



THE STATE  
of **ALASKA**

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

**COR**

FOR DIVISION USE ONLY

**Corporations Section**

PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 465-2550 • Fax: (907) 465-2974  
Email: [Corporations@Alaska.Gov](mailto:Corporations@Alaska.Gov)  
Website: [Corporations.Alaska.Gov](http://Corporations.Alaska.Gov)

**Certificate of Withdrawal**

**Foreign Business Corporation**

AS 10.06

- This Certificate of Withdrawal is only for a Foreign Business Corporation. Once filed, the entity will be placed into a "Withdrawn" status.
- This form will not be filed if the official signing this form does not match an official on record for this entity, and/or if your entity's biennial report is not current. Verify your entity's status and current information online at: [Corporations.Alaska.Gov](http://Corporations.Alaska.Gov), click [Search Corporations Database](#).
- Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days (2-3 weeks). All filings are reviewed in the date order they are received.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- The information you submit is a public record and will be posted online at [Corporations.Alaska.Gov](http://Corporations.Alaska.Gov)

**Important:** A foreign corporation authorized to transact business in this state may withdraw from this state upon obtaining from the commissioner a certificate of withdrawal. To obtain a certificate of withdrawal, the foreign corporation shall deliver to the commissioner an application for withdrawal. – AS 10.06.778

Upon the issuance of a certificate of withdrawal, the authority of a corporation to transact business in this state ceases.- AS 10.06.788

<b>PART I</b>		<b>Payment of Fees</b>	3 AAC 16.030
Required Fee:	<input type="checkbox"/> Nonrefundable Filing Fee		<b>\$25.00</b>

<b>PART II</b>		<b>Entity Information</b>	AS 10.06.780
Entity Name:			
Alaska Entity Number:		State or Country of Domicile:	

<b>PART III</b>	<b>Attestations</b>	AS 10.06.780, AS 10.06.780(2)-(4)
By submitting this form, I am confirming:		
<input type="checkbox"/> The entity is in good standing. <input type="checkbox"/> All biennial reports due have been filed and paid. <input type="checkbox"/> The Corporation is not transacting business in Alaska. <input type="checkbox"/> The Corporation surrenders its authority to transact business in Alaska. <input type="checkbox"/> The Corporation revokes the authority of the registered agent in Alaska and consents that service of process may subsequently be made on the corporation by service on the Commissioner.		
To verify the entity's status and reports, go to <a href="http://Corporations.Alaska.Gov">Corporations.Alaska.Gov</a> and click on <a href="#">Search Corporations Database</a> .		

**PART IV Service of Process**

AS 10.06.780(5)

Provide the name and address where the Commissioner may mail any service of process against the Corporation.  
 Per Part III, the authority of the registered agent in Alaska is revoked. Do not list the registered agent in Alaska.

<b>Full Legal Name:</b>	Entity or Individual			
<b>Physical Address:</b>	Street	City	State	Zip
<b>Mailing Address:</b>	P.O. Box or Street	City	State	Zip

**PART V Signatures**

AS 10.06.783, 10.06.825

The Certificate of Withdrawal must be signed by the President or Vice President AND the Secretary or Assistant Secretary on record. If one person holds two of these titles, and there are other officers on record, then two different officers on record must sign.

To verify the officers currently on record, go to: [Corporations.Alaska.Gov](http://Corporations.Alaska.Gov) and click on *Search Corporations Database*.

Per AS 10.06.825, persons who sign documents filed with the Commissioner which are known to the person to be false in material respects are guilty of a class A misdemeanor.

**Required Signature 1:**     **President**     **Vice President**

**Printed Name:**

**Signature:**

**Date:**

**Required Signature 2:**     **Secretary**     **Assistant Secretary**

**Printed Name:**

**Signature:**

**Date:**

**IMPORTANT: Remember to notify other sections of this division when appropriate:**

- **Business Licensing Section:** [BusinessLicense.Alaska.Gov](http://BusinessLicense.Alaska.Gov)  
Submit Business License: Request to Cancel form (#08-4732) to cancel any business licenses associated with this entity.
- **Professional Licensing Section:** [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov)  
Email [License@Alaska.Gov](mailto:License@Alaska.Gov) for more information and appropriate forms.



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**Contact Information**

- Return this form with your filing.
- This information may be used by the Division to assist with processing your attached filings.
- This form will not be filed for record or appear online.

**PART I Entity Information**

Enter your entity information as it appears on this filing.

**Entity Name:**

**Alaska Entity Number:**

**PART II Contact Information**

Whom may we contact with any questions or problems with this filing?

**Company:**

**Contact Person:**

**Mailing Address:**

P.O. Box or Street

City

State

Zip

**Phone Number:**

**Email Address:**

**PART III Document Return Address**

Return my filings to the address provided **ABOVE**.

Return my filings to the address provided **BELOW**:

**Company:**

**Contact Person:**

**Mailing Address:**

P.O. Box or Street

City

State

Zip



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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)

<b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>	
<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 <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>