board of Directors, Partners, Controlling Interest or Ownership of the business license, and have provided all required documents for any new or changes in officers.
- I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of patrons have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, if applicable for this license type as set forth in AS 04.21.025 and 3 AAC 304.465.
- I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name from what is currently approved and on file with the Alcoholic Beverage Control

I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection on dehial of this application or revocation of any license issued.

Signature of Notary Public Notary Public in and for the State of: Subscribed and sworn to before the this P day of Nove My commission expires: 03-23-2022

Restaurant/Eating Place applications must include a completed AB-33: Restaurant Receipts Affidavit Recreational Site applications must include a completed Recreational Site Statement Tourism applications must include a completed Tourism Statement Wholesale applications must include a completed AB-25: Supplier Certification

All renewal and supplemental forms are available online

Any application that is not complete or does not include ALL required completed forms and fees will not be processed and will be returned per AS 04.11.270, 3 AAC 304.105.

FOR OFFICE USE ONLY

License Fee:	\$ 1500	Application Fee:	\$ 300.00	Misc. Fee:	\$
		Total Fees Due:			\$ 1800.00

AMCO

[Form AB-17] (rev09/23/2020)

NOV 2 3 2020

Page 4 of 4

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

IN THE MATTER OF THE ESTATE OF MARJORIE VERLE YOUNG,

Deceased.

1KE-20- 43 PR

STATEMENT OF INFORMAL PROBATE OF WILL AND APPOINTMENT OF PERSONAL REPRESENTATIVE

The Registrar makes the following findings based upon the application of Ralph D.

Mackie for informal probate of the Last Will and Testament of Marjorie Verle Young and appointment of a personal representative:

- The application appears to be complete and contains the applicant's oath or affirmation that the statements contained therein are true to the best of the applicant's knowledge and belief.
 - 2. The applicant is an interested person.
- Decedent, Marjorie Verle Young, died on March 14, 2020, and at least 120 hours have elapsed since decedent's death.
 - 4. Decedent was domiciled in Ketchikan, Alaska, at the time of death.
- Venue is proper because decedent was domiciled in this judicial district at the time of death.
 - The time for probate has not expired.
- 7. A personal representative has not been appointed in this or any other judicial district of the state, and neither this will nor any other will of the decedent has been the subject of a previous probate order.

Statement of Informal Probate of Will and Appointment of Personal Representative In the Matter of the Estate of Marjorie Verle Young

1KE-20- 43 PR

- Decedent left a valid, unrevoked will dated April 23, 2018. The original will
 is in the registrar's possession.
- The person whose appointment is sought has priority for appointment as personal representative.
- 10. No bond is required because decedent's will waives the requirement for bond.(Article V, paragraph D.)
 - 11. Any notice required by Alaska law has been given.

THEREFORE, it is ordered that the will is admitted to informal probate. It is also ordered that Ralph D. Mackie is appointed as personal representative of decedent's estate. Letters Testamentary will be issued upon qualification.

DATED this 20th day of April , 2020

Registrar

ATE OF ATE OF STANDARD OF THE STANDARD OF THE

CERTIFICATION
Copies Distributed
Date 4/26/20

By Seh)

Statement of Informal Probate of Will and Appointment of Personal Representative In the Matter of the Estate of Marjorie Verle Young

