



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

State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: corporations@alaska.gov
Website: Corporations.Alaska.Gov

Resolution to Dissolve - Part 1 of 2

Domestic Nonprofit Corporation (AS 10.20)

- This Resolution to Dissolve (Part 1 of 2) is only for Domestic Nonprofit Corporations. Once filed, the entity will be placed into an "Intent to Dissolve" status.
- The Resolution to Dissolve must be submitted together with, or before, the Articles of Dissolution (Form #08-445) for a "Voluntarily Dissolved" status (Part 2 of 2). Both forms are required to complete the dissolution.
- 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: www.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.
- The information you submit is a public record and will be posted online at www.Corporations.Alaska.Gov.

Important:

Following the adoption of a resolution to dissolve, a Nonprofit Corporation shall immediately file a resolution evidencing the adoption as provided in this section. — AS 10.20.290

Each Domestic Nonprofit Corporation is required to keep and make available its records. — AS 10.20.131

PART I		Payment of Fees	3 AAC 16.050
Fee:	<input type="checkbox"/> Non-Refundable Filing Fee <i>Mail this form and the non-refundable \$10 filing fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.</i>		\$10.00

PART II		Entity Information	AS 10.20.290
Entity Name:		Alaska Entity Number:	

PART III		Attestations	AS 10.20.290
<i>By submitting this form, I am confirming:</i>			
<input type="checkbox"/> This entity is in good standing. <input type="checkbox"/> All biennial reports due have been filed and paid.			
<i>To verify the entity's status and reports, go to www.Corporations.Alaska.Gov, click Search Corporations Database.</i>			

COMPLETE PART IV OR V - DO NOT COMPLETE BOTH

PART IV Resolution to Dissolve & Voting by the Directors

AS 10.20.290

Complete only Part IV OR Part V, not both. If both are completed, your filing will be returned for correction.

VOTING DIRECTORS: There are no Members, or no Members entitled to vote, and the resolution to dissolve received the vote of the majority of Directors in office.

Date of Meeting Held by Board of Directors (mm/dd/yyyy):	
Number of Directors Voting In Favor of the Resolution:	
Number of Directors Voting Against the Resolution:	

-OR-

PART V Resolution to Dissolve & Voting by the Members

AS 10.20.290

Complete only Part IV OR Part V, not both. If both are completed, your filing will be returned for correction.

VOTING MEMBERS: There are Members entitled to vote and the resolution to dissolve received a majority vote of at least 2/3 of the Members.

Date of Meeting Held by the Members (mm/dd/yyyy):	
Number of Members Voting in Favor of the Resolution:	
Number of Members Voting Against the Resolution:	

PART VI Filing Articles of Dissolution

AS 10.20.310, 10.20.290(f), 10.20.290

Select one (1) option below:

- The corporation is not ready to dissolve and I understand that I will need to submit Articles of Dissolution (Form #08-445) within 2 years after filing this Resolution to Dissolve to complete the corporation's dissolution.

- OR -

- The corporation is ready to dissolve and I am submitting Articles of Dissolution (Form #08-445) with the Resolution to Dissolve to complete the corporation's dissolution.

PART VII Required Signatures

AS 10.20.290(e), 10.06.825

The Resolution to Dissolve must be signed by the President or Vice President and the Secretary or Assistant Secretary currently on record with this office.

To verify the officers currently on record, go to: www.Corporations.Alaska.Gov, Click 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

Name:

Signature:

Date:

Required Signature 2: Secretary Assistant Secretary

Name:

Signature:

Date:

Remember to notify other sections of this division when appropriate:

BUSINESS LICENSING SECTION:

Submit Business License: Request to Cancel (form 08-4732) to cancel any business licenses associated with this entity. Go to www.BusinessLicense.Alaska.Gov for more information and forms.

PROFESSIONAL LICENSING SECTION:

Email 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

Entity Information		Enter your entity information as it appears on this filing.	
Entity Name:			
AK Entity #:			

Contact Person		Whom may we contact with any questions or problems with this filing?	
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:
Phone:			
Email:			

Document Return Address		Provide an address for the return of your filed documents.	
<input type="checkbox"/> Return my filings to the address provided ABOVE			
<input type="checkbox"/> Return my filings to this address provided BELOW			
Company:			
Contact:			
Mailing Address:	Address:		
	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 |
|--|---------------|
| <input type="checkbox"/> Application Fee: _____ | _____ |
| <input type="checkbox"/> License or Renewal Fee: _____ | _____ |
| <input type="checkbox"/> 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. Credit Card Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Security Code: _____</p>	<p>All 3 fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>