



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](http://www.commerce.alaska.gov/occ)

## **ARTICLES OF CONSOLIDATION**

### **Domestic Nonprofit Corporation**

### **AS 10.20.216 – 10.20.251**

**Filing Fee: \$25.00 (non-refundable)**

#### **INSTRUCTIONS (*Please retain for your records*):**

**NOTICE:** The Articles of Consolidation will not be filed if a biennial report is due or the signatures do not match what the Corporations Section has on record. Please verify the following before completing the application.

- Have all current biennial reports be filed?
- Are the officers/directors up to date on our records?

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](http://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. If the officers/directors have changed, but no biennial report is due, please submit a Notice of Change located in the Forms and Fees section.

**Refer to Alaska Statutes 10.20.216 - 251. Two or more domestic nonprofit corporations may consolidate into one of the two corporations under a plan of consolidation approved in the manner provided in this chapter.**

**ARTICLE 1:** Provide the name(s) and, if applicable, the Alaska Entity Number(s) of the merging entities.

**ARTICLE 2:** Provide the name and, if applicable, the Alaska Entity Number of the surviving entity.

**ARTICLE 3:** A copy of the Plan of Consolidation must be attached and should set out: the names of the consolidating nonprofits and new nonprofit; the terms and conditions of the proposed merger; a statement of changes in the articles of incorporation of the new nonprofit corporation caused by the consolidation; other provisions of the consolidation considered necessary or desirable.

**ARTICLE 4:** The Plan of Consolidation must be approved by each entity that is party to the consolidation.

**ARTICLE 5:** The Articles of Consolidation must be signed by the president or vice president and by the secretary or assistant secretary of each entity involved in the consolidation.

Mail the Articles of Consolidation 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 **CORP**

**ARTICLES OF CONSOLIDATION**  
**Domestic Nonprofit Corporation**  
**AS 10.20.226 – 10.20.251**

**\$25.00 Filing Fee (non-refundable)**

**NOTE:** Bylaws are not required to be filed with this office; they are to be maintained by the entity. If you include your bylaws, they will be returned without being filed for record.

Pursuant to Alaska Statutes 10.06.530 – 10.06.582, two or more domestic corporations may consolidate into a new domestic nonprofit corporation.

**ARTICLE 1:** Name of the consolidating entity: \_\_\_\_\_ Alaska Entity # (if applicable): \_\_\_\_\_

Name of the consolidating entity: \_\_\_\_\_ Alaska Entity # (if applicable): \_\_\_\_\_

Attach a separate sheet with additional corporations, if necessary.

**ARTICLE 2:** Name of the new entity: \_\_\_\_\_

**ARTICLE 3:** Attach a Plan of Consolidation. See AS 10.20.231 for details on what the Plan of Consolidation must include.

**ARTICLE 4:** The Plan of Consolidation must be approved by each entity that is party to the consolidation. Provide the voting information for each entity.

Name of the consolidating entity: \_\_\_\_\_

A)

<b>Resolution by the board of directors</b>	Date of meeting:
The number of directors voting for the consolidation:	
The number of directors voting against the consolidation:	

-- OR --

B)

<b>Voting members of the corporation:</b> A quorum was present and the consolidation received at least 2/3 of the votes that members either present at the meeting or represented by proxy were entitled to cast.	Date of meeting:
The number of directors voting for the consolidation:	
The number of directors voting against the consolidation:	

Name of the consolidating entity:

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A)

<b>Resolution by the board of directors</b>	Date of meeting:
The number of directors voting for the consolidation:	
The number of directors voting against the consolidation:	

-- OR --

B)

<b>Voting members of the corporation:</b> A quorum was present and the consolidation received at least 2/3 of the votes that members either present at the meeting or represented by proxy were entitled to cast.	Date of meeting:
The number of directors voting for the consolidation:	
The number of directors voting against the consolidation:	

Attach an additional sheet if necessary.

**ARTICLE 5:** The Articles of Consolidation must be signed by the president or vice president and by the secretary or assistant secretary of each consolidating entity.

Name of the consolidating entity:

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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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Name of the consolidating entity:

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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

**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.

**NOTE:** Bylaws are not required to be filed with this office; they are to be maintained by the entity. If you include your bylaws, they will be returned without being filed for record.

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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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Phone: (907) 465-2550

## 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 <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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