1KE-20- 43 PR Page 2 of 2

(STATE OF ALASKA) CERTIFICATION OF VITAL RECORD

STATE OF ALASKA



EF	ILED 03/25/2020	T OF HEALTH AND SOCIAL SE P.O. Box 110675, Juneau, CERTIFICATE OF D	EATH	12. SEX	STATE FILE NO	D. 2020000839
1.	DECEDENT'S LEGAL NAME (Include AKA's if any) (First, MARJORIE VERLE YOUNG	Middle, Last)		Female	574-09-633	19
	AGE-Last Birthday (Years) 4b. UNDER 1 YEAR	11 10 10 10 10 10 10 10 10 10 10 10 10 1	E OF BIRTH (MM			and State or Foreign Country)
L	86 Months Days		9/1933	CITY OR TOWN	etchikan, ALAS	
		Wales Hyder (ca)	Cr	raig	79. INSIDE CITY	Theres.
7	d. STREET AND NUMBER	76. APT No	QC	PODE		Y Yes LI No
8	407 Water EVER IN US ARMED FORCES? 9. MARITAL STA		O. SURVIVING SI	POUSE'S NAME (I	wife, give name prior	r to first marriage)
	Yea (2) No Unknown Diverced	Married, but separated Widowed Unknown				
1	1. FATHER'S NAME (First, Middle, Last)	12. MOTH		IOR TO FIRST MAI	RRIAGE (First, Middle	Last)
	LESLIE VERLE THOMPSON 30. INFORMANTS NAME	113h RELATIONSHIP TO DECEDENT 130	E COGO	RESS (Street and I	lumber, City, State, Z	ip Code)
1	RALPH MACKIE	Son F				
1	DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death.	Check the box that best describes we the decedent is Spanish/Hispanic/Li	hether		f or herself to be)	ore races to indicate what the dec
4,		Check the 'No' box if the Decedent i	s not		American	100 100 100 100 100 100 100 100 100 100
	☐ 8th grade or less. ☐ 9th - 12th grade, no diploma	Spanish / Hispanic / Latino(a).	C CONTROL SECTION AND ADDRESS OF THE PARTY O	American India	n or Alaskan Nativ prolled or principal	e NATIVE
	High school graduate or GED	No. not Spanish/Hispanic/Lati	Committee of the last	Asian Indian	nrolled of principal	
	Some college credit, but no degree	Yes, Mexican, Mexican Ameri Chicano(a)	can,	Chinese.		
	Associate degree (e.g., AA, AS) Bachetor's degree (e.g., BA, AB, BS)	Yes, Puerto Rican		Filipino Japanese		
	Master's degree (e.g., MA, MS, MEng, MEd,	☐ Yes, Cuban		Korean		
	MSW. MBA)	Yes, other Spanish/Hispanic/L	Latino(a)	Other Asian (S	pecify)	
1	Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)	Specify				
1	7 DECEDENTS USUAL OCCUPATION (Indicate type of with DO NOT USE RETIRED) Business C	work done during most of working		Samoan	slander (Specify)	
1		// liquor		Other (Specify		
H		19. PLACE OF DEATH	(Check only on	ne.)	SPITAL	Hospice Facility
h	F DEATH OCCURRED IN A HOSPITAL		no term care fa	cility 🖾 Decede	nt's home 🔲 Ot	her (Specify)
L	☐ Inpatient ☐ Emergency Room/Outpatient ☐	The state of the s	AND ZIP CODE		22.	COUNTY OF DEATH
	G. FACILITY NAME (If not institution, give street & number)	A 1 A1-1- 00004		- 1/14/19	P	Prince Wales Hyder (ca)
	407 Water 3. METHOD OF DISPOSITION Burial Cren	nation Donation 24. PLACE OF DISP	OSITION (Name	of cemetery, crem	atory, other place)	
		(Checity) Ketchikan/roe	sel Mortuary			
		(opecity)	our mioritae.		IV.	
	25 LOCATION - CITY, TOWN AND STATE	THE AND COMPLETE ADDRESS OF F	INFRAL FACILIT	TY tchikan, Alask	99901	
	25 LOCATION - CITY, TOWN AND STATE	6 NAME AND COMPLETE ADDRESS OF F	INFRAL FACILIT	TY tchikan, Alask	28. LICEINGE HOME	ER (Of Liganosee)
	ELOCATION - CITY, TOWN AND STATE Ketchikan, AK ZY NAME OF FUNERAL SERVICE LICENSEE OR OTHER RON RANDALI	6. NAME AND COMPLETE ADDRESS OF F Ketchikan/Roesel Mortuary P.O. I RAGENT (SIGNATURE ON FILE)	UNERAL FACILIT Box 8181 Ket	tchikan, Alask	299901 28. LICENSE NUMB 200 30. TIME PRONC	
	25. LOCATION - CITY, TOWN AND STATE Ketchikan, AK. Ketchikan, AK. TOWN SET TOWN AND STATE RON RANDALL TITEMS 29-33 MUST BE COMPLETED BY PERSUPPRISONERS OR CERTIFIES DEATH	6. NAME AND COMPLETE ADDRESS OF F Ketchikan/Roesel Mortuary P.O. I RAGENT (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNCE	UNERAL FACILIT BOX 8181 Ke	M/DD/YY)	200 30. TIME PRONO	DUNCED DEAD
	ELOCATION - CITY, TOWN AND STATE Ketchikan, AK ZY NAME OF FUNERAL SERVICE LICENSEE OR OTHER RON RANDALI	6. NAME AND COMPLETE ADDRESS OF F Ketchikan/Roesel Mortuary P.O. I RAGENT (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNCE	UNERAL FACILIT Box 8181 Ket	M/DD/YY)	200 30. TIME PRONO SIGNED (MM/DD/YY	DUNCED DEAD
	28. LOCATION - CITY-TOWN AND STATE PROME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL ITEMS 29-33 MUST BE COMPLETED BY PERSI PRONOUNCES OR CERTIFIES DEATH 31. SIGNATURE OF PERSON PRONOUNCING DEATH (6)	8. NAME AND COMPLETE ADDRESS OF F Ketchikan/Roosel Mortuary P.O. I RAGENT (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 32. LICE	UNERAL FACILITIES BOX 8181 Kellow 8181 Kel	M/DD/YY) 33. DATE OF DEATH	30. TIME PRONO SIGNED (MINIDOTY)	DUNCED DEAD
	28. LOCATION - CITY-TOWN AND STATE PROME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL ITEMS 29-33 MUST BE COMPLETED BY PERSI PRONOUNCES OR CERTIFIES DEATH 31. SIGNATURE OF PERSON PRONOUNCING DEATH (6)	8. NAME AND COMPLETE ADDRESS OF F Ketchikan/Roosel Mortuary P.O. I RAGENT (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 32. LICE	UNERAL FACILITIES BOX 8181 Kellow 8181 Kel	M/DD/YY) 33. DATE OF DEATH	30. TIME PRONO SIGNED (MINIDOTY)	DUNCED DEAD
	28. LOCATION - CITY-TOWN AND STATE PROME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL ITEMS 29-33 MUST BE COMPLETED BY PERSI PRONOUNCES OR CERTIFIES DEATH 31. SIGNATURE OF PERSON PRONOUNCING DEATH (6)	8. NAME AND COMPLETE ADDRESS OF F Ketchikan/Roosel Mortuary P.O. I RAGENT (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 32. LICE	UNERAL FACILITIES BOX 8181 Kellow 8181 Kel	M/DD/YY) 33. DATE OF DEATH	30. TIME PRONO SIGNED (MINIDOTY)	DUNCED DEAD
	28. LOCATION - CITY-TOWN AND STATE PROME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL ITEMS 29-33 MUST BE COMPLETED BY PERSI PRONOUNCES OR CERTIFIES DEATH 31. SIGNATURE OF PERSON PRONOUNCING DEATH (6)	8. NAME AND COMPLETE ADDRESS OF F Ketchikan/Roosel Mortuary P.O. I RAGENT (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 32. LICE	UNERAL FACILITIES BOX 8181 Kellow 8181 Kel	M/DD/YY) 33. DATE OF DEATH	30. TIME PRONO SIGNED (MINIDOTY)	DUNCED DEAD
	28. LOCATION - CITY, TOWN AND STATE 27. NAME OF FUNERAL SERVICE LICENSEE OR OTHER RON RANDALL 11TEMS 29-33 MUST BE COMPLETED BY PERSON PRONOUNCES OR CERTIFIES DEATH 31. SIGNATURE OF PERSON PRONOUNCING DEATH (6 34. ACTUAL OR PRESUMED DATE OF DEATH (9 37. PART I. Enter the chain of events - diseases, it such as cardiac arrest, respiratory arrest, or ventre on a line. Add additional lines in recessary.	NAME AND COMPLETE ADDRESS OF F Ketchikan/Roesel Mortuary P.O. I RAGENY (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 32. LICE MM/DD/Y) 35. ACTUAL OR PF CAUSE OF DEATH (See instruct njuries, or complications-that directly calcular fibrillation without showing the elicular fibrillation without showing the elicular fibrillation.	UNERAL FACILITIES ON 8181 Kell CED DEAD (MM INSE NUMBER RESUMED TIME 17:15. Ilons and examused the dealt ology, DO NOT	M/DD/YY) 33. DATE OF DEATH	30. TIME PRONO SIGNED (MINIDOTY)	DUNCED DEAD
	28. LOCATION - CITY-TOWN AND STATE 27. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. TEMS 29-33 MUST BE COMPLETED BY PERSI- PRONOUNCES OR CERTIFIES DEATH 31. SIGNATURE OF PERSON PRONOUNCING DEATH (6) 34. ACTUAL OR PRESUMED DATE OF DEATH (8) 37. PART I. Enter the chain of events - diseases, in such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines in the chain of events.	NAME AND COMPLETE ADDRESS OF F. Ketchikan/Roesel Mortuary P.O. I RAGENT (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 32. LIGE MM/DD/YY) 35. ACTUAL OR PRONOUNC CAUSE OF DEATH (See instruct injuries, or complications-that directly calcular fibrillation without showing the etic LURE DUE TO (OF 25 a COREGO	UNERAL FACILITIES ON 8181 Kell CED DEAD (MM INSE NUMBER RESUMED TIME 17:15. Ilons and examused the dealt ology, DO NOT	M/DD/YY) 33. DATE OF DEATH	30. TIME PRONO SIGNED (MINIDOTY)	EXAMINER OR CORONER Yes No Approximate Interval Onset to death Unknown
	28. LOCATION - CITY-TOWN AND STATE 27. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. TEMS 29-33 MUST BE COMPLETED BY PERSI- PRONOUNCES OR CERTIFIES DEATH 31. SIGNATURE OF PERSON PRONOUNCING DEATH (6) 34. ACTUAL OR PRESUMED DATE OF DEATH (8) 37. PART I. Enter the chain of events - diseases, in such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines in the chain of events.	6. NAME AND COMPLETE ADDRESS OF F Ketchikan/Rossel Mortuary P.O. I R AGENT (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 32. LICE MM/DD/YY) 35. ACTUAL OR PR CAUSE OF DEATH (See instruct njuries, or complications-that directly calcular fibrillation without showing the elic LURE Due to (or as a consequence) URE TO THRIVE	UNERAL FACILITIES SAN STATE OF THE PROPERTY OF	M/DD/YY) 33. DATE OF DEATH	30. TIME PRONO SIGNED (MINIDOTY)	DUNCED DEAD
	28. LOCATION - CITY TOWN AND STATE 27. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17EMS 29-33 MUST BE COMPLETED BY PERSI- PRONOUNCES OR CERTIFIES DEATH 31. SIGNATURE OF PERSON PRONOUNCING DEATH (6 34. ACTUAL OR PRESUMED DATE OF DEATH (8 37. PART I. Enter the chain of events - diseases, It such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines if necessary. MINEDIATE CAUSE (First MULTISY'STEM FAIL END OF LIFE FAILL I any, leading to the cause.	NAME AND COMPLETE ADDRESS OF F. Ketchikan/Roesel Mortuary P.O. IR RAGENT (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 32. LICE MM/DD/YY) 35. ACTUAL OR PF. CAUSE OF DEATH (See instruct niguries, or complications-that directly cacular fibrillation without showing the eticular fib	UNERAL FACILITIES AND ASSESSED DEAD (MARIE	M/DD/YY) 33. DATE OF DEATH	30. TIME PRONO SIGNED (MINIDOTY)	EXAMINER OR CORONER Yes No Approximate Interval Onset to death Unknown
	28. LOCATION - CITY TOWN AND STATE 27. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. SENDALL 17. SENDALL 17. SIGNATURE OF PERSON PRONOUNCING DEATH (0.3/14/2020) 37. PART I. Enter the chain of events - diseases, it such as cardiac arrest, respiratory arrest, or selfice and of sevents or ventric on a line. Add additional lines in the chain of events of the control of the chain of events or condition. 18. SEQUENTIAL SERVICES OF THE	6. NAME AND COMPLETE ADDRESS OF F Ketchikan/Rossel Mortuary P.O. I R AGENT (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 32. LICE MM/DD/YY) 35. ACTUAL OR PR CAUSE OF DEATH (See instruct njuries, or complications-that directly calcular fibrillation without showing the elic LURE Due to (or as a consequence) URE TO THRIVE	UNERAL FACILITIES AND ASSESSED DEAD (MARIE	M/DD/YY) 33. DATE OF DEATH	30. TIME PRONO SIGNED (MINIDOTY)	EXAMINER OR CORONER Yes No Approximate Interval Onset to death Unknown
	25. LOCATION - CITY-TOWN AND STATE 27. NAME OF FUNERAL SERVICE LICENSEE OR OTHER RON RANDALL 17. TEMS 29-33 MUST BE COMPLETED BY PERSI- PRONOUNCES OR CERTIFIES DEATH 31. SIGNATURE OF PERSON PRONOUNCING DEATH (6 34. ACTUAL OR PRESUMED DATE OF DEATH (9 37. PART I. Enter the chain of events - diseases, Is such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines if necessary. MINEDIATE CAUSE (Final MINEDIATE CAUSE (Final Gasting in Realth) Sequentially list conditions. END OF LIFE FAILL I any, leading to the cause listed on line a Enter the UNDERLYING CAUSE (disease or injury that initiated the sevents resouling	NAME AND COMPLETE ADDRESS OF F Ketchikan/Roesel Mortuary P.O. Is RAGENY (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 35. ACTUAL OR PF CAUSE OF DEATH (See instruct njuries, or complications-that directly ce cular fibrillation without showing the etic LURE Due to (or as a consequence) Due to (or as a consequence) Due to (or as a consequence)	UNERAL FACILITIES OF STATE OF	M/DD/YY) 33. DATE OF DEATH	200 30. TIME PRONC SIGNED (AMA/DOMY 36. WAS MEDICAL CONTACTED? Iterminal events Enter only one cau	EXAMINER OR CORONER Yes No Approximate Interval Onset to death Unknown 6 Months
	25. LOCATION - CITY-TOWN AND STATE 27. NAME OF FUNERAL SERVICE LICENSEE OR OTHER RON RANDALL 17. TEMS 29-33 MUST BE COMPLETED BY PERSI- PRONOUNCES OR CERTIFIES DEATH 31. SIGNATURE OF PERSON PRONOUNCING DEATH (6 34. ACTUAL OR PRESUMED DATE OF DEATH (9 37. PART I. Enter the chain of events - diseases, It such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines if necessary. MIMEDIATE CAUSE (Final MILITISYSTEM FAIL Mindelly list conditions. END OF LIFE FAILL END OF LIFE FAIL Initiated the events resulting in death) LAST A. PART II. Enter other significant conditions contributed.	NAME AND COMPLETE ADDRESS OF F Ketchikan/Roesel Mortuary P.O. Is RAGENY (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 35. ACTUAL OR PF CAUSE OF DEATH (See instruct njuries, or complications-that directly ce cular fibrillation without showing the etic LURE Due to (or as a consequence) Due to (or as a consequence) Due to (or as a consequence)	UNERAL FACILITIES OF STATE OF	M/DD/YY) 33. DATE OF DEATH DIES) A DO NOT enter ABBREVIATE.	200 30. TIME PRONC SIGNED (MANDOM) 36. WAS MEDICAL CONTACTED? or terminal events Enter only one cau	EXAMINER OR CORONER Yes No Approximate Interval Onset to death Unknown 6 Months FORMED? Yes No STANGER OR CORONER ONSET TO DEATH STANGER OR CORONER STANGER OR
	25. LOCATION - CITY-TOWN AND STATE 27. NAME OF FUNERAL SERVICE LICENSEE OR OTHER RON RANDALL 17. TEMS 29-33 MUST BE COMPLETED BY PERSI- PRONOUNCES OR CERTIFIES DEATH 31. SIGNATURE OF PERSON PRONOUNCING DEATH (6 34. ACTUAL OR PRESUMED DATE OF DEATH (9 37. PART I. Enter the chain of events - diseases, Is such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines if necessary. MINEDIATE CAUSE (Final MINEDIATE CAUSE (Final Gasting in Realth) Sequentially list conditions. END OF LIFE FAILL I any, leading to the cause listed on line a Enter the UNDERLYING CAUSE (disease or injury that initiated the sevents resouling	NAME AND COMPLETE ADDRESS OF F Ketchikan/Roesel Mortuary P.O. Is RAGENY (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 35. ACTUAL OR PF CAUSE OF DEATH (See instruct njuries, or complications-that directly ce cular fibrillation without showing the etic LURE Due to (or as a consequence) Due to (or as a consequence) Due to (or as a consequence)	UNERAL FACILITIES OF STATE OF	M/DD/YY) 33. DATE OF DEATH DIES) A DO NOT enter ABBREVIATE.	200 30. TIME PRONC SIGNED (MM/DDMY 36. WAS MEDICAL CONTACTED? Ir terminal events Enter only one cau AN AUTOPSY PERFI AUTOPSY PE	DUNCED DEAD. EXAMINER OR CORONER Yes S No Approximate Interval Onset to death Yes S No Hondrian Y
CAI CERTIFIER	28. LOCATION - CITY TOWN AND STATE 27. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. SIGNATURE OF PERSON PRONOUNCING DEATH (6) 31. SIGNATURE OF PERSON PRONOUNCING DEATH (6) 34. ACTUAL OR PRESUMED DATE OF DEATH (8) 35. PART I. Enter the chain of events - diseases, it such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines if necessary. MULTISYSTEM FAIL MAY DEATH (1) END OF LIFE FAILL LIST (1) LIST (1) LIST (1) END OF LIFE FAILL Initiated on injury that initiated on injury that initiated the events respiring in death) LAST PART II. Enter other significant conditions contribution in PART I.	NAME AND COMPLETE ADDRESS OF F. Ketchikan/Roesel Mortuary P.O. IR RAGENT (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 32. LICE MM/DD/YY) 35. ACTUAL OR PF. CAUSE OF DEATH (See instruct rightles, or complications-that directly calcular fibrillation without showing the eticular fibrillation without showing the eticular Experiment of the See Section (or as a consequence of the Section (or as a	UNERAL FACILITIES AND ASSESSED DEAD (MARIENSE NUMBER RESUMED TIME 17:15 lones and examaused the deal tology, DO NOT usence of: usenc	M/DD/YY) 33. DATE OF DEATH ples) A. DO NOT enter F ABBREVIATE. 38. WAS 39. WERI THE	200 30. TIME PRONC SIGNED (AMA) DOMY 56. WAS MEDICAL CONTACTED? V terminal events Enter only one cau AN AUTOPSY PERFI AUTOPSY FINDING AUSE OF DEATH; 142. MANNER	DUNCED DEAD. EXAMINER OR CORONER Yes S No Approximate Interval Onset to death Yes S No Hondrian Y
DICAL CERTIFIER	28. LOCATION - CITY TOWN AND STATE 27. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. SIGNATURE OF PERSON PRONOUNCING DEATH (6) 31. SIGNATURE OF PERSON PRONOUNCING DEATH (7) 34. ACTUAL OR PRESUMED DATE OF DEATH (8) 35. PART I. Enter the chain of events - diseases, is such as cardiace arrest, respiratory arrest, or ventric on a line. Add additional lines if necessary. MULTISYSTEM FAIL MAYED AND CONTROL OF THE PROPERTY OF THE PROPERT	S. NAME AND COMPLETE ADDRESS OF F (Ketchikan/Roesel Mortuary P.O. I R AGENT (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 32. LICE MM/DD/YY) 35. ACTUAL OR PF CAUSE OF DEATH (See instruct njuries, or complications-that directly carcular fibrillation without showing the etic LURE DUE to (or as a conseq Due to (UNERAL FACILITIES STATES AND	M/DD/YY) 33. DATE OF DEATH IDIES) A. DO NOT ente ABBREVIATE 38. WAS 39. WERI THE 6	200 30. TIME PRONC SIGNED (MM/DDMY 36. WAS MEDICAL CONTACTED? Interminal events Enter only one cau ANA AUTOPSY PERFI- AUTOPSY FINDING AUTOPSY FINDING AUTOPSY FINDING LE MANNER	DUNCED DEAD. EXAMINER OR CORONER Yes
DICAL CERTIFIER	28. LOCATION - CITY TOWN AND STATE 27. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. SIGNATURE OF PERSON PRONOUNCING DEATH (6) 31. SIGNATURE OF PERSON PRONOUNCING DEATH (7) 32. ACTUAL OR PRESUMED DATE OF DEATH (8) 33. PART I. Enter the chair of events - diseases, in such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition — in resulting in seath). END OF LIFE FAILL (1) 1. All DID TOBACCO USE CONTRIBUTE 1. FEMALE 1. FEMA	S. NAME AND COMPLETE ADDRESS OF F (Ketchikan/Roesel Mortuary P.O. I R AGENT (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 32. LICE MM/DD/YY) 35. ACTUAL OR PF CAUSE OF DEATH (See instruct rijuries, or complications-that directly car cular fibrillation without showing the etic LURE Due to (or as a conseq	UNERAL FACILITIES AND ASSESSED THE ASSESSED OF	M/DD/YY) 33. DATE OF DEATH IDEAS A DO NOT enter F ABBREVIATE. 35. WAS 39. WERI THE 0 12 days of death s to 1 year before d	200 30. TIME PRONC 30. TIME PRONC SIGNED (AMA) DOMY 56. WAS MEDICAL CONTACTED? or terminal events Enter only one-cat AN AUTOPSY PERFI AUTOPSY FINDING AUSE OF DEATH! 42. MANINER 43. MANINER 34. MANINER 34. MANINER 34. MANINER 35. Judicide	EXAMINER OR CORONER Yes No Approximate interval Onset to death Unknown 6 Months ORMED? Yes No OF DEATH Homicide Pending investigation Could not be determined
