NAME CHANGE AND/OR PERMIT TRANSFER FOR WASTEWATER DISCHARGE PERMIT

Alaska Department of Environmental Conservation
Division of Water

For department use only:
Date received: _____
DROPS entry: _____
Entered by: _____

A. ACTION TO BE PERFORMED

☐ Name change / Effective or Scheduled Date:

☑ Transfer of Permit / Schedule Date:

B. PREVIOUS INFORMATION

DEC Permit or Authorization No.:

Previous Business Name: Alaska Marine Nutrition LLC

Facility Physical Address: Street: 51607 Fish Street
City: Nikiski State: AK Zip: 99635

C. NEW INFORMATION

New Business Name: Alaska Omega Nutrition, Inc.

Responsible Party

Mailing Address: Street (PO Box): 524 Second Ave, Suite 500
City: Seattle State: WA Zip: 98104
Phone: 206 254 4412 Fax (optional): Email: mdawkin@inovobiologic.com

Facility Contact

Mailing Address: Street (PO Box): 524 Second Ave, Suite 500
City: Seattle State: WA Zip: 98104
Phone: 604 616 6622 Fax (optional): Email: mdawkin@inovobiologic.com

Billing Contact

Mailing Address: Street (PO Box): 524 Second Ave, Suite 500
City: Seattle State: WA Zip: 98104
Phone: 206 254 4412 Fax (optional): Email: madawkin@inovobiologic.com

Will the name change or transfer of ownership result in a change in the character of pollutants being discharged or a new or increased discharge not addressed by current permit conditions?

☑ No
☐ Yes (attach explanation)

D. SIGNATURE REQUIRED FOR NAME CHANGE

I hereby authorize the above referenced name change

Mark W. Dawkin
Name of Responsible Party (Print)

President
Title

Signature of Responsible Party

March 21st, 2016
Date

E. SIGNATURES REQUIRED FOR TRANSFER OF PERMIT

PREVIOUS OWNER: I hereby acknowledge the pending transfer of the above referenced permit.

Patrick Simpson
Name of Responsible Party (Print)

Managing Member of Alaska Marine Nutrition
Title

Signature of Responsible Party

March 21st, 2016
Date

NEW OWNER:

I certify under penalty of oath that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of this person or persons who manage the system, or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting the information, including the possibility of fine and imprisonment for knowing violations.

Mark W. Dawkin
Name of Responsible Party (Print)

President
Title

Signature of Responsible Party

March 21st, 2016
Date