



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, 9<sup>th</sup> Floor  
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)

**Notice of Change of Officials**

**Domestic Electric or Telephone Cooperatives (AS 10.25)**

- This Notice of Change of Officials form is only for Domestic Electric of Telephone Cooperatives and is used to report changes in directors and officers information.
- To verify your entity and current officials information on record, go online to [Corporations.Alaska.Gov](http://Corporations.Alaska.Gov), *Search Corporations Database*
- Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days. All filings are reviewed in the date order they are received.
- The information you submit is a public record and will be posted on the State's website.

<b>1. Important:</b>	AS 10.25.140-.380
<p>An Electric or Telephone Cooperative <u>must</u> operate as a non-profit for the mutual benefit of its members and patrons. — AS 10.25.380</p> <p>Failure to keep the authorized signing officials on record current with this office may significantly impact the business needs of the electric or telephone cooperative.</p> <p>Each Domestic Electric or Telephone Cooperative <u>must</u> be managed by a board of not less than five (5) directors who <u>must</u> also be members of the cooperative. — AS 10.25.140</p> <p>The officers are authorized by the bylaws. — AS 10.25.200</p> <p>The Electric or Telephone Cooperative is to keep and make available its records. — AS 10.25.235</p>	

<b>2. Fee:</b>	<input type="checkbox"/> \$25 Nonrefundable Filing Fee (CORF)	3 AAC 16.060(b)
<p>Mail this form and the non-refundable \$25 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.</p>		

<b>3. Entity Information:</b>	AS 10.25.140-.200
<p>Entity Name: _____</p> <p>Alaska Entity Number: _____</p>	

**4. ALL Current Officials**

AS 10.25.080-.200 and  
AS 10.06.950

The following is a complete list of ALL remaining and new officials who will be on record as a result of this filing. Electric or Telephone Cooperatives must have at least five (5) Directors, who must also be members of the cooperative. — AS 10.25.140

Officers authorized by the bylaws may include: President, Vice-President, Secretary, Assistant Secretary, Treasurer, and Assistant Treasurer. — AS 10.25.080-.200

For signing authority and future filings purposes, an Electric or Telephone Cooperative may need to have a President or Vice-President and Secretary or Assistant Secretary on record with this office.

USE ONLY TITLES PROVIDED, IF APPLICABLE PER BYLAWS

List **ALL** officials and their current information to be on record.

**BOLD fields are required.**

FULL LEGAL NAME	COMPLETE MAILING ADDRESS	DIRECTORS (5)	President	Vice-President	Secretary	Treasurer	Assistant Secretary	Assistant Treasurer

➔ If necessary, use the following supplement page and include all information required above in Item #4.

**5. Required Signature:**

The Notice of Change of Officials must be signed by the presiding officer of the board (i.e., president or vice president) of the cooperative. 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title of Authorized Signer: \_\_\_\_\_

*(Must be signed by the presiding officer of the board. A director is not an authorized signer.)*





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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

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

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

<b>Document Return Address</b>		Provide an address for the return of your filed documents.	
<input type="checkbox"/> Return my filings to the address provided <b>ABOVE</b>			
<input type="checkbox"/> Return my filings to this address provided <b>BELOW</b>			
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)

<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>