DICAL CERTIFIER	25. LOCATION - CITY TOWN AND STATE 27. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. SIGNATURE OF PERSON PRONOUNCING DEATH (1) 31. SIGNATURE OF PERSON PRONOUNCING DEATH (1) 33. SIGNATURE OF PERSON PRONOUNCING DEATH (1) 34. ACTUAL OR PRESUMED DATE OF DEATH (1) 37. PART I. Enter the chain of events - diseases, it such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines if necessarial disease or sendition — resulting in seath). Sequentially list conditions. 1 any. leading to the cause listed on time a Enter the UNCERLYING CAUSE (cisease or injury that installed the servines resulting in death) LAST 40. DID TOBACCO USE CONTRIBUTE 1. IF FEMALE TO DEATH? 10 Visionem 1. IF FEMALE Not pregnant 1. IF FEMALE NOT PRESTANT 1. IF FEMALE 1. IF FEMALE	S. NAME AND COMPLETE ADDRESS OF F (Ketchikan/Roesel Mortuary P.O. I R AGENT (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 32. LICE MM/DD/YY) 35. ACTUAL OR PF CAUSE OF DEATH (See instruct rijuries, or complications-that directly car cular fibrillation without showing the etic LURE Due to (or as a conseq	UNERAL FACILITIES AND ASSESSED THE ASSESSED OF	M/DD/YY) 33. DATE OF DEATH IDEAS A DO NOT enter F ABBREVIATE. 35. WAS 39. WERI THE 0 12 days of death s to 1 year before d	200 30. TIME PRONC 30. TIME PRONC SIGNED (AMA) DOMY 56. WAS MEDICAL CONTACTED? or terminal events Enter only one-cat AN AUTOPSY PERFI AUTOPSY FINDING AUSE OF DEATH! 42. MANINER 43. MANINER 34. MANINER 34. MANINER 34. MANINER 35. Judicide	EXAMINER OR CORONER Yes No Approximate Interval Onset to death Unknown 6 Months ORNED? Yes No OF DEATH Homicide Pending Investigation Could not be determined (10)
DICAL CERTIFIER	28. LOCATION - CITY TOWN AND STATE 27. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. SIGNATURE OF PERSON PRONOUNCING DEATH (6) 34. ACTUAL OR PRESUMED DATE OF DEATH (7) 35. SIGNATURE OF PERSON PRONOUNCING DEATH (7) 37. PART I. Enter the chair of events - diseases, in such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases, in such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric or events. Add additional lines for events - diseases. If such as	S. NAME AND COMPLETE ADDRESS OF F Ketchikan/Roesel Mortuary P.O. I R AGENT (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 32. LICE MM/DD/YY) 35. ACTUAL OR PF CAUSE OF DEATH (See instruct riguries, or complications-that directly car cular fibrillation without showing the etic LURE Due to for as a conseq Thank within past year Not pregnant, but at at time of death Not pregnant, but Unknown if pregn OF INJURY 45. PLACE OF INJURY (e.g.,	UNERAL FACILITIES AND ASSESSED THE ASSESSED OF	M/DD/YY) 33. DATE OF DEATH IDEAS A DO NOT enter F ABBREVIATE. 35. WAS 39. WERI THE 0 12 days of death s to 1 year before d	200 30. TIME PRONC 30. TIME PRONC SIGNED (AMA) DOMY 56. WAS MEDICAL CONTACTED? or terminal events Enter only one-cat AN AUTOPSY PERFI AUTOPSY FINDING AUSE OF DEATH! 42. MANINER 43. MANINER 34. MANINER 34. MANINER 34. MANINER 35. Judicide	EXAMINER OR CORONER Yes No Approximate interval Onset to death Unknown 6 Months ORMED? Yes No OF DEATH Homicide Pending investigation Could not be determined
De Completed by:	25. LOCATION - CITY TOWN AND STATE 27. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. SIGNATURE OF PERSON PRONOUNCING DEATH (1) 31. SIGNATURE OF PERSON PRONOUNCING DEATH (1) 33. SIGNATURE OF PERSON PRONOUNCING DEATH (1) 34. ACTUAL OR PRESUMED DATE OF DEATH (1) 37. PART I. Enter the chain of events - diseases, it such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines if necessarial disease or sendition — resulting in seath). Sequentially list conditions. 1 any. leading to the cause listed on time a Enter the UNCERLYING CAUSE (cisease or injury that installed the servines resulting in death) LAST 40. DID TOBACCO USE CONTRIBUTE 1. IF FEMALE TO DEATH? 10 Visionem 1. IF FEMALE Not pregnant 1. IF FEMALE NOT PRESTANT 1. IF FEMALE 1. IF FEMALE	S. NAME AND COMPLETE ADDRESS OF F Ketchikan/Roesel Mortuary P.O. I R AGENT (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 32. LICE MM/DD/YY) 35. ACTUAL OR PF CAUSE OF DEATH (See instruct riguries, or complications-that directly car cular fibrillation without showing the etic LURE Due to for as a conseq Thank within past year Not pregnant, but at at time of death Not pregnant, but Unknown if pregn OF INJURY 45. PLACE OF INJURY (e.g.,	UNERAL FACILITIES AND ASSESSED THE ASSESSED OF	M/DD/YY) 33. DATE OF DEATH IDEAS A DO NOT enter F ABBREVIATE. 35. WAS 39. WERI THE 0 12 days of death s to 1 year before d	200 30. TIME PRONC SIGNED (AMAPOONY 56. WAS MEDICAL CONTACTED? Interminal events Enter only one cau AN AUTOPSY PERFI AUTOPSY FINDING AUSE OF DEATH? 42. MANNER [X] Natural bath Accident Suicide restaurant, wooded a	EXAMINER OR CORONER Yes No Approximate Interval Onset to death Unknown 6 Months SAVAILABLE TO COMPLETE Yes No Pending Investigation Could not be determined INDEX 1 WORK? Yes No
De Completed by:	28. LOCATION - CITY TOWN AND STATE 27. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. SIGNATURE OF PERSON PRONOUNCING DEATH (1) 31. SIGNATURE OF PERSON PRONOUNCING DEATH (2) 34. ACTUAL OR PRESUMED DATE OF DEATH (1) 37. PART I. Enter the chain of events - diseases, is such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines if necessary. Intellegate of the course listed on time a line and the course listed on time a line the course listed on time a lines the course listed on time a lines the course listed on time a line the course listed on time a listed on	S. NAME AND COMPLETE ADDRESS OF F Ketchikan/Roesel Mortuary P.O. I R AGENT (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 32. LICE MM/DD/YY) 35. ACTUAL OR PF CAUSE OF DEATH (See instruct riguries, or complications-that directly car cular fibrillation without showing the etic LURE Due to for as a conseq Thank within past year Not pregnant, but at at time of death Not pregnant, but Unknown if pregn OF INJURY 45. PLACE OF INJURY (e.g.,	UNERAL FACILITIES AND ASSESSED THE ASSESSED OF	M/DD/YY) 33. DATE OF DEATH IDEAS A DO NOT enter F ABBREVIATE. 35. WAS 39. WERI THE 0 12 days of death s to 1 year before d	200 30. TIME PRONC SIGNED (MM/DONY) 36. WAS MEDICAL CONTACTED? Interminal events Enter only one cau AN AUTOPSY PERFIT AUTOPSY FINDING AUSE OF DEATH? 42. MANNER Suicide restaurant; wooded a	DUNCED DEAD. EXAMINER OR CORONER Yes No
DE COMPINED DY.	28. LOCATION - CITY TOWN AND STATE 27. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. SIGNATURE OF PERSON PRONOUNCING DEATH (6) 34. ACTUAL OR PRESUMED DATE OF DEATH (7) 35. SIGNATURE OF PERSON PRONOUNCING DEATH (7) 37. PART I. Enter the chair of events - diseases, in such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases, in such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines for events - diseases. If such as cardiac arrest, respiratory arrest, or ventric or events. Add additional lines for events - diseases. If such as	S. NAME AND COMPLETE ADDRESS OF F Ketchikan/Roesel Mortuary P.O. I R AGENT (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 32. LICE MM/DD/YY) 35. ACTUAL OR PF CAUSE OF DEATH (See instruct riguries, or complications-that directly car cular fibrillation without showing the etic LURE Due to for as a conseq Thank within past year Not pregnant, but at at time of death Not pregnant, but Unknown if pregn OF INJURY 45. PLACE OF INJURY (e.g.,	UNERAL FACILITIES AND ASSESSED THE ASSESSED OF	M/DD/YY) 33. DATE OF DEATH IDEAS A DO NOT enter F ABBREVIATE. 35. WAS 39. WERI THE 0 12 days of death s to 1 year before d	200 30. TIME PRONC SIGNED (MM/DONY) 36. WAS MEDICAL CONTACTED? Interminal events Enter only one cau AN AUTOPSY PERFIT AUTOPSY FINDING AUSE OF DEATH? 42. MANNER I Accident Suicide restaurant; wooded a	DUNCED DEAD. EXAMINER OR CORONER
	28. LOCATION - CITY TOWN AND STATE 27. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. SIGNATURE OF PERSON PRONOUNCING DEATH (6) 31. SIGNATURE OF PERSON PRONOUNCING DEATH (7) 34. ACTUAL OR PRESUMED DATE OF DEATH (8) 35. PART I. Enter the chain of events - diseases, it such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines if necessary. 37. PART I. Enter the chain of events - diseases, it such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines if necessary. MULTISYSTEM FAIL MAY BE (1) 18. END OF LIFE FAILL MULTISYSTEM FAIL (1) 18. DID TOBACCO USE CONTRIBUTE 41. IF FEMALE 10. DID TOBACCO	S. NAME AND COMPLETE ADDRESS OF F (Ketchikan/Roesel Mortuary P.O. I RAGENT (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 32. LICE MM/DD/YY) 35. ACTUAL OR PF CAUSE OF DEATH (See instruct niuries: or complications-that directly called fibrillation without showing the etic LURE Due to for as a conseq Due to for as a conseq Due to for as a conseq uting to death but not resulting in the unius of death I not pregnant, but I at time of death Not pregnant, but Unknown if pregnant, but Unknown if pregnant OF INJURY 45. PLACE OF INJURY (e.g., City or Town, State, Zipcode)	UNERAL FACILITIES AND ASSESSED DEAD (MARENEE DEAD (MARENEE NUMBER RESUMED TIME 17:15. Its consistence of the death of the	M/DD/YY) 33. DATE OF DEATH IDES) N. DO NOT enter ABBREVIATE. 38. WAS 39. WER! THE 42 days of death a to 1 year before death a construction site.	200 30. TIME PRONC 30. TIME PRONC 30. TIME PRONC SIGNED (AMA) DOMY 36. WAS MEDICAL CONTACTED? 47. WAS MEDICAL CONTACTED? 48. WAS MEDICAL CONTACTED? 49. WAS MEDICAL CONTACTED? 49. WAS MEDICAL AUSE OF DEATH? 49. WAS MANUER 49. WAS MA	DUNCED DEAD. EXAMINER OR CORONER Yes No
DE COMPINED DY.	28. LOCATION - CITY TOWN AND STATE 27. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. SIGNATURE OF PERSON PRONOUNCING DEATH (6) 31. SIGNATURE OF PERSON PRONOUNCING DEATH (7) 34. ACTUAL OR PRESUMED DATE OF DEATH (8) 35. PART I. Enter the chain of events - diseases, it such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines if necessary. 37. PART I. Enter the chain of events - diseases, it such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines if necessary. MULTISYSTEM FAIL MAY BE (1) 18. END OF LIFE FAILL MULTISYSTEM FAIL (1) 18. DID TOBACCO USE CONTRIBUTE 41. IF FEMALE 10. DID TOBACCO	S. NAME AND COMPLETE ADDRESS OF F (Ketchikan/Roesel Mortuary P.O. I RAGENT (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 32. LICE MM/DD/YY) 35. ACTUAL OR PF CAUSE OF DEATH (See instruct niuries: or complications-that directly called fibrillation without showing the etic LURE Due to for as a conseq Due to for as a conseq Due to for as a conseq uting to death but not resulting in the unius of death I not pregnant, but I at time of death Not pregnant, but Unknown if pregnant, but Unknown if pregnant OF INJURY 45. PLACE OF INJURY (e.g., City or Town, State, Zipcode)	UNERAL FACILITIES AND ASSESSED DEAD (MARENEE DEAD (MARENEE NUMBER RESUMED TIME 17:15. Its consistence of the death of the	M/DD/YY) 33. DATE OF DEATH IDES) N. DO NOT enter ABBREVIATE. 38. WAS 39. WER! THE 42 days of death a to 1 year before death a construction site.	200 30. TIME PRONC 30. TIME PRONC 30. TIME PRONC SIGNED (AMA) DOMY 36. WAS MEDICAL CONTACTED? 47. WAS MEDICAL CONTACTED? 48. WAS MEDICAL CONTACTED? 49. WAS MEDICAL CONTACTED? 49. WAS MEDICAL AUSE OF DEATH? 49. WAS MANUER 49. WAS MA	DUNCED DEAD. EXAMINER OR CORONER Yes No
DICAL CERTIFIER	28. LOCATION - CITY TOWN AND STATE 27. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. SIGNATURE OF PERSON PRONOUNCING DEATH (6) 31. SIGNATURE OF PERSON PRONOUNCING DEATH (7) 34. ACTUAL OR PRESUMED DATE OF DEATH (8) 35. PART I. Enter the chain of events - diseases, it such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines if necessary. 37. PART I. Enter the chain of events - diseases, it such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines if necessary. MULTISYSTEM FAIL MAY BE (1) 18. END OF LIFE FAILL MULTISYSTEM FAIL (1) 18. DID TOBACCO USE CONTRIBUTE 41. IF FEMALE 10. DID TOBACCO	S. NAME AND COMPLETE ADDRESS OF F (Ketchikan/Roesel Mortuary P.O. I RAGENT (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 32. LICE MM/DD/YY) 35. ACTUAL OR PF CAUSE OF DEATH (See instruct niuries: or complications-that directly called fibrillation without showing the etic LURE Due to for as a conseq Due to for as a conseq Due to for as a conseq uting to death but not resulting in the unius of death I not pregnant, but I at time of death Not pregnant, but Unknown if pregnant, but Unknown if pregnant OF INJURY 45. PLACE OF INJURY (e.g., City or Town, State, Zipcode)	UNERAL FACILITIES AND ASSESSED DEAD (MARENEE DEAD (MARENEE NUMBER RESUMED TIME 17:15. Its consistence of the death of the	M/DD/YY) 33. DATE OF DEATH IDES) N. DO NOT enter ABBREVIATE. 38. WAS 39. WER! THE 42 days of death a to 1 year before death a construction site.	200 30. TIME PRONC 30. TIME PRONC 30. TIME PRONC SIGNED (AMA) DOMY 36. WAS MEDICAL CONTACTED? 47. WAS MEDICAL CONTACTED? 48. WAS MEDICAL CONTACTED? 49. WAS MEDICAL CONTACTED? 49. WAS MEDICAL AUSE OF DEATH? 49. WAS MANUER 49. WAS MA	DUNCED DEAD. EXAMINER OR CORONER Yes No
DICAL CERTIFIER	25. COATION - CITY TOWN AND STATE 27. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. SIGNATURE OF PERSON PRONOUNCING DEATH (1) 31. SIGNATURE OF PERSON PRONOUNCING DEATH (2) 33. PART I. Enter the chain of events - diseases, it such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines if necessary arrest, or ventric on a line. Add additional lines if necessary arrest, or ventric on a line. Add additional lines if necessary arrest, or ventric on a line. Add additional lines if necessary lines are condition. Sequentially list conditions. 28. DEND OF LIFE FAILL by the condition of the cause listed on line a Enter the UNDERLYING CAUSE (disease or injury that probably conditions contributed in PART I. 40. DID TOBACCO USE CONTRIBUTE 1. IF FEMALE TO DEATH? 1. I	S. NAME AND COMPLETE ADDRESS OF F Ketchikan/Roesel Mortuary P.O. It RAGENY (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 35. ACTUAL OR PR CAUSE OF DEATH (See Instruct nightes, or complications-that directly collar fibrillation without showing the edicular fibrillation of the for as a consequence of the content of the cause of the course of the course of the edicular fibrillation, and/or investigation, in examination, and/or investigation, in	UNERAL FACILITIES AND ASSETS AND	M/DD/YY) 33. DATE OF DEATH ples) h. DO NOT enter ABBREVIATE. 38. WAS 39. WERE 12 days of death s to 1 year before death s; construction size; her stated, late and place, a eath occurred at	200 30. TIME PRONC SIGNED (AMAPOONY SIGN	DUNCED DEAD. EXAMINER OR CORONER Yes No
DICAL CERTIFIÉR	25. LOCATION - CITY-TOWN AND STATE 27. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. SIGNATURE OF PERSON PRONOUNCING DEATH (6) 34. ACTUAL OR PRESUMED DATE OF DEATH (7) 37. PART I. Enter the chain of events - diseases, is such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines in the control of the chain of events - diseases, is such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines in the control of the chain of events - diseases, is such as cardiac arrest, respiratory arrest, or ventric on a line. Add additional lines in the control of the chain of events - diseases. If the control of the chain of th	S. NAME AND COMPLETE ADDRESS OF F Ketchikan/Roesel Mortuary P.O. I RAGENT (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 32. LICE MM/DD/Y) 35. ACTUAL OR PF CAUSE OF DEATH (See instruct njuries, or complications-that directly ce cular fibrillation without showing the etic LURE Due to for as a conseq Due to for as a conseq Uring to death but not resulting in the ur nant within past year Not pregnant, but at time of death Not pregnant, but Unknown if pregn OF INJURY 45. PLACE OF INJURY (e.g., City or Town, State, Zipcode) wiedge, death occurred due to the cause best of my knowledge, death occurre of examination, and/or investigation, in	UNERAL FACILITIES AND ASSESS A COMPLETE COMPLIENCE COMPLETE COMPLIENCE COMPLETE COMPLIENCE COMPLIENCE COMPLIENCE COMPLETE COMPLETE COMPLETE COMPLIENCE COM	M/DD/YY) 33. DATE OF DEATH piles) A. DO NOT enter ABBREVIATE. 38. WAS 39. WERE THE 42 days of death as to 1 year before disable and place, a later and place, a later occurred at 1.	200 30. TIME PRONC 30. TIME PRONC 30. TIME PRONC SIGNED (AMA) DONY 56. WAS MEDICAL CONTACTED? I terminal events Enter only one call AUTOPSY PERFI- AUTOPSY FINDING AUSE OF DEATH! 42. MANINER 12. Natural Driver/Operate Pedestrian Other (Specific Indiduction the cause the time, date, and	EXAMINER OR CORONER Yes No Approximate interval Onset to death Unknown 6 Months SS AVAILABLE TO COMPLETE Yes No OF DEATH Homicide Pending investigation Could not be determined (rea) 46. INJURY AT WORK? Yes No OF DEATH Homicide Pending investigation Could not be determined (rea) 46. INJURY AT WORK? OF Passenger Unknown We(s) and manner stated. Inplace, and due to the cause
DICAL CERTIFIER	25. LOCATION - CITY-TOWN AND STATE 27. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. NAME OF FUNERAL SERVICE LIGENSEE OR OTHER RON RANDALL 17. SIGNATURE OF PERSON PRONOUNCING DEATH (6) 31. SIGNATURE OF PERSON PRONOUNCING DEATH (7) 32. ACTUAL OR PRESUMED DATE OF DEATH (8) 33. SIGNATURE OF PERSON PRONOUNCING DEATH (8) 33. PART I . Enter the chain of events - diseases, it such as carding arrest, respiratory arrest, or ventric on a line. Add additional lines if necessary. 37. PART I . Enter the chain of events - diseases, it such as carding arrest, respiratory arrest, or ventric on a line. Add additional lines if necessary. 38. MULTISYSTEM FAIL 18. END OF LIFE FAILL 18. END OF LIFE FAILL 18. DID TOBACCO USE CONTRIBUTE 41. IF FEMALE 19. DID TOBACCO USE CONTRIBUT	S. NAME AND COMPLETE ADDRESS OF F Ketchikan/Roesel Mortuary P.O. It RAGENY (SIGNATURE ON FILE) ON WHO 29. DATE PRONOUNC Only when applicable) 35. ACTUAL OR PR CAUSE OF DEATH (See Instruct nightes, or complications-that directly collar fibrillation without showing the edicular fibrillation of the for as a consequence of the content of the cause of the course of the course of the edicular fibrillation, and/or investigation, in examination, and/or investigation, in	UNERAL FACILITIES AND ASSESSED DEAD (MARENEE NUMBER RESUMED TIME 17:15). It is not a substitute of the control	M/DD/YY) 33. DATE OF DEATH ples) h. DO NOT enter ABBREVIATE. 38. WAS 39. WERE 12 days of death 10 to 1 year before death 12 construction site; 12 days of death 14 to 1 year before death 15 to 1 year before death 16 to 1 year before death 17 to 18 year before death 18 construction site; 19 to 19 year before death 1	200 30. TIME PRONC SIGNED (AMAPOONY SIGN	EXAMINER OR CORONER Yes No Approximate interval Onset to death Unknown 6 Months SS AVAILABLE TO COMPLETE Yes No OF DEATH Homicide Pending investigation Could not be determined (rea) 46. INJURY AT WORK? Yes No OF DEATH Homicide Pending investigation Could not be determined (rea) 46. INJURY AT WORK? OF Passenger Unknown We(s) and manner stated. Inplace, and due to the cause

