



State of Alaska
Division of Corporations, Business and Professional Licensing
CORPORATIONS SECTION
PO Box 110806
Juneau, AK 99811-0806
Phone: (907) 465-2550
Fax: (907) 465-2974
Website: www.commerce.alaska.gov/occ

AMENDED CERTIFICATE OF AUTHORITY

Foreign Business Corporation

AS 10.06.738

Filing Fee: \$25.00 (non-refundable)

INSTRUCTIONS (*Please retain for your records*):

NOTICE: The Amended Certificate of Authority will not be filed if a biennial report is due or the signatures do not match what the Corporations Section has on record. To verify this information please search for the entity by going to Search Corporations Database in the Corporations Section of our website at www.commerce.alaska.gov/occ. If there is a biennial report due, the report may be filed online by selecting Biennial Reports on the Corporations Section page.

Pursuant to Alaska Statutes 10.06.738, the undersigned corporation applies for an amended Certificate of Authority. The intent of this application is to amend only the items provided on the application. If a change needs to be made to an item that is not present on this form please contact the Division for more information

ITEM 1: Provide the name of the entity currently on record and the Alaska Entity Number.

ITEM 2: Provide the amended legal name, if any, of the corporation; this must contain the word "corporation," "company," "incorporated," "limited," or an abbreviation of one of these words.

ITEM 3: Provide the assumed name, if any. NOTE: Assumed names are not the same as a DBA name. An assumed name is only used if the legal name of the corporation in the home state is unavailable in the State.

ITEM 4: Provide the amended assumed name of the corporation, if any.

ITEM 5: State the amended purpose and the NACIS code. (if applicable) NAICS code may not conflict with the purpose listed. A complete list of NAICS codes is available on our website listed above.

ITEM 6: Provide the amended number of authorized shares. Zero (0) is not an acceptable quantity. If there is more than one class or series of authorized shares, please provide this information.

ITEM 7: Provide the amended number, class, and series of issued shares, if any. If shares have been issued.

ITEM 8: The Amended Certificate of Authority must be signed by the corporate president or vice president and secretary or assistant secretary on record with this office. If the same person holds two of these positions, two different people must sign the application, unless that person holds all positions.

NOTE: Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

Required Supporting Documents: If the name is amended, attach a Certificate of Compliance from the state of domicile. If the purpose or stock information is amended, attach a certified copy of the Articles of Amendment from the state of domicile.

Mail the Amended Certificate of Authority and the non-refundable \$25.00 filing fee in U.S. dollars to:
State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

STANDARD PROCESSING TIME for complete and correct applications submitted to this office is approximately 10-15 business days. All applications are reviewed in the date order they are received.



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DO NOT STAMP ABOVE THIS BOX

Office Use Only

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 Foreign Business Corporation
 AS 10.06.738

\$25.00 Filing Fee (non-refundable)

Pursuant to Alaska Statutes 10.06.738, the undersigned corporation applies for an amended Certificate of Authority. If a change needs to be made to an item that is not present on this form please contact the Division for more information. **NOTE: If the name is amended, attach a Certificate of Compliance from the state of domicile. If the purpose or stock information is amended, attach a certified copy of the Articles of Amendment from the state of domicile.**

ITEM 1: Legal name of the entity currently on record:

Alaska Entity #:

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ITEM 2: Amended legal name of the corporation, if any:

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ITEM 3: Assumed name prior to amendment (if applicable):

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ITEM 4: Amended assumed name of the corporation, if any:

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ITEM 5: Provide the amended purpose (may include "any lawful") and the 6 digit NAICS Industry Grouping Code that most clearly describes the initial activities of the company:

Purpose:	NAICS code:						
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Attach an additional sheet if necessary.

ITEM 6: Amended number of authorized shares (zero is not an acceptable quantity):

	<input type="checkbox"/> Common		
	<input type="checkbox"/> Preferred		

# of Authorized shares	Class	Series	Par value
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	<input type="checkbox"/> Common		
	<input type="checkbox"/> Preferred		

# of Authorized Shares	Class	Series	Par value
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ITEM 7: Amended number of issued shares; if shares have been issued:

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# of Issued Shares	Class	Series	Par Value
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# of Issued Shares	Class	Series	Par Value
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ITEM 8: The printed name and signature of the president or vice president, and secretary or assistant secretary. If the same person holds two of these positions, two different people must sign the application, unless that person holds all positions.

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Signature of President or Vice President	Printed name of President or Vice President	Date
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Signature of Secretary or Assistant Secretary	Printed name of Secretary or Asst. Secretary	Date
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NOTE: Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

Required Supporting Documents: If the name is amended, attach a Certificate of Compliance from the state of domicile. If the purpose or stock information is amended, attach a certified copy of the Articles of Amendment from the state of domicile.

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CONTACT INFORMATION SHEET

Please return this document with your filing. This information will only be used to resolve questions with the filings attached. **NOTE:** this form will not be filed for record or appear online.

Name of entity as it appears on filing:

To resolve questions with this filing, contact:

Name:	
Email:	Phone:
Mailing address:	

Return documents to:

Name:
Company:
Mailing address:

Attach this form to your filings. Send all documents to:
State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

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THE STATE
of **ALASKA**
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

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Division of Corporations, Business and Professional Licensing
PO Box 110806, Juneau, AK 99811
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Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

AMOUNT

Application Fee: _____

License or Renewal Fee: _____

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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