



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 Limited Liability Company (AS 10.50)**

- This Notice of Change of Officials form is only for Domestic Limited Liability Companies and is used to report changes between biennial reporting periods in: members, managers, and percentage of interest held.
- This Notice of Change of Officials will not be filed if the entity's biennial report is not current. To verify the entity's biennial report due date, go online to [www.Corporations.Alaska.Gov](http://www.Corporations.Alaska.Gov) and select *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 10.50.765 |
| <p>Each Domestic Limited Liability Company is required to notify this office when there is a change of officials.<br/>— AS 10.50.765</p> <p>Failure to meet this requirement may result in involuntary dissolution of the entity's authority to transact business in the State of Alaska.</p> <p>The Domestic Limited Liability Company is to keep and make available the records of the official(s) changes.<br/>— AS 10.50.860-.870</p> |              |

|  |   |                 |
|--|---|-----------------|
| <b>2. Fee:</b>   | <input type="checkbox"/> \$25 Nonrefundable Filing Fee (CORF) | 3 AAC 16.065(b) |
| 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. |   |                 |

|   |              |
|---|--------------|
| <b>3. Entity Information:</b>                         | AS 10.50.765 |
| Entity Name: _____<br><br>Alaska Entity Number: _____ |              |

**4. REMOVE from Record:**

AS 10.50.765(b)

The following officials (members and, if applicable, managers) will be completely removed from the record as a result of this filing:

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

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

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

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

If an official is not being removed from record, then list them in Item #5 below (with their current information).

**5. ALL Current Officials:**

AS 10.50.765(b)

The following is a complete list of ALL remaining and new officials who will be on record as a result of this filing.

- An LLC must have at least one member who owns a % of the LLC. — AS 10.50.155(b)
- Must provide all members who own 5% or more of the LLC. — AS 10.50.765 (b)
- Members must own a % of the LLC. A member may be a manager if the LLC is manager managed.
- An LLC may be managed by a manager if provided in Articles of Organization. A manager may be a member if the manager also owns a % of the LLC. — AS 10.50.075(5) and AS 10.50.110(b)

- **List ALL officials and their current information to be on record.**
- Manager will only be accepted if the entity is manager-managed per the articles.
- **BOLD fields are required.**

| FULL LEGAL NAME | COMPLETE MAILING ADDRESS | % OWNED | MEMBER |         |
|-----------------|--------------------------|---------|--------|---------|
|                 |                          |         | MEMBER | Manager |
|                 |                          |         |        |         |
|                 |                          |         |        |         |
|                 |                          |         |        |         |
|                 |                          |         |        |         |
|                 |                          |         |        |         |

→ If necessary, use the following supplement page and include all information required above in Item #5.

**6. Required Signature:**

AS 10.50.840

The Notice of Change of Officials must be signed by: a member (AS 10.50.840(a)(2)); or a manager if manager managed (AS 10.50.840(a)(1)); or an attorney-in-fact (AS 10.50.840(c)). 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:     Member             Manager             Attorney-in-fact

*If signing on behalf of a member or manager which is an entity, then identify the signer's relationship and signing authority with the member entity. For example: John Smith, President of XYZ Inc. the sole member of ABC LLC.*

# Notice of Change of Officials SUPPLEMENT

If used, this supplement must be returned with Form 08-491

Entity Name: \_\_\_\_\_

Alaska Entity Number: \_\_\_\_\_

**4. REMOVE from Record** (continued from Page 2): AS 10.50.765(b)

The following officials (members and, if applicable, managers) will be completely removed from the record as a result of this filing:

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

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

If an official is not being removed from record, then list them in Item #5 below (with their current information).

**5. ALL Current Officials** (continued from Page 2): AS 10.50.765(b)

The following is a complete list of ALL remaining and new officials who will be on record as a result of this filing.

- An LLC must have at least one member who owns a % of the LLC. — AS 10.50.155(b)
- Must provide all members who own 5% or more of the LLC. — AS 10.50.765 (b)
- Members must own a % of the LLC. A member may be a manager if the LLC is manager managed.
- An LLC may be managed by a manager if provided in Articles of Organization. A manager may be a member if the manager also owns a % of the LLC. — AS 10.50.075(5) and AS 10.50.110(b)

- **List ALL officials and their current information to be on record.**
- Manager will only be accepted if the entity is manager-managed per the articles.
- **BOLD fields are required.**

| FULL LEGAL NAME | COMPLETE MAILING ADDRESS | % OWNED | MEMBER | Manager |
|-----------------|--------------------------|---------|--------|---------|
|                 |                          |         |        |         |
|                 |                          |         |        |         |
|                 |                          |         |        |         |
|                 |                          |         |        |         |
|                 |                          |         |        |         |

If necessary to complete Items #4 and #5, make copies of this SUPPLEMENT page.



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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> |