001668040

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_

MARCH 27, 2020

Clint J. Franc State Registrar



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

Department of Commerce, Community, and Economic Development CORPORATIONS, BUSINESS & PROFESSIONAL LICENSING

State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Corporations / Entity Details

ENTITY DETAILS

Name(s)

Туре	Name
Legal Name	CRAIG BAR & LIQUOR STORE, INC

Entity Type: Business Corporation

Entity #: 17167D

Status: Good Standing

AK Formed Date: 7/5/1977

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2023

Entity Mailing Address: PO BOX 730, CRAIG, AK 99921

Entity Physical Address: 407 WATER ST, CRAIG, AK 99921

Registered Agent

Agent Name: Ralph Mackie

Registered Mailing Address: PO BOX 252, CRAIG, AK 99921

Registered Physical Address: 512 FIRST ST., CRAIG, AK 99921

Officials

□Show Former

AK Entity #	Name	Titles	Owned
	Estate of Marjorie V Young	Shareholder	100.00
	James Mackie	Director, Secretary, Treasurer	
	Ralph Mackie	Director, President	

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD LICENSE NUMBER FORM CONTROL 1322 XXXX LIQUOR LICENSE **ISSUED** 2021 - 2022 LICENSE RENEWAL APPLICATION DUE 03/17/2021 DECEMBER 31, 2022 (AS 04.11.270(b)) **ABC BOARD** THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2023 UNLESS DATED BELOW TYPE OF LICENSE: Package Store LICENSE FEE: \$1,500.00 CITY / BOROUGH: Craig 1150 Unorganized Borough Hill Bar Liquor Store D/B/A: This license cannot be transferred without permission 503 Front Street of the Alcoholic Beverage Control Board Mail Address: Special restriction - see reverse side Craig Bar & Liquor Store, Inc. ISSUED BY ORDER OF THE PO Box 730 ALCOHOLIC BEVERAGE CONTROL BOARD Craig, AK 99921 DIRECTOR 04-900 (REV 9/09) THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES





Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West Seventh Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

March 17, 2021

Hill Bar Liquor Store

DBA: Craig Bar & Liquor Store,

Inc. Via Email:

hillbar@aptalaska.net

Re: Package Store License #1322 DBA: Hill Bar Liquor Store, Beverage Dispensary License #1328 DBA: Hill

Bar

Dear Applicant:

I have received your application for renewal of your liquor license. Our staff has reviewed your application after receiving your application and required fees. Your renewal documents appear to be in order, and I have determined that your application is complete for purposes of AS 04.11.510, and AS 04.11.520.

Your application is now considered complete and will be sent electronically to your local governing body, your community council if your proposed premises is in Anchorage or certain locations in the Matanuska-Susitna Borough, and to any non-profit agencies who have requested notification of applications. The local governing body will have 60 days to protest the renewal of your license or waive protest.

A temporary license has been issued for this establishment.

Your application will be scheduled for the *March 2021* board meeting for Alcoholic Beverage Control Board consideration. The address and call-in number for the meeting will be posted on our home page. The board will not grant or deny your application at the meeting unless your local government waives its right to protest per AS 04.11.480(a).

Please feel free to contact us through the <u>alcohol.licensing@alaska.gov</u> email address if you have any questions.

Sincerely,

Olivia Frank

Occupational Licensing Examiner

AK Entity #	Name	Titles	Owned
	THOMAS MACKIE	Director, Vice President	

Filed Documents

Date Filed	Туре	Filing	Certificate
7/05/1977	Creation Filing	Click to View	
1/19/1988	Biennial Report		
2/21/1989	Biennial Report		
3/04/1991	Biennial Report		
4/21/1993	Biennial Report	Click to View	
3/21/1996	Biennial Report		
1/13/1997	Biennial Report	Click to View	
12/28/1998	Biennial Report	Click to View	
8/30/2001	Biennial Report	Click to View	
4/10/2003	Biennial Report	Click to View	
8/22/2005	Biennial Report	Click to View	
9/14/2006	Change of Officials	Click to View	
3/02/2009	Biennial Report	Click to View	
12/15/2010	Biennial Report	Click to View	
12/14/2012	Biennial Report	Click to View	
2/25/2013	Agent Change	Click to View	
2/25/2013	Biennial Report	Click to View	
10/23/2014	Biennial Report	Click to View	
12/07/2016	Biennial Report	Click to View	
4/17/2019	Biennial Report	Click to View	
4/28/2020	Change of Officials	Click to View	
5/07/2020	Change of Officials	Click to View	
10/09/2020	Biennial Report	Click to View	

COPYRIGHT © STATE OF ALASKA · <u>DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT</u> ·

Alaska Department of Commerce, Community, and Economic Development

Division of Corporations, Business, and Professional Licensing PO Box 110806, Juneau, AK 99811-0806

This is to certify that

HILL BAR

BOX 730, CRAIG, AK 99921

owned by

CRAIG BAR & LIQUOR STORE, INC

is licensed by the department to conduct business for the period

October 9, 2020 to December 31, 2021 for the following line(s) of business:

72 - Accommodation and Food Services



This license shall not be taken as permission to do business in the state without having complied with the other requirements of the laws of the State or of the United States.

This license must be posted in a conspicuous place at the business location. It is not transferable or assignable.

Julie Anderson Commissioner

Alaska Department of Commerce, Community, and Economic Development

Division of Corporations, Business, and Professional Licensing PO Box 110806, Juneau, AK 99811-0806

This is to certify that

HILL BAR

BOX 730, CRAIG, AK 99921

owned by

CRAIG BAR & LIQUOR STORE, INC

ENDORSEMENT: 403044 - 1

Effective October 9, 2020 through December 31, 2021 This business license has an endorsement for the physical address shown below:

504 FRONT STREET, CRAIG, AK 99921



This license shall not be taken as permission to do business in the state without having complied with the other requirements of the laws of the State or of the United States.

This license must be posted in a conspicuous place at the business location. It is not transferable or assignable.

Julie Anderson Commissioner

CITY OF CRAIG MEMORANDUM

To: Craig City Council

From: Jon Bolling, City Administrator

Date: March 25, 2021 RE: April Staff Report

1. Senate Bill 74 – Alaska Legislature

As noted in my February staff report, the Alaska Legislature is considering SB 74, a bond-financed capital projects bill that includes a \$8.3 million line item for the city's downtown harbor project. The bill, recently amended by the Senate Transportation Committee, also contains \$4.88 million for the Craig City School District's middle school rehabilitation project. Funding for the Klawock Airport and other airports around Alaska was removed from the bill by the committee.

There is talk among some legislators of scrapping the legislation in favor of using funds from the \$1.9 trillion American Rescue Plan Act for capital projects in the bill. However uncertainty remains as to how funding from the ARP Act funding may be used. The Senate Transportation Committee approved the bill (although without supportive recommendations) and sent it on to the Senate Finance Committee, co-chaired by Senator Stedman.

I do have concerns about the how the city's harbor project is categorized in the bill. The project is listed under Alaska DOT/PF, which could complicate access to the funds. I raised this issue with Sen. Stedman's office.

2. Landless ANCSA Bill

The mayor and I met recently via telephone with employees from Cedar Group, which represents the ANCSA landless native group seeking establishment of new ANCSA urban corporations in Southeast Alaska, two of which, as the council will recall, seek land selections on POW Island. I had sent the Cedar Group staff a copy of the city's November letter to Sen. Murkowski detailing the council's opposition to additional land selections on POW Island, so the Cedar Group staff had a good understanding about the council's concerns prior to the phone call. During our meeting Cedar Group provided some general description of the landless groups goals but were not able to address the council's specific concerns, or the questions the mayor and I raised during the phone call. Those questions included: why don't the prospective corporations make land selections closer to their home communities; why are selections at Red Bay, Coffman Cove, and Heceta Island necessary; what are the corporations' plans for use of the POW selections; and so on. The Cedar Group staff asked for time at an upcoming council meeting to present their land selection proposals and legislative justification to the council. If the council is prepared to devote some meeting time to the group, I will make the arrangements.

3. Alaska Forest Practices Act

I sent staff at the Ketchikan office of the Alaska Division of Forestry an invitation to attend an upcoming city council meeting to present information on the Alaska Forest Practices and Resources Act, based on direction from the council. I hope to hear back from division's staff soon, and will ask them to select a date from one of the council's regularly scheduled meeting dates.

4. FY 2022 Budget Preparation

Work by staff continues on preparing the FY 2022 city budget. Most of our work recently has been on restructuring the water/wastewater/solid waste billing, based on industry standards. That work continues. I expect to begin meeting with the budget committee in April.

5. Ice House Operations for 2021

I have a message in to staff at Seafood Producers Cooperative to talk about sharing labor costs at the ice house this summer, as we have done for the past several years. Daniel Jackson, the employee we have hired for several years to work the long summer hours at the ice house, is available and willing to return for the 2021 commercial fishing season.

6. Annual Household Hazardous Waste Collection

The vendor that is contracted to collect and dispose of HHW recently sent the city a cost estimate for this year's event. The estimated price of the service is extraordinarily and unexpectedly high. That's due in part to the fact that due to COVID-19, no event was held last year, and as a result the contractor expects a higher waste volume. Even so, the estimate is far more than we are prepared to pay. Russell Dill has contacted the contractor in reply and responded that a lower price is needed for Craig and Klawock (the cities have partnered in the past to split event costs) to contract for collection this year.

7. Travel Schedule

Personal travel, April 29-May 6.

CITY OF CRAIG MEMORANDUM

April 1, 2021

To: City Council

From: Sheri Purser, Treasurer

Re: Monthly Report

The March monthly financial reports are included.

Jon and I have been working on the budget and getting it ready for the Budget Committee. Jon and I have also been working with Russ to work on Utility rates. We should be ready by the time we meet with the budget committee. I am working with the Budget Committee to schedule when we will meet.

Horan & Associates came out and did their 2021 field work for the property tax assessments. I received them back and have been working on getting them into the accounting software. We are working on getting accounts updated and correct for the Property Tax Assessment Notices. We will have them printed and out to the public by March 31^{st.}

We are working on putting out a notice on the back of the Utility Bills to remind everyone about how to take care of the garbage cans. Where to place them on the road, how far apart, what time and what days are to be picked up.

Our Auditor, Christine Harrington, has chosen to take the extension that was given to auditor's due to Covid money and needing to audit that. She has decided to come and do field work instead of doing the audit virtually. She will be here the first week of May and hoping to have it done by the end of May.

We are having the meetings for the Emergency Operation Incident Management Team. We have changed meetings to every other week to keep everyone updated on the COVID-19 updates, checking inventories, receiving updates from SEARCH, Peace Health, & Public Health, also with other entities that are a part of the team.

If you have any questions please contact me at finance@craigak.com

City of Craig 02a. Craig Gov Rev

021	M-T-D Actual	Y-T-D Actual	Budget	Over(Under) Budget	% of
01 00.4000.00 000 Property Tax	0	671,234	660,000	11,234	102
01 00.4050.00 000 Sales Tax	26,012	851,266	971,550	(120,284)	88
01 00.4051.00 000 1% Sales Tax for School	0	283,755	320,850	(37,095)	88
01 00.4052.00 000 Alaska Remote Sales Tax	7,596	54,531	0	54,531	0
01 00.4053.00 000 1% Sales Tax Pool & Rec	0	283,755	320,850	(37,095)	88
01 00.4055.00 000 Delinquent Sales Tax	0	1,500	0	1,500	0
01 00.4060.00 000 Liquor Sales Tax	0	68,649	120,000	(51,351)	57
01 00.4065.00 000 Transient Room Tax	0	12,621	20,000	(7,379)	63
01 00.4070.00 000 Property Tax Penalties	0	(5)	0	(5)	0
01 00.4080.00 000 Sales Tax Penalties Total Local Taxes	<u> </u>	294 2,227,600	0 2,413,250	294 (185,650)	92
01 00.4100.00 000 Property PILT Funding	0	303,457	289,500	13,957	105
01 00.4110.00 000 State Revenue Sharing	0	75,361	50,000	25,361	151
01 00.4111.00 000 Liquor Revenue Sharing	0	7,350	4,000	3,350	184
01 00.4112.00 000 Fish Bus Tax - DOR 01 00.4120.00 000 Shared Fish Tax - DCED	0 499	153,110 499	50,000 4,000	103,110 (3,501)	306
Total State Revenue	499 499		397,500	(3,501) 142,277	12 136
		•	·	•	
01 00.4200.00 000 COVID 19 Response Revenue	0	893,370	50,000	843,370	1,787
01 00.4220.00 000 EMS Service Fees	4,169	20,167	70,000	(49,833)	29
01 00.4250.00 000 EMS Training Fees 01 00.4255.00 000 EMS Estimated NonCollectable	175 0	175 0	1,000 (25,000)	(<mark>825)</mark> 25,000	18 0
01 00.4255.00 000 EMS Estimated NonCollectable 01 00.4260.00 000 Aquatic Center Revenue	3,907	23,752	50,000	(26,248)	48
01 00.4270.00 000 Aquatic Genter Revenue	0	447	1,000	(553)	45
01 00.4275.00 000 Elshary rees 01 00.4275.00 000 Recreation Revenue	542	3,011	17,000	(13,989)	18
01 00.4280.00 000 Senior Card Fees	100	685	3,000	(2,315)	23
01 00.4620.00 000 Taxi Permit Fees	0	0	100	(100)	0
01 00.4640.00 000 Building Permit Fees	120	750	0	750	0
01 00.4644.00 000 Access Permit Fees	(80)	5,774	8,000	(2,226)	72
01 00.4645.00 000 Subdivision Fees	0	105	0	105	0
01 00.4646.00 000 PSN Road Maintenance	0	<u>87</u>	27,000	(26,913)	0
Total Permits & Fees	8,933	948,323	202,100	746,223	469
01 00.4300.00 000 Property Lease/Rentals	(4,108)	18,990	63,000	(44,010)	30
01 00.4400.00 000 Material Sales	0	0	1,000	(1,000)	0
01 00.4450.00 000 K Salmon Hatchery Support	0	14,561	0	14,561	0
Total Local Revenue	(4,108)	33,551	64,000	(30,449)	52
01 00.4700.00 000 Police-Fines, Citation	0	5,920	10,000	(4,080)	59
01 00.4703.00 000 Motor Vehicle Commision	4,050	45,523	60,000	(14,477)	76
01 00.4650.00 000 State Trooper Dispatch	0	6,250	7,200	(950)	87
01 00.4660.00 000 State Jail Contract Revenue	89,381	268,143	357,524	(89,381)	75
01 00.4661.00 000 State Jail Dental	0	133	0	133	0
01 00.4662.00 000 State Jail Prescription	0	61	0	61	0
01 00.4665.00 000 Klawock Dispatch	4,424	8,848	53,088	(44,240)	17
01 00.4670.00 000 Forest Service Dispatch Total Public Safety Funds	0 97,855	<u> </u>	13,000	(13,000) (165,934)	67
•		334,878	500,812		
01 00.4820.00 000 Interest Income (A/R) 01 00.4900.00 000 Misc Revenue	(20) 313	839 	1,000 5,000	(161) (2,044)	84 59
Total Other Revenue	293	3,795	6,000	(2,205)	63
Total Revenues	\$ 137,080 \$	4,087,924 \$	3,583,662	\$ 504,262	\$ 114
PETURN TO TOP					

