



THE STATE
of **ALASKA**

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

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

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FOR DIVISION USE ONLY

Articles of Dissolution - Part 2 of 2

Domestic Nonprofit Corporation (AS 10.20)

- This Articles of Dissolution (Part 2 of 2) is only for Domestic Nonprofit Corporations. Once filed, the entity will be placed into a “Voluntarily Dissolved” status.
- The Articles of Dissolution (Part 2 of 2) must be submitted together with, or after, the Resolution to Dissolve (Form #08-444) for a “Voluntarily Dissolved” status. 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:

After all debts, liabilities, and obligations have been paid and discharged, or provisions made for payment, a Nonprofit Corporation shall file Articles of Dissolution evidencing the dissolution. — AS 10.20.310

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 \$15 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>	\$15.00

PART II	Entity Information	AS 10.20.310(1)
Entity Name:		Alaska Entity Number:

PART III Attestations

AS 10.20.310, AS 10.20.310(6), AS 10.20.295, AS 10.20.310(7)

By submitting this form, I am confirming:

- This entity is in Good Standing.
- All biennial reports due have been filed and paid.
- A Resolution to Dissolve was filed together with, or before, this Articles of Dissolution.
- All remaining property and assets of the corporation have been transferred, conveyed, or distributed, per AS 10.20.310(6) and AS 10.20.295.
- There are no suits pending against the corporation in any court, or adequate provision has been made for the satisfaction of a judgment, order, or decree that may be entered against the corporation in a pending suit, per AS 10.20.310(7).

To verify the entity's status and reports, go to www.Corporations.Alaska.Gov, click Search Corporations Database.

COMPLETE PART IV OR V - DO NOT COMPLETE BOTH**PART IV Resolution to Dissolve & Voting by the Directors**

AS 10.20.310(3)

Select one (1) statement in Part IV OR Part V, not both. If more than one statement is selected, the filing will be returned for correction.

 DIRECTORS STATEMENT:

Per AS 10.20.310(3) and this entity's Resolution to Dissolve, at the meeting of the Board of Directors:

- There are no members, or no members entitled to vote;
- The resolution to dissolve was adopted and received the vote of a majority of the directors in office.

-OR-**PART V Resolution to Dissolve & Voting by the Members**

AS 10.20.310(2)(A) & (B)

Select one (1) statement in Part IV OR Part V, not both. If more than one statement is selected, the filing will be returned for correction.

 MEMBERS STATEMENT:

Per AS 10.20.310(2)(A) and this entity's Resolution to Dissolve, at the meeting of the Members:

- The resolution to dissolve was adopted;
- A quorum was present at the meeting; and
- The resolution received at least 2/3 of the votes, which Members present at the meeting or represented by proxy were entitled to cast.

- OR - **MEMBERS WRITTEN CONSENT:**

Per AS 10.20.310(2)(B), there are Members entitled to vote and all Members approved the corporation's dissolution by written consent.

PART VI Debts and Liabilities

AS 10.20.310(4)

Select one (1) option below:

 All corporate debts and liabilities have been paid.

- OR -

 There are corporate debts and liabilities.*Required: ATTACH a separate page detailing the provisions for payment of this corporation's debts and liabilities.***PART VII Plan of Distribution**

AS 10.20.310(5), 10.20.300, 10.20.295

Select one (1) option below:

 The known assets of the corporation have been distributed.*Required: ATTACH a copy of the corporation's plan of distribution to this form.*

- OR -

 No plan of distribution was adopted by the corporation.**PART VIII Filing Resolution to Dissolve**

AS 10.20.290

 The Resolution to Dissolve (Form #08-444) was filed together with, or before, this Articles of Dissolution and I am ready to complete this corporation's dissolution.**PART IX Required Signatures**

AS 10.20.310, 10.06.825

The Articles of Dissolution 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 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

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. 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>