City of Craig Cash Balances 3/23/2021

General Fund

Deposit Clearing Account Checking - First Bank Checking - Wells Fargo Petty Cash Petty Cash-Harbors Petty Cash- Aquatic Center Petty Cash - Police Petty Cash- Library Special Recreation Savings	67,487.79 2,499,370.50 14,493.74 325.00 200.00 250.00 134.95 150.00 1,941.55
Wells Fargo CD Saving Account	510,865.65
Total	3,095,219.18
Restricted Fund	
Cash, Police Fund Cash Evidence, Police Police Petty Cash Cash Equipment Fund Cash Hatchery Salmon Derby MM Park Funds Fish Quota Funds MM POW Clinic Funds MM Invest Muni Land Hatchery Saving Account Cash MMkt NFR -School FB	82,706.90 4,413.22 781.17 555,671.02 2.22 7,702.76 15,552.70 25,014.04 568,283.35 55,256.68 61,541.51
Cash Invest School Funds APCM	3,287,931.43
Accrued Interest, School	9,484.00
Total	4,674,341.00
Endowment	
Cash Held Endowment Fixed Inc. Investment Endowment Accr. Int., Endowment Equity Invest., Endowment Unrealized Gain/Loss Endowment Unrealized Gain/Loss Equity, Endowment	66,321.81 4,286,110.45 18,558.63 6,472,454.10 238,034.64 2,033,440.01
Total	13,114,919.64
Enterprise Fund	
Water & Wastewater Cash DNR Performance CD	4,469.55 8,500.00
Total	12,969.55

n 23, 2021		Y-T-D		Y-T-D				Y-T-D
		Actual	E	חביו-ז ncumbrance		Total		Budget
Administration								
Total Personnel Expenditures Total Benefits Expeditures Total Contract Expenditures Total Travel & Expenditures Total Materials Expenditures Total Utilties Expenditures Total Repairs & Maint		220,840 36,844 101,084 4,917 18,136 11,389 1,334		0 0 0 0 0		220,840 36,844 101,084 4,917 18,136 11,389 1,334		332,164 118,350 162,200 11,745 9,500 16,850 3,260
Total Other Expenditures Total Capital & Debt Expenditures		22,068 4,178		0 0		22,068 4,178		26,020 8,000
Total Expenditures	<u>\$</u>	420,790	\$	0	\$	420,790	\$	688,089
Excess Revenue Over (Under)	\$	(420,790)	\$	0	\$	(420,790)	\$	(688,089)
Council								
Total Personnel Expenditures Total Benefits Expeditures Total Contract Expenditures Total Travel & Expenditures Total Materials Expenditures Total Utilties Expenditures Total Repairs & Maint		12,019 12,304 650 0 0		0 0 0 0 0		12,019 12,304 650 0 0		13,520 16,612 950 2,050 0 0
Total Other Expenditures Total Capital & Debt Expenditures		7 0		0		7 0		220 0
Total Expenditures	\$	24,980	\$	0	\$	24,980	\$	33,352
Excess Revenue Over (Under)	\$	(24,980)	\$	0	\$	(24,980)	\$	(33,352)
Planning Total Revenues	\$	125,625	\$	0	\$	125,625	\$	0
Total Personnel Expenditures Total Benefits Expeditures Total Contract Expenditures Total Travel & Expenditures Total Materials Expenditures Total Utilties Expenditures Total Repairs & Maint		57,901 119,051 381,400 5,055 47,004 0		0 0 0 0 5,462 0		57,901 119,051 381,400 5,055 52,466 0		47,046 17,694 6,500 0 1,000 0 500
Total Other Expenditures Total Capital & Debt Expenditures		429,284	_	0 0	_	429,284		1,015 0
Total Expenditures Excess Revenue Over (Under)	<u>\$</u> \$	1,039,695 (914,070)	<u>\$</u> \$	5,462 (5,462)	<u>\$</u> \$	1,045,157 § (919,532) §		73,755 (73,755)
Parks &Facilities			=		=			
Total Personnel Expenditures Total Benefits Expeditures Total Contract Expenditures Total Travel & Expenditures Total Materials Expenditures Total Utilties Expenditures		95,546 37,330 14,398 0 9,004 14,278		0 0 7,700 0 7,178 0		95,546 37,330 22,098 0 16,182 14,278		137,652 67,197 5,100 0 17,000 16,000

	and Expense 110 & Budget						
1 20	,, 2021	Y-T-D		Y-T-D	T-4-1		Y-T-D
T	otal Repairs & Maint	Actual 4,978	En	cumbrance 0	Total 4,978		Budget 15,000
	otal Other Expenditures otal Capital & Debt Expenditures	1,332 22,852		0	1,332 22,852		11,968 26,000
	otal Expenditures	\$ 199,718	\$		\$ 214,596	\$	295,917
E	excess Revenue Over (Under)	\$ (199,718)	\$	(14,878)	\$ (214,596)	\$	(295,917)
F	Public Works						
T T T T	otal Personnel Expenditures otal Benefits Expeditures otal Contract Expenditures otal Travel & Expenditures otal Materials Expenditures otal Utilties Expenditures otal Repairs & Maint	111,108 57,084 38,223 0 57,770 13,718 81,680		0 0 0 0 32,906 0 13,143	111,108 57,084 38,223 0 90,676 13,718 94,823		162,044 103,569 720 0 27,350 14,900 68,200
	otal Other Expenditures otal Capital & Debt Expenditures	1,677 1,635		0 30,332	1,677 31,967		7,798 <u>58,000</u>
	otal Expenditures	\$ 362,895	\$	76,381	\$	\$	442,581
E	excess Revenue Over (Under)	\$ (362,895)	\$	(76,381)	\$ (439,276)	\$	(442,581)
F	Police						
T T T T	otal Personnel Expenditures otal Benefits Expeditures otal Contract Expenditures otal Travel & Expenditures otal Materials Expenditures otal Utilties Expenditures otal Repairs & Maint	456,264 134,905 3,967 5,531 38,504 15,203 57		0 988 0 931 9,282 0	456,264 135,893 3,967 6,462 47,786 15,203 57		589,296 336,473 7,020 3,000 47,500 27,000
	otal Other Expenditures otal Capital & Debt Expenditures	10,445 0		79 0	10,523 0		31,614 15,000
	otal Expenditures	\$ 664,876	\$		\$ 676,155	\$	1,056,903
E	excess Revenue Over (Under)	\$ (664,876)	\$	(11,280)	\$ (676,155)	\$	(1,056,903)
	MS otal Revenues	\$ 50	\$	0	\$ 50	\$	0
T T T T	otal Personnel Expenditures otal Benefits Expeditures otal Contract Expenditures otal Travel & Expenditures otal Materials Expenditures otal Utilties Expenditures otal Repairs & Maint	98,232 13,134 1,755 1,367 5,828 5,951 0		0 0 0 350 0 0	98,232 13,134 1,755 1,717 5,828 5,951 0		152,636 60,157 4,845 7,400 18,650 4,900
Т	otal Other Expenditures otal Capital & Debt Expenditures	 619 0		0	 619 0	_	6,351 2,200
T	otal Expenditures	\$ 126,886	\$	350	\$ 127,236	<u>\$</u>	257,139
E	excess Revenue Over (Under)	\$ (126,836)	\$	(350)	\$ (127,186)	\$	(257,139)

1 23, 2021		Y-T-D Actual	ļ	Y-T-D Encumbrance		Total		Y-T-D Budget
Fire Department								
Total Personnel Expenditures Total Benefits Expeditures Total Contract Expenditures Total Travel & Expenditures Total Materials Expenditures Total Utilties Expenditures Total Repairs & Maint		0 (354) 12,510 2,852 2,127 2,739 367		0 0 0 0 0		0 (354) 12,510 2,852 2,127 2,739 367		0 4,186 5,400 2,700 2,600 5,900 1,000
Total Other Expenditures Total Capital & Debt Expenditures Total Expenditures	\$	925 0 21,166	-	0 0 0	 \$	925 0 21,166	<u>-</u>	4,827 4,000 30,613
Excess Revenue Over (Under)	\$	(21,166)		_	\$	(21,166)		(30,613)
Library Total Revenues	\$	17,000	\$	0	\$	17,000	\$	0
Total Personnel Expenditures Total Benefits Expeditures Total Contract Expenditures Total Travel & Expenditures Total Materials Expenditures Total Utilties Expenditures Total Repairs & Maint	Ψ	48,139 21,726 3,795 0 17,509 3,910	Ψ	0 0 (1,195) 0 (2,870) 0 469		48,139 21,726 2,600 0 14,641 3,910 469	Ψ	64,129 35,410 2,900 0 7,000 10,600 1,000
Total Other Expenditures Total Capital & Debt Expenditures Total Expenditures		548 1,450 97,077	<u>\$</u>	(22) 0 (3,618)		525 1,450 93,460	\$	1,750 1,300 124,089
Excess Revenue Over (Under)	\$	(80,077)	\$	3,618	\$	(76,460)	\$	(124,089)
Recreation								
Total Personnel Expenditures Total Benefits Expeditures Total Contract Expenditures Total Travel & Expenditures Total Materials Expenditures Total Utilties Expenditures Total Repairs & Maint		33,413 11,082 1,090 0 638 9,881		0 0 0 0 0 0		33,413 11,082 1,090 0 638 9,881		54,963 24,744 3,600 0 1,050 13,000 500
Total Other Expenditures Total Capital & Debt Expenditures		437	_	0	_	437	_	5,130 800
Total Expenditures Excess Revenue Over (Under)	<u>\$</u> \$	56,541 (56,541)	<u>\$</u>		<u>\$</u> \$	56,541 (56,541)	\$ \$	103,787 (103,787)
Aquatic Center								
Total Personnel Expenditures Total Benefits Expeditures Total Contract Expenditures Total Travel & Expenditures Total Materials Expenditures Total Utilties Expenditures		80,576 45,354 245,174 344 18,593 69,332		0 0 0 0 2,372 0		80,576 45,354 245,174 344 20,965 69,332		166,594 121,997 6,400 10,780 23,800 126,000

ue and Expense YID & Budget a 23, 2021	Y-T-D		Y-T-D		Y-T-D
Total Repairs & Maint	Actual 2,330	E	ncumbrance 0	Total 2,330	Budget 7,097
Total Other Expenditures Total Capital & Debt Expenditures	1,246 107,051		0 2,600	1,246 109,651	11,800 144,820
Total Expenditures	\$ 570,000	\$	4,972	\$ 574,972	\$ 619,288
Excess Revenue Over (Under)	\$ (570,000)	\$	(4,972)	\$ (574,972)	\$ (619,288)
Sewer					
Total Revenues	\$ 194,582	\$	0	\$ 194,582	\$ 296,341
Total Personnel Expenditures Total Benefits Expeditures Total Contract Expenditures Total Travel & Expenditures Total Materials Expenditures Total Utilties Expenditures Total Repairs & Maint	63,631 30,759 7,359 1,280 5,191 37,261 1,121		0 0 134 0 0 0	63,631 30,759 7,493 1,280 5,191 37,261 1,121	80,999 46,940 7,800 1,280 8,200 49,400 4,000
Total Other Expenditures Total Capital & Debt Expenditures	1,636 7,679		0	1,636 7,679	5,450 34,000
Total Expenditures	\$ 155,917	\$		\$ 156,051	\$ 238,069
Excess Revenue Over (Under)	\$ 38,665	\$	(134)	\$ 38,531	\$ 58,272
Water Total Revenues	\$ 200,373	\$	0	\$ 200,373	\$ 333,162
Total Personnel Expenditures Total Benefits Expeditures Total Contract Expenditures Total Travel & Expenditures Total Materials Expenditures Total Utilties Expenditures Total Repairs & Maint	103,193 45,250 7,945 434 50,532 36,023 965		0 0 (845) (958) 0 4,002	103,193 45,250 7,945 (411) 49,574 36,023 4,967	137,561 78,941 10,000 3,935 62,400 57,400 10,000
Total Other Expenditures	1,257 121,412		0	1,257	12,850
Total Capital & Debt Expenditures Total Expenditures	\$ 367,011	\$		\$ 121,412 369,210	\$ 108,390 481,477
Excess Revenue Over (Under)	\$ (166,638)	\$	(2,199)	\$ (168,837)	\$ (148,315)
Other Fund Sources Other Funding Sources/Outflows	0		44,070 44,070	44,070 44,070	0 0
Garbage Total Revenues	\$ 195,648	\$	0	\$ 195,648	\$ 316,787
Total Personnel Expenditures Total Benefits Expeditures Total Contract Expenditures Total Travel & Expenditures Total Materials Expenditures Total Utilties Expenditures Total Repairs & Maint	36,294 22,424 132,320 0 13,165 243 2,922		0 0 0 0 354 0	36,294 22,424 132,320 0 13,519 243 2,922	39,149 35,657 211,500 0 9,300 500 7,500
Total Other Expenditures Total Capital & Debt Expenditures	536 0		0	536 0	3,500 4,000

23, 2021		Y-T-D		Y-T-D				Y-T-D
		Actual	_E	ncumbrance		Total		Budget
Total Expenditures	\$	207,904	\$	354	\$	208,258	\$	311,106
Excess Revenue Over (Under)	\$	(12,256)	\$	(354)	<u>\$</u>	(12,610)	<u>\$</u>	5,681
Harbor	•	0.44.400	•		•	044 400		070 500
Total Revenues	\$	241,190	\$	0	\$	241,190	\$	270,500
Total Personnel Expenditures Total Benefits Expeditures Total Contract Expenditures Total Travel & Expenditures Total Materials Expenditures Total Utilties Expenditures Total Repairs & Maint		95,703 39,613 65 185 7,826 22,688 7,247		0 0 0 0 594 0 1,928		95,703 39,613 65 185 8,420 22,688 9,176		149,801 74,001 900 2,100 10,400 44,592 17,000
Total Other Expenditures		13,998		0		13,998		35,000
Total Capital & Debt Expenditures	\$	1,398	<u>_</u>	2.522	Φ	1,398	<u>Ф</u>	1,500
Total Expenditures	Φ	188,723	\$	2,522	\$	191,246	<u>\$</u>	335,294
Excess Revenue Over (Under)	\$	52,467	\$	(2,522)	<u>\$</u>	49,944	<u>\$</u>	(64,794)
JTB Industrail Park Total Revenues	\$	511,093	\$	0	\$	511,093	\$	417,589
Total Personnel Expenditures Total Benefits Expeditures Total Contract Expenditures Total Travel & Expenditures Total Materials Expenditures Total Utilties Expenditures Total Repairs & Maint		74,171 19,604 0 2,003 34,625 3,067		0 0 0 0 0 0 1,389		74,171 19,604 0 2,003 34,625 4,456		93,961 37,595 1,900 0 6,500 53,336 3,300
Total Other Expenditures Total Capital & Debt Expenditures		2,079 600		0		2,079 600		12,300 0
Total Expenditures	\$	136,149	\$	1,389	\$	137,538	\$	208,892
Excess Revenue Over (Under)	\$	374,944	\$	(1,389)	\$	373,555	\$	208,697
Ward Cove Cannery Total Revenues	\$	3,907	\$	0	\$	3,907	\$	7,000
Total Personnel Expenditures Total Benefits Expeditures Total Contract Expenditures Total Travel & Expenditures Total Materials Expenditures Total Utilties Expenditures Total Repairs & Maint		0 0 0 55 1,681 809		0 0 0 0 0 0 357		0 0 0 0 55 1,681 1,166		0 0 0 0 200 1,600 1,000
Total Other Expenditures Total Capital & Debt Expenditures Total Expenditures	\$	221 0 2,766	-\$	0 0 357	-\$	221 0 3,123		1,020 1,000 4,820
Excess Revenue Over (Under)	\$	1,141	\$	(357)	\$	784	\$	2,180
	_		=		=			

PSN Hatchery

n 23, 2021	Y-T-D Actual	Ē	Y-T-D incumbrance		Total		Y-T-D Budget
Total Personnel Expenditures Total Benefits Expeditures Total Contract Expenditures Total Travel & Expenditures Total Materials Expenditures Total Utilties Expenditures Total Repairs & Maint	0 0 6,907 0 0 277 0		0 0 0 0 0		0 0 6,907 0 0 277 0		0 0 0 0 0 0
Total Other Expenditures Total Capital & Debt Expenditures	11 0		0		11 0		0
Total Expenditures	\$ 7,195	\$	0	\$	7,195	\$	0
Excess Revenue Over (Under)	\$ (7,195)	\$	0	<u>\$</u>	(7,195)	<u>\$</u>	0
School Support							
Total Personnel Expenditures Total Benefits Expeditures Total Contract Expenditures Total Travel & Expenditures Total Materials Expenditures Total Utilties Expenditures Total Repairs & Maint	0 0 0 0 0 0		0 0 0 0 0 0		0 0 0 0 0		0 0 0 0 0
Total Other Expenditures Total Capital & Debt Expenditures Total Expenditures	\$ 550,600 0 550,600	\$	0 0 0	 \$	550,600 0 550,600		0 0 0
Excess Revenue Over (Under)	\$ (550,600)		0	\$	(550,600)	\$	0
Special Revenue							
Total Personnel Expenditures Total Benefits Expeditures Total Contract Expenditures Total Travel & Expenditures Total Materials Expenditures Total Utilties Expenditures Total Repairs & Maint	0 0 70,698 0 0 0		0 0 0 0 0		0 0 70,698 0 0 0		0 0 0 0 0
Total Other Expenditures Total Capital & Debt Expenditures	 0 0		0 0		0 0		0 0
Total Expenditures	\$ 70,698	\$	0	<u>\$</u>	70,698	<u>\$</u>	0
Excess Revenue Over (Under)	\$ (70,698)	\$	0	\$	(70,698)	<u>\$</u>	0
GF Revenue Total Revenues	\$ 4,088,463	\$	0	\$	4,088,463	\$	3,583,662
Total Personnel Expenditures Total Benefits Expeditures Total Contract Expenditures Total Travel & Expenditures Total Materials Expenditures Total Utilties Expenditures	0 0 0 0 0		0 0 0 0 0		0 0 0 0 0		0 0 0 0 0

1 23, 2021		Y-T-D Actual		/-T-D ımbrance		Total		Y-T-D Budget
Total Repairs & Maint		0		0		0		0
Total Other Expenditures Total Capital & Debt Expenditures		0 0		0 0		0 0		0 0
Total Expenditures	\$	0	\$	0	\$	0	\$	0
Excess Revenue Over (Under)	\$	4,088,463	\$	0	\$	4,088,463	\$	3,583,662
Inter Governmental Transfers								
Total Personnel Expenditures Total Benefits Expeditures Total Contract Expenditures Total Travel & Expenditures Total Materials Expenditures Total Utilties Expenditures Total Repairs & Maint		0 0 0 0 0 0		0 0 0 0 0		0 0 0 0 0 0		0 0 0 0 0 0
Total Other Expenditures Total Capital & Debt Expenditures Total Expenditures Excess Revenue Over (Under)	<u>\$</u>	0 0 0	<u>\$</u> \$	0 0 0	<u>\$</u> \$	0 0 0	<u>\$</u>	0 0 0
Other Fund Sources Other Funding Sources/Outflows	<u>*</u>	1,171 1,171	<u></u>	0 0	<u>*</u>	1,171 1,171	Ť	0 0
PSN Road Maintenance Fee								
Total Personnel Expenditures Total Benefits Expeditures Total Contract Expenditures Total Travel & Expenditures Total Materials Expenditures Total Utilties Expenditures Total Repairs & Maint		0 0 (17,463) 0 0 0		0 0 0 0 0 0		0 0 (17,463) 0 0 0		0 0 0 0 0 0
Total Other Expenditures Total Capital & Debt Expenditures		0 0		0 0	<u></u>	0 0 (47, 463)	_	0 0
Total Expenditures	\$	(17,463)	\$	0	<u>\$</u>	(17,463)	<u>\$</u>	0
Excess Revenue Over (Under)	\$	17,463	\$	0	\$	17,463	\$	0

City Of Craig Memorandum

To: Mayor Tim O'Connor and Craig City Council From: Jessica Holloway, Aquatic Manager

RE: March/ April 2021 Report

Date: March 24, 2021

2021 Patron Us	sage	Prior Year Patron Usage
Pool: 295		83
Fitness room:	111	87
Rentals:	4	0
Swim Lessons:	44	3
Passes:	16	5
Pass Usage:	441	146

We have been picking up in business, which is a very good thing. Swim Lessons have started and going well. We just completed the 3-5 year olds and Coffman Cove School. In April, we start the 6-8 year olds and the Klawock Head Start. I am currently training other staff to teach lessons so some of the weight of them are off me.

We chose not to have our annual "Easter Egg Swim" this year. We did however donate filled eggs to the Moose with pool goodies inside them for their Easter Egg Hunt.

I am happy to announce that Chris Purdy will be returning to be our Head Coach / Lifeguard III. Chris was with us for three years and left last summer in the middle of the pandemic. He has decided he missed the island and should be returning around Mid-April. I am very excited to have him back as well as the kids on the swim team. Chris was a huge asset to my staff and to the team.

I will be traveling the end of April. I will be flying to Anchorage to teach a review course for current LGI's. I will be gone from April 23 through the 26th and back in the building on the 27th.

We added an open swim during spring break. Normally this is a big hit. This year it appears that there was not an interest.

We are keeping busy but are still looking for a couple more employees. One is a full time position and at least one but would like 2 more part time positions filled. Marianna will be leaving in July for school and I would love to have somebody in place and trained before she goes. Unfortunately, there are just no applicants.

If you have, any questions please feel free to email me at pool@craigak.com

CITY OF CRAIG MEMORANDUM

To: Mayor O'Connor and the Craig City Council

From: Tracey Jensen, City Clerk

Date: March 24, 2021

RE: March 2021 Staff Report

APEI:

The Clerk is still working with Department Heads to compile safety meeting information, and the inspections to The Alaska Public Entity Insurance (APEI), to apply for premium credits to reduce premiums at renewal with the credit information being due in April, 2021.

Spring Cleanup:

The Clerk will be working with Russell Dill at Public Works to update and organize the 2021 Spring Clean-up scheduled for the week of May 3rd, 2021.

Property Appraisals:

The Senior Citizen and Disabled Veteran Property tax exemptions have been applied and uploaded to our MARS system for the first time.

City Council Meetings:

Most of the clerk's duties consist of compiling information for the council; setting up council meetings; preparing council packets; staff reports; and creating council meeting minutes for approval.

Council IPads:

The Council Ipads have been updated, and cleaned to create more storage room, for those Members that wanted them done.

Next Craig City Council Meeting:

The first Thursday of the Month for the next meeting will be April 1, 2021.

CITY OF CRAIG MEMORANDUM

To: Craig City Council

From: Brian Templin, City Planner

Date: March 25, 2021 RE: Planner Staff Report

Craig Harbor Project

The USACE is continuing to work on the breakwater and harbor basin design. The city will have to match that with approximately \$20,000. I am continuing to work on additional inkind documents to reduce the cash match for the remainder of the design project. In-kind services include staff time for project development team (PDT) meetings, document reviews, meeting with USACE personnel, and development of agreements or memorandums.

I am currently reviewing the USACE memorandum between the city, USACE and State Historical Preservation Office regarding historical and cultural resources that might be uncovered during work on the breakwaters. As part of this review I am working on a draft agreement with the CTA for possession and curatorship of cultural artifacts that are uncovered.

We will continue to track SB74 which currently includes \$8.3 million toward the harbor project. There is also currently some discussion in the legislature about the impact to infrastructure projects on funding through the American Rescue Plan. We will stay involved in both discussions and how they pertain to our project.

The Craig Planning Commission has restarted general discussions regarding any historical overlay or zoning changes for the property. If the commission settles on a draft then the city council will have to approve an ordinance making the changes to the zoning code.

Area COVID-19 Cases and Information

As of March 22, 2021, there have been a cumulative total of 46 positive cases on Prince of Wales:

Resident Cases: 40 Non-Resident Cases: 6 Currently Active Cases: 0 Recovered Cases: 46

Cases in the Past 14 Days: 0 Cases in the Past 10 Days: 0

Craig's last positive case reported on February 5, 2021. Cases on POW have been low, and the recent outbreaks in Petersburg and Ketchikan have dropped off. Our local Public Health Nurses have done a great job providing current information on POW cases on the 1-888-894-1321 hotline. Public Health and the POW Health Network have been publishing data at least weekly on Facebook regarding current case numbers.

SEARHC continues to distribute Pfizer, Moderna, and is starting to distribute the Johnson & Johnson vaccines as it becomes available. Johnson & Johnson vaccine is in great demand and production has not met overall demand. Across the state anyone 16 or older is eligible for vaccine. Currently we are at about 52% of the POW population vaccinated. People are encouraged to sign up at www.covid19.search.org.

We have continued to monitor the alert level, number, and type of cases and will continue to have city facilities generally open to the public unless the situation changes based on the policy presented to the council in January.

American Rescue Plan

Congress recently passed the American Rescue Plan to provide additional funding for a number of COVID related activities. The plan includes additional money for states and communities. There has been some speculation on the amount that Craig is eligible for and some discussion about the potential uses but we are waiting from more concrete guidance from the State and the Treasury Department. We will keep the council informed as we get more information on these funds.

State Health Orders and Craig City Actions

The current state disaster declaration expired on February 14th. The legislature is still working through the process of issuing a new declaration or some approval of specific emergency powers. At this point the Governor does not intend to issue orders or mandates not explicitly included in a legislature passed declaration.



To: Craig City Council

From: Hans Hjort, Harbor Master

Date: March 24, 2021

RE: April staff report

Harbor department report April 2021

The wood F/V Chaser has been hauled out and is currently being parted out. After the parts are sold off the vessel the harbor department will dispose of the vessel.

The new lights at the JT Brown boat yard are installed and working now. This should help the boat yard be much more secure at night time.

We have been working on designing a new water system for South Cove harbor. We plan to include this in next year's budget.

Harbor staff has been dealing with several derelict vessels as well as delinquent accounts. We have been able to assign several permanent stalls to vessel owners that have been on the list for years now. We continue to have a waiting list for most stall sizes.

The old lights on the breakwater have been removed and the new ones have been installed. The new lights have an 11 year life expectancy. The light output is also impressive at 2-3 miles.

I have been working on creating the harbors budget for next year. We have several big projects planned.

Harbor staff installed two new fish cleaning tables that the Alaska Department of Fish and Game supplied to the harbor. The new tables will be at City Float and at the end of South Cove harbor.

2/25/2021-3/24/2021

Patron Visits: 182 Circulation: 639 Computer Usage: 66

WiFi Usage: 107 unique visitors, 387 total visits

Tests Proctored: 2

Meetings: 1

Story Times: 4 Facebook, 3 Zoom with Klawock Head Start

Inter-Library Loans: 66

We've been approved for our annual \$7,000 grant from the Alaska State Library and have started the process of applying for a \$10,000 grant from the Institute of Museum and Library Services in partnership with the Craig Tribal Association. If this grant is awarded we will use the funds to update our children's nonfiction collection, which still contains some books published in the 1980's and could certainly use an overhaul.

As of writing this report, my plan is to have the library open to the public starting April 5th like it was before COVID, with a few exceptions. Patrons will no longer have to make appointments, but everyone will still be required to wear a mask and maintain a safe distance from staff and other patrons. Children under 13 years old will still require parental supervision. I don't have a full team of evening volunteers built back up yet, but hopefully that will happen before summer hits.

I have selected a new Integrated Library System called Surpass. We won't be able to switch until the new fiscal year starts in July, but I am very excited for the transition. Their level of dedication to their customers is so high, their web developers have already implemented changes to the system that I suggested during a live demo with them—and I hadn't even committed to switching to their company yet!

Submitted by Angela Matthews, Library Director

Public works Report

Streets and Alleys:

- a. Snow removal and sanding as required
- b. Spring operations i.e. road right away trimming, sweeping, cleanup to start first week of April.
- c. Phase 1.2 sidewalk project awaiting conducive weather for concrete work.

Sewer:

- a. Daily and Monthly General maintenance and sampling at the wastewater treatment plant as required.
- b. Responded to power outages as required.
- c. Monthly Sludge removal as required.
- d. Gardner property sewer service connection currently out for bid. Bid openings scheduled for the 15th of April.

Water:

- a. Daily and Monthly General maintenance and sampling at the water treatment plant and distribution system as required.
- b. Water meter repair and/or replace as required.
- c. Monthly Bacti samples collected as required.
- d. Continuous work with radio read meter system. Additional radios have been ordered.
- e. Soda Ash machine has been received and staff has worked with vendors to schedule on-site installation the week of April 12th.
- f. TTHM&HAA5 samples scheduled for the first week of April.
- g. Sanitary survey completed as required by ADEC.

Equipment:

Solid Waste:

- a. Weekly pick-up process performed as require.
- b. Rear load solid waste truck is currently inoperable, awaiting vendor response to part replace vs. truck replacement.
- c. Household Hazardous Waste event; ongoing coordination with vender for May 2021

Projects:

- a. Safety Program review (work in progress)
- b. New soda ash machine installed at water treatment plant(work in progress)
- c. North & South Cove Harbors back-flow preventer installation project bid(work in progress)
- d. Lagoon beach cleanup scheduled for April 5th,6th, and 8th.

Craig Recreation Report to the Craig City Council and Mayor O'Connor, April. 2021



Our March Clean up was snowed out. We will try another in April and be ready for the City wide clean up the first week in May. Thanks again to Katrina Peavey and all who have helped.

By the time of this meeting we should have the Spring Bazaar under our belt. The Bazaar was on Saturday, March 27th from 11am to 4pm. It was small and as safe as we could make it.

Spring Break for the Craig Schools was March 22 to 27 with the school opening on March 29, 2021. We took this opportunity to do some renovations at the Craig Youth/Recreation Center. We started by removing a dead freezer. Not sure when it died but it was ugly. Then we tackled the counters in the main room. Samantha Wilson and I took off the laminate and she filled, sanded and prepped the surface. Brian was able to print us some great charts and maps. It should be finished by now.

Samantha has been a great work partner. She will be leaving to work for the USFS the end of the month, putting her biology degree to use. She will be missed. Her last day will be April 23. I am currently looking for a part time assistant. I will be retiring June 30, 2022 and hope to train a replacement.

We have lowered the age for after school to 3rd grade. We just got in out picked ball and badminton nets and plan on having ping pong all on the same afternoon. We will try opening it up to the community.

We had our first rental of the gym. We have another set for October 5-7. Planning ahead. Volleyball is still popular. Karate just tested their students. Pickle ball in the mornings will go away and be on Sundays and Wednesdays. TABATA is still going and Skating is picking up.

The Centennial Committee will meet on Tuesday at 2pm in the Craig Youth and Recreation Center. We have great plans! Millie Schoonover has joined our group: Karen Head, Kathy Peavy, Katrina Peavey, Angela Matthews, Cheryl Fecko, with help from Christina Barlow, Ralph and Lauren Mackie, June May and Barb Stanley. We are reaching out to the schools and community for help and input.

Craig 4th of July is hosting a goodie give away on Saturday, April 3 at the 1st Bank Drive through. We will sell popcorn and cotton candy as a fundraiser. And we will start planning the festivities.

The Salmon Derby will be held again this year. I will be getting the tickets out to the lodges and the public. We will have the same time frame, May to August 15, with 2 derbies. Cash prize again this year. After the hard time so many businesses have had we don't want to ask them for donations. If it is possible to do an event and outdoor bbq would work.

So, if you know someone who would like to be a recreation assistant or who would like my job in 15 months let me know.

Respectfully submitted by Victoria Merritt, Craig Recreation Director.





Parks & Public Facilities

3/26/2021

Staff Report - April 2021

To: Craig Mayor and City Council

From: Douglas Ward

Current Projects Underway:

- 1. Trail repairs, and re-graveling. Hamilton Drive walking path, Cemetery Island Trail.
- 2. Installation of touchless faucets at City Hall.
- 3. Road upgrade on entrance to Ralph James Picnic Shelter.
- 4. Ventilation for new mechanical room at Pool.

Upcoming Projects this month:

1. Beach cleanup Lagoon beach / Seaweed raking.

Completed Items:

- 1. Heating valve replacement.
- 2. Toilet repair cell #5.
- 3. Shop cleanup and inventory.
- 4. Day to day service calls

As always, don't hesitate to call or contact me anytime for questions or concerns. (907)401-1038



UNITED FISHERMEN OF ALASKA

Mailing Address: PO Box 20229, Juneau AK 99802-0229
Physical Address: 410 Calhoun Ave Ste 101, Juneau AK 99801

Phone: (907)586-2820 Email: ufa@ufa-fish.org
Website: www.ufafish.org

March 10, 2021

Mayor Tim O'Connor PO Box 725 Craig, AK 99921

Dear Mayor O'Connor,

My name is Frances Leach and I am the Executive Director of the United Fishermen of Alaska (UFA) in Juneau. I am writing to inquire if the City of Craig might be interested in joining UFA as a community supporting member. UFA is the largest statewide commercial fishing trade association, representing 37 commercial fishing organizations from fisheries throughout the state and its offshore waters. Our mission is to promote and protect the common interests of Alaska's commercial fishing industry as a vital component of Alaska's social and economic well-being. UFA's strength is a direct function of the breadth of our member groups that comprise our Board of Directors. We would welcome community supporting members such as the City of Criag that are not currently UFA members to join and support the economic benefits provided the State and local businesses by the commercial fishing industry.

Supporting community membership costs \$300 a year. Community supporting members have the communities web link included on UFA site (pasted below). You can see the list of communities and businesses that are members of UFA right now represent a broad spectrum of the fishing community. Each supporting community member also receives a membership certificate and UFA decals that can be displayed in public places to demonstrate your support of the commercial fishing industry. We know from experience that such support is much appreciated by our hundreds of permit holders and crew who live throughout the State.

I very much appreciate your time and consideration. If you'd like to discuss this letter further I would be happy to do so at your convenience. My number is 586-2820.

http://www.ufafish.org/member-organizations/business-members/

Sincerely,

Frances H. Leach Executive Director

MEMBER ORGANIZATIONS

Alaska Bering Sea Crabbers • Alaska Longline Fishermen's Association • Alaska Scallop Association • Alaska Trollers Association
Alaska Whitefish Trawlers Association • Area M Seiners Association • At-sea Processors Association • Bristol Bay Fishermen's Association
Bristol Bay Regional Seafood Development Association • Bristol Bay Reserve • Cape Barnabas, Inc. • Concerned Area "M" Fishermen
Cook Inlet Aquaculture Association • Cordova District Fishermen United • Douglas Island Pink and Chum • Freezer Longline Coalition • Fishing Vessel Owners Association • Kodiak Forum • Kenai Peninsula Fishermen's Association • Kodiak Crab Alliance Cooperative • Kodiak Regional Aquaculture Association • Kodiak Seiners
ssociation • North Pacific Fisheries Association • Northern Southeast Regional Aquaculture Association • Northwest Setnetters Association • Petersburg Vessel Owner
Association • Prince William Sound Aquaculture Corporation • Purse Seine Vessel Owner Association • Seafood Producers Cooperative • Southeast Alaska Herring
Conservation Alliance • Southeast Alaska Fisherman's Alliance • Southeast Alaska Regional Dive Fisheries Association • Southeast Alaska Gillnetters
Valdez Fisheries Development Association

Prince of Wales **Hyder Census Area**



United Fishermen of Alaska PO Box 20229 Juneau. AK 99802-0229 Phone 907.586.2820 ufa@ufafish.org www.ufafish.org

2018 Commercial Fishing and Seafood Processing Facts

JOBS - FISHING

Permit holders, crew and vessels:

CFEC commercial fishing permit holders: 2991

Total permits owned: 5171

Permit holders who fished: 2271

Commercial crewmember license holders: 2752 Permit holders who fished plus crew: 5021,2

Percentage of local population who fished: 8.0%1,2,4

Vessels home ported: 3373 Owned: 3203

Each of these individual small and family businesses represents investment, employment, and income in the Prince of Wales-Hyder Census Area.

INCOME

Estimated ex-vessel income by Prince of Wales-Hyder Census Area-based fishermen: \$16.8 million¹ Earnings generated from commercial fishing circulated in the local economy through taxes, purchases, repair and maintenance, transportation, and other services.

Virtually every business in the Prince of Wales-Hyder Census Area benefits from commercial fishing dollars.

JOBS – PROCESSING

Seafood processing jobs in the Prince of Wales-Hyder Census Area: 4775

Alaska resident processing jobs: 180 (37.7%)5

Total processing wages: \$3.9 million⁵

Alaska resident processing wages: \$1.9 million (49.3%)5

Number of processing facilities: 74

...AND MORE JOBS

In addition to direct harvester and processor workers, fisheries related jobs include fuel, accountants, consultants, air and water travel, hardware and marine repair and supply businesses, advocacy and marketing organizations, air cargo crew, freight agents, and scientists.

Government related jobs include Alaska Department of Fish and Game • Fish and Wildlife Protection/Alaska Department of Public Safety · Docks and Harbors · Hatcheries · Alaska State Troopers · United States Coast Guard • University of Alaska School of Fisheries• Alaska Sea Grant Marine Advisory program, and more.

REVENUE to the State and Community through Fishery Taxes ...

FY 2018 shared taxes - Prince of Wales-Hyder Census Area communities received \$95,470 in fisheries landings and business taxes through the municipal taxsharing program from POW-Hyder Census Area fisheries businesses. The State of Alaska received a like amount.6

LEGISLATIVE DISTRICT

The Prince of Wales-Hyder Census Area is in House Districts 35 and 36, Senate District R.

The Prince of Wales-Hyder Census Area includes the communities of Coffman Cove, Craig, Edna Bay, Hollis, Hydaburg, Hyder, Kake, Kasaan, Klawock, Metlakatla, Meyers Chuck, Naukati Bay, Port Alexander, Point Baker, Port Protection, Thorne Bay, and Whale Pass.

Footnotes - Sources:

- 1. Commercial fishing permit activity and estimated harvest and earnings by permit holder are from the Alaska Commercial Fishery Entry Commission (CFEC) at https://www.cfec.state.ak.us/fishery_statistics/earnings.htm.
- 2. Crew numbers are from Alaska Department of Fish and Game commercial crew license list, and are the number of full year adult resident license holders who list their address in a given community. <a href="http://www.adfg.alaska.gov/index.cfm?adfg=license.licen
- that list home port or ownership in a given community.
- 4. Number of processing facilities, and population data used to calculate the percentage of residents who fished, are from the Alaska Department of Commerce, Community, and Economic Development (DCCED) Community Database: https://www.commerce.alaska.gov/dcra/DCRAExternal
- 5. Processor employment and wage data is from the Alaska Department of Labor at http://live.laborstats.alaska.gov/seafood/seafood
- 6. Revenue figures are from the Alaska Department of Revenue Shared Taxes report: http://www.tax.alaska.gov/programs/sourcebox

STATE OF ALASKA DEPARTMENT OF NATURAL RESOURCES DIVISION OF FORESTRY SOUTHEAST AREA OFFICE

FIVE-YEAR SCHEDULE OF TIMBER SALES STATE FISCAL YEARS 2021-2025

The Alaska Department of Natural Resources, Division of Forestry Five-Year Schedule of Timber Sales for the Southern Southeast Area is hereby adopted into the record. Per AS 38.05.113 this is a scoping document that outlines the proposed timber sale activity to be undertaken on State land over the next five years. The Five-Year Schedule is not a decision document.

This document can be viewed at the Area Office in Ketchikan, the State of Alaska's on-line public notice website: http://notice.alaska.gov/201760

As well as the DOF's website http://forestry.alaska.gov/timber/ketchikan.htm#fiveyear.

The Division of Forestry has received and reviewed public comment and may proceed with planning the proposed timber sales and associated developments. When each sale is prepared and ready for review, notice of the proposed decision and the opportunity for public comment will be given for that specific timber sale, as is required under state statutes and regulations.

FOR MORE INFORMATION OR TO SUBMIT COMMENTS CONTACT:

Alaska Division of Forestry Contact: Greg Staunton

2417 Tongass Avenue, Suite 213 Phone: 225-3070

Ketchikan, AK 99901 Email: greg.staunton@alaska.gov

March 23, 2021

Jon Bolling, City Manager City of Craig P.O. Box 725 Craig, AK 99921

Sent via email: jbolling@aptalaska.net

RE: 2021 Assessment Fieldwork

Dear Mr. Bolling:

We have completed the fieldwork and made adjustments to the real property assessed values for the 2021 assessment roll. This is based on our inspection of various properties and review of the real property records and sales information. Commercial and industrial property lack enough sales data to make any changes this year. Residential land sales indicated a clear upward trend, especially with filled waterfront properties, with several sales above assessed values. Mobile homes sales continue to be too dispersed to get a clear value trend direction. Our conclusion was to adjust residential land upwards, with waterfront residential slightly higher than residential uplands.

Land

Residential land sales continue to show upward movement with waterfront properties, expanding on the trend we saw last year for sales with good views and filled land on the waterfront selling 32% or 195% above assessed. To account for this trend, we increased filled portions of waterfront lots in "Harbor Tides" and "Res Tide WC" market neighborhoods to 11.50. We then increased the same markets plus "Res Upland" by 5%.

We did consider using the clear upward trend of residential land sales and the two commercial sales in 2020 to make a small adjustment with commercial land, but with the unknown effect of COVID on commercial properties we decided it would be better to wait for more data.

Residential Improvements

We were able to confirm six additional sales since last year, combining that data with 2018 and 2019 sales we continue to see an upward trend but we feel this increase is primarily in the land and not in the improved value. With the 5% residential land increase we saw no reason for an additional increase to residential improvements.

Mobile Homes

The mobile home market sales continue to be statistically inconsistent relative to the prices paid. After reviewing this year's sales of mobile homes, we did see an upward trend but the data we have on mobile homes makes adjusting them problematic. We plan on doing more mobile home inspections next year allowing us to update our valuation model for mobile homes.

Commercial

Commercial sales still lack enough data to make a change. We had two new commercial sales in 2020, the mobile home park at 114% and a triplex at 96%. We will continue to monitor commercial sales for possible future adjustments.

The Fieldwork

Our fieldwork involved inspecting new construction and properties which had building permits for additions and deletions, and we made appropriate corrections to the assessment records. We inspected 94 records this year, an increase of two from last year. We picked up some new trailers and removed some as well. We noted a fire in Jim Seley's warehouse and some wind damage with Tyler Rental. There were a good number of sales this year, two more than last year for a total of 22 sales, which we inspected to confirm our records were accurate. Overall, there were a lot of additions this year with new buildings or improvements to existing buildings.

Value Changes

This year's review of the assessment records resulted in value increases. The 2019 assessment roll of taxable properties compared to our 2020 assessments are contrasted in the table below.

	2020	2021	DIFFERENCE
LAND	\$42,002,400	\$43,925,900	\$1,923,500
IMPROVEMENTS	\$82,467,100	\$82,954,100	\$487,000
TOTAL	\$124,469,500	\$126,880,000	\$2,410,500

Please feel free to encourage staff to ask questions so we may continually improve the functionality of MARS for the staff and the public.

Please let us know if you have any questions or comments. Thank you once again for the opportunity to be of service.

Sincerely,

Henry Robinson, COO

Horan and Company, LLC

Addenda: Craig Sales Analysis for 2021; Land, Residential and Mobile Homes

Analysis for 2021; Land, Residential and Mobile Homes

TABLE 1 - 2021 Land Assessment to Sales Ratio Analysis After adjusting tideland fill value & increasing land 5%							
Parcel					Assessed	Assessment to	
Number	Address	Sale Date	Sa	le Price	Land	Sales Ratio	
NC-503-130	121 Tanner Crab Court	1/9/2018	\$	75,000	84,000	112%	
NC-503-120	119 Tanner Crab Court	6/1/2018	\$	78,000	75,800	97%	
WC-103-030	205 Beach Road	9/14/2018	\$	94,000	90,500	96%	
EC-208-010	1200 Sunnyside Drive	10/17/2018	\$	90,000	86,600	96%	
EC-216-020	520 Hamilton Drive	10/9/2019	\$	70,000	61,500	88%	
WC-103-020	209 Beach Road	6/10/2020	\$	95,000	94,000	99%	
WC-119-030	104 Beach Road	9/9/2020	\$	90,000	48,500	54%	
WC-134-060	408 Front Street	9/30/2020	\$	14,100	14,100	100%	
WC-104-050	301 Beach Road	3/9/2021	\$	90,400	145,400	161%	
			\$	696,500	\$ 700,400	101%	

TABLE 2 - 2021 Mobile Home Assessment to Sales Ratio Analysis							
Parcel					Assessed	Assessment to	
Number	Address	Sale Date	Sa	le Price	Total	Sales Ratio	
WC-120-062	Mackie	1/29/2019	\$	8,000	8,400	105%	
PS-410-715	715 Shaan Seet	5/20/2019	\$	17,000	15,800	93%	
WC-123-082	7B Harborview	6/15/2019	\$	3,500	6,400	183%	
PS-410-205	205 Shaan Seet	1/1/2020	\$	7,500	7,300	97%	
PS-410-418	Shaan Seet	1/1/2020	\$	5,000	6,600	132%	
PS-410-504	Shaan Seet	5/1/2020	\$	12,100	12,100	100%	
PS-410-608	608 Shaan Seet	9/15/2020	\$	14,000	11,100	79%	
PS-410-719	719 Shaan Seet	1/2/2021	\$	20,000	9,900	50%	
			\$	87,100	\$ 77,600	89%	

TABLE 3 - 2021 Residential Assessment to Sales Ratio After increasing land 5%							
Parcel					Assessed	Assessment to	
Number	Address	Sale Date	Sa	le Price	Total	Sales Ratio	
WC-117-080	507 Spruce Street	1/10/2018	\$	377,045	342,800	91%	
EC-212-030	1400 Kelsey Court	3/2/2018	\$	304,500	299,600	98%	
EC-212-090	600 Brandi Court	5/30/2018	\$	380,000	369,700	97%	
EC-228-030	1900 Hamilton Drive	7/1/2018	\$	285,000	299,000	105%	
WC-131-040	800 Main Street	9/4/2018	\$	250,000	230,700	92%	
EC-206-070	1309 Sunnyside Drive	9/7/2018	\$	300,000	312,700	104%	
EC-206-080	1401 Sunnyside Drive	1/14/2019	\$	460,000	430,400	94%	
EC-207-140	603 Oceanview Drive	3/8/2019	\$	170,000	183,800	108%	
WC-110-010	305 Cedar Street	6/13/2019	\$	280,000	253,000	90%	
EC-207-130	602 Hamilton Drive	1/31/2020	\$	250,000	264,000	106%	
WC-112-030	501 Cedar Street	3/18/2020	\$	137,000	118,700	87%	
EC-205-020	1603 Hamilton Drive	4/15/2020	\$	280,000	252,700	90%	
EC-218-060	506 Thomas Court	9/1/2020	\$	335,000	336,300	100%	
EC-207-080	608 Hamilton Drive	10/4/2020	\$	281,000	294,800	105%	
EC-208-020	710 Oceanview Drive	2/12/2021	\$	390,000	423,400	109%	
			\$4	1,479,545	\$4,411,600	98%	

CITY OF CRAIG MEMORANDUM

To: Craig City Council

From: Jon Bolling, City Administrator

Date: March 26, 2021

RE: Review of American Rescue Plan Act

As the council is no doubt aware, Congress and the President both recently approved the American Rescue Plan Act. The act reportedly appropriates some \$1.9 trillion in federal spending in response to the ongoing COVID-19 pandemic.

To help make some sense out of such an enormous amount of money, the Alaska Municipal League prepared and distributed a summary of programs authorized in the Act. A copy of the summary is attached. The Act extends or reauthorizes funds for the Payment Protection Program and EIDL program funding, direct payments, tax credits, and many other programs.

A number of programs in the Act authorizes programs that the city implemented for businesses in Craig, including mortgage and rental assistance, utility payment assistance, child care payments, economic losses and so on. Some of these programs provide funding for economic assistance to businesses. I expect some of these programs will be managed through state agencies such as Alaska Housing Finance Corporation, the Alaska Department of Health and Social Services, and the Alaska Department of Education for funding identified for school districts.

The Act also contains financial payments to state and local governments. According to the attachment, about \$195.3 billion will be distributed to the states, and another \$130.2 billion for local governments. AML has developed a spreadsheet that attempts to estimate payments to cities in Alaska. That spreadsheet estimates Craig receiving around \$550,000 over the course of two years, one payment in the next 60 days or so, and a second payment about a year later. My contacts at the State of Alaska Division of Community and Regional Affairs do not yet know if they will distribute these funds through grant agreement, as was done with the CARES Act funds. That process is likely to be defined soon, as the act compels states to distribute the funds within 30 days after receipt from the US Treasury.

As it did with CARES funding, the US Treasury is expected to provide written guidance to recipients of funds from the Act. The expectation is that some of the rules governing use of the funding will be less restrictive than under the CARES Act, but that remains to be seen.

There appears to be funding available for capital projects from the act, including water and wastewater utilities. Details on the use of construction funding will come at a later date.

No action is required at this point by the council. This memo and attachment are for information purposes. The council will be called upon to make decisions on how to manage any funding received by the city sometime in April or May, when I expect we will know more about how the feds will manage funding appropriated by the Act.



American Rescue Plan

What it means to the State of Alaska, and to Alaska's Cities and Boroughs

Preliminary information, calculations, assumptions – more to come!

March 18, 2021

Overall Provisions – Individuals and Businesses

- Direct Payments \$1,400 per person, reduced eligibility (\$80,000) already being distributed
- Tax Credits Increase to and extension of Earned Income, Dependent Care, and Child Tax Credit
- Tax Credits Employee Retention Credit and Paid Leave Credit
- Tax Credits Makes states and local governments eligible for FFCRA paid leave reimbursable tax credit, beginning March 31, 2021
- Extension to additional Unemployment benefits, federal component applies at State level (unless an employer provides unemployment benefits on a reimbursement basis, with 75% subsidy for that)
- SBA Limited PPP funding increase closes March 31 includes nonprofit eligibility; EIDL increase
- SBA Restaurant Revitalization Fund grants equal to pandemic-related revenue loss
- SBA Funding for shuttered venue operators
- Extends SNAP and WIC increases



Overall Provisions – Health and Human Services

- Supplemental vaccination and testing grants for state and local distribution
- Funding available to state and local government public health departments to support workforce
- Funding available for community health centers
- Block grants under the Substance Abuse and Mental Health Services Administration
- Child Care and Development Block Grant these go to the State then to providers
- Child Care Stabilization grants; Child Care Entitlement to States
- Emergency Funding to states for low-income families with children
- Mental Health Services Block grant, Substance Abuse Block grants, grants to Community Behavioral Health Clinics, funds for Head Start, home visiting programs, child abuse prevention and treatment grants, family violence grants
- Older American Act funding, including nutrition programs;
- HHS LIHEAP for energy assistance, plus water/sewer assistance
- Medicaid and Medicare provisions that will apply at the state level, ACA provisions
- 100% COBRA subsidy



Overall Provisions – FEMA, Transportation, Education

- Maintain 100% FEMA reimbursement to states and local governments
- FEMA firefighter, SAFER, and emergency management performance grants
- Food supply chain USDA purchases of food and seafood, seafood processors
- Operating assistance formula grants to states to support rural transit programs/agencies
- Airport funding costs related to operations and COVID response; non-primary airports aid
- Education (ESSERF)— school districts ventilation systems, support staff, reduced class sizes, PPE, learning loss remediation
 - Must have plan to return to in-person operations
- Education funds to IDEA, non-public schools through governor; School and library internet funding through
 FCC E-rate program
- Education States must maintain spending on both K-12 and higher education in FY 2022 and FY 2023 at least at the proportional levels relative to a state's overall spending, averaged over FY 2018, FY 2019 and FY 2020.
 - States cannot cut per-pupil spending for high-need districts more than other districts; cannot fund highest-poverty districts below FY19 funding

Other Provisions – Utility, Consumer, Housing

- University funding for lost revenue; restrictions on use, including to use for financial aid
- Emergency rent relief and utility assistance; extra for rural housing
- Emergency housing vouchers to address homelessness
- Homeowner Assistance Fund mortgage payments, property taxes, utilities, insurance
- Housing not more than 15% of funds can be used for admin by states and local governments
- Low-Income Household Drinking Water and Wastewater Emergency Assistance Program created under the FY 2021 Omnibus to assist with payments for drinking water and wastewater expenses
- VA construction funds to upgrade homes; support for state-operated facilities
- Emergency assistance through TANF
- EDA Economic adjustment assistance competitive grants for planning and projects
 - 25% reserved for states and communities to address losses in the travel, tourism or outdoor recreation sectors
- Corporation for Public Broadcasting stabilization grants to small and rural stations



State and Local Relief

The \$350 billion in funding in the bill is broken down as follows:

- States: Providing \$195.3 billion for the states. \$500 million
- Localities: Providing \$130.2 billion for local governments.
- Tribal Governments: Providing \$20 billion to federally recognized tribal governments.
- \$10 Billion Capital Project Fund: For states "to carry out critical capital projects directly enabling work, education, and health monitoring, including remote options, in response to the public health emergency."
- An additional \$1.5 billion is provided for eligible revenue share counties (notably public land counties that
 receive Payment-in-Lieu-of- Taxes (PILT) and Secure Rural School (SRS) payments), with \$750 million allotted each
 year for federal Fiscal Years 2022 and 2023
 - Treasury will be responsible for determining the funding formula, taking into account the economic conditions of each eligible revenue sharing county, using measurements of poverty rates, household income, land values, and unemployment rates as well as other economic indicators, over the 20-year period ending with Sept. 30, 2021
 - Eligible counties may use these funds for any governmental purpose other than a lobbying activity
 - Counties shall be required to provide periodic reports with a detailed accounting of the use of funds
 - Failure to submit required reports or misuse of funds will result in the recoup of funds by the federal government





Provisions

- Treasury to provide guidance!
- Use of funds:
 - Respond to the COVID-19 emergency and address its economic effects, including through aid to households, small businesses, nonprofits, and industries such as tourism and hospitality.
 - Provide premium pay to essential employees or grants to their employers. Premium pay couldn't exceed \$13 per hour or \$25,000 per worker.
 - Provide government services affected by a revenue reduction resulting from COVID-19.
 - Make investments in water, sewer and broadband infrastructure.
- State and local governments cannot use the funds towards pensions or to offset revenue resulting from a tax cut enacted since March 3, 2021.
- State and local governments could transfer funds to private nonprofit groups, public benefit corporations involved in passenger or cargo transportation, and special-purpose units of state or local governments.



Process

- Funds distributed by Treasury within 60 days
- Two tranches for local governments one "now" and one a year later
- Boroughs will receive their allocation directly
- Anchorage CDBG entitlement city will receive theirs directly
- All other will receive theirs through the State
 - Non-entitlement cities
 - Census area allocation to cities
- State has 30 days to distribute, can request waiver but penalty otherwise
- Direct recipients may need to be enrolled in GrantSolution

State Aid

- Treasury could withhold up to half of State's allocation based on unemployment rate, and require updated certification of need
- Infrastructure projects may need to be done by 2023, thus requiring some level of shovel ready

ALASKA MUNICIPAL LEAGUE

Allowable Uses

- (A) to respond to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19) or
 its negative economic impacts, including assistance to households, small businesses, and nonprofits, or aid
 to impacted industries such as tourism, travel, and hospitality;
- (B) to respond to workers performing essential work during the COVID—19 public health emergency by
 providing premium pay to eligible workers of the metropolitan city, nonentitlement unit of local
 government, or county that are performing such essential work, or by providing grants to eligible employers
 that have eligible workers who perform essential work;
 - This allows a municipality to provide up to \$13 per hour above regular wages.
- (C) for the provision of government services to the extent of the reduction in revenue of such metropolitan city, nonentitlement unit of local government, or county due to the COVID—19 public health emergency relative to revenues collected in the most recent full fiscal year of the metropolitan city, nonentitlement unit of local government, or county prior to the emergency; or
 - Key here: prior to the emergency. The base year against which you will measure lost revenue happens not the most recent full fiscal year but the most recent full fiscal year prior to the emergency.
- (D) to make necessary investments in water, sewer, or broadband infrastructure.

 RETURN TO TOP



Other Considerations

- Non-entitlement cities may not receive more than 75 percent of the city's most recent budget
- Money may not be used for pension funds No metropolitan city, nonentitlement unit of local government, or county may use funds made available under this section for deposit into any pension fund.
- Money remains available until December 31, 2024
- ALL recipients of money will have to provide periodic reports to Treasury.
 - Recipients of "payment made under this section shall provide to the Secretary periodic reports
 providing a detailed accounting of the uses of such funds by such metropolitan city, nonentitlement
 unit of local government, or county and including such other information as the Secretary may require
 for the administration of this section."



Outstanding Questions

- Allowable expenditures?
- Covered period(s)?
- Certification of lost revenue and eligible uses?
- Reporting requirements?
- Eligibility of unincorporated communities within unorganized borough?
- Public safety as part of first category of expenditures, COVID-related?
- Prohibited tax relief only at state level?
- Pensions?
- Interest-bearing?
- Debt service on infrastructure?



Alaska Allocations

- \$1.02 billion to State of Alaska
- \$112.2 million to State of Alaska infrastructure/capital
- \$45 million to Anchorage (CDBG metropolitan)
- \$43.5 million to all other cities DCCED
- \$141.8 million to boroughs and census areas
 - Of census allocation, \$15 million to cities in the Unorganized Borough DCCED
- \$358 million to school districts DEED
- \$400 million to tribes; \$1.7 million each
- \$152 million for emergency rental assistance AHFC/Anchorage
- \$43 million to LIHEAP DHSS
- \$74 million to CCDBG and Childcare Stabilization Grants DHSS
- \$11 million to Anchorage and \$3.7 million to Fairbanks for transit
- \$2.74 million for rural transit DOT&PF



Suggestions for State use

- 1. Utilize for FY21 supplemental and FY22 budgets as fund source; lost revenue replacement funding
- 2. Increase funding for programs and transfers to statutory levels stabilize governance
- 3. Utilize the rest for capital needs, including deferred maintenance municipal and school water and sewer, broadband needs
- Increase AMHS operations for summer tour season, with marketing
- Use as Community Assistance and reinvest statutory outlay from CAF
- Partner with school districts and tribes on funding of shared priorities
- Invest in local emergency planning committees
- One time grant to communities with Village Police Officers to assist with training and certification needs identified by APSC
- Targeted aid to municipalities whose ARP allocation is vastly insufficient relative to losses (6-10 total)
- Targeted aid to businesses within impacted regions and industries
- Targeted aid to individuals, though federal relief is significant



Suggestions for Local Government use

- Reality will be that for most this is very minimal funding, especially spread out over two years
- Make budgets whole with pre-pandemic levels of services
- Replace lost revenues from this last and coming year stabilize
- Clean up any outstanding debt PERS, utilities, insurance and audit/CFS
- Provide targeted aid to businesses or residents in need
- Work together on access to state or federal competitive grants EDA, FEMA, HHS, USDA
- Develop "shovel ready" infrastructure projects
- Partner with schools and tribes on water, sewer, broadband improvements
- Ensure public health measures are in place for economic rebound testing and vaccine
- Partner with state on LIHEAP, rental assistance, childcare stabilization



Not a Windfall

- 34 communities less than \$25,000 each year
- 76 communities less than their Community Assistance payments
- Four over \$10 million Anchorage, Mat-Su, Kenai, Fairbanks
- Evaluate based on calculation:
 - Lost revenue + extra expenses = CARES Act and ARP allocations
 - If less than relief then reduced budgets and services, spent from reserves, less able to support economic recovery
- Some boroughs get vastly insufficient funds compared to losses
 - Haines, Denali, Skagway, Petersburg, Wrangell, Yakutat
- City shortfalls include Adak, Hoonah, Seward, Whittier



AML Role

- Communicate to Treasury on consolidated governments; public lands allocation
- Identify gaps between lost revenue and relief allocation
- Support members in understanding guidelines
- Assist with reporting and compliance Treasury and OMB
- Tell city and borough stories locally, nationally
- Develop partnerships with schools, tribes, and the State
- Coordinating joint grant applications
- Communicate with the State and federal partners
- Facilitate economic recovery activities, with ACoM
- Facilitate on the ground efforts in collaboration with nonprofits and the university



Resources

- National League of Cities (NLC) https://www.nlc.org/article/2021/03/12/everything-you-need-to-know-about-covid-relief/
- National Association of Counties (NACo) https://www.naco.org/covid-19-recovery-clearinghouse
- Government Finance Officers Association (GFOA) https://www.gfoa.org/flc-analysis-of-current-proposed-covid-19-relief-measures
- State review https://www.ncsl.org/Portals/1/Documents/statefed/The-American-Rescue-Plan-Act-Provisions v01.pdf
- Schools -<u>https://www.democrats.senate.gov/imo/media/doc/Revised%20CD%20memo_ESSER_EANS_HEERF_Senate%20pa_ssed%20sub%20to%20HR1319_3-9-21.pdf</u>
- Childcare https://www.democrats.senate.gov/imo/media/doc/CCDF%20in%20FY2021%20Reconciliation%20(2-17-21)[1].pdf
- Transit https://www.democrats.senate.gov/imo/media/doc/American%20Rescue%20Plan%20Act%20-%205307%20Runs%20(Tentative)%203.8.21.pdf
- Rural transit
 https://www.democrats.senate.gov/imo/media/doc/American%20Rescue%20Plan%20Act%205311%20Amounts%20(Tentative)%203.8.21.pdf