

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

CERTIFICATE OF CORRECTION

All Entity Types AS 10.06.920

Filing Fee: \$25.00 (non-refundable)

INSTRUCTIONS (Please retain for your records):

NOTICE: The Certificate of Correction 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?
- o Are all officials 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. If there is a biennial report due, the report may be filed online by selecting Biennial Reports on the Corporations Section page. If the officials have changed, but no biennial report is due, please submit a Notice of Change located under Forms & Fees.

Refer to Alaska Statutes 10.06.920. An entity may submit a Certificate of Correction to correct a document that has been filed for record. The filing of the certificate by the commissioner does not alter the effective time of the writing being corrected and does not affect any right or liability accrued or incurred before the filing. An entity name may not be changed or corrected with this form.

ITEM 1: Provide the name of the entity currently on record and the Alaska Entity Number.

ITEM 2: Indicate the title of the document that needs to be corrected, and the date the document was filed for record with this Division. This information may be obtained by searching our corporations' database (see instructions above).

ITEM 3: State the correction.

IITEM 4: The Certificate of Correction must be signed by the same in the same manner as the original document. If changes have been made since the original document was filed, the current officers must sign.

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.

Mail the Certificate of Correction 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.



State of Alaska Division of Corporations, Business and Professional Licensing CORPORATIONS SECTION

DO NOT STAMP ABOVE THIS BOX

Office Use Only

CORP

PO Box 110806

Juneau, AK 99811-0806 Phone: (907) 465-2550 Fax: (907) 465-2974

Website: www.commerce.alaska.gov/occ

CERTIFICATE OF CORRECTION All Entity Types AS 10.06.920

| \$25.00 Filing Fee (non-refundable) | |
|---|---------------------------------------|
| Pursuant to Alaska Statutes 10.06.920, an entity may create a Certificate of that has been filed for record. The filing of the certificate by the commission of the writing being corrected and does not affect any right or liability accru corporate name may not be changed or corrected with this form. | ner does not alter the effective time |
| ITEM 1: Name of the Entity: | Alaska Entity #: |
| | |
| ITEM 2: Provide the following information for the document being corrected | i: |
| Title of the original document filed for record: | |
| Date the original document filed for record (mm/dd/yyyy format): | |
| ITEM 3: State the correction: | |
| Per Alaska statutes a corporate name may not be changed or corrected wit To change or correct a corporate name, file an amendment. | h this form. |
| | |
| | |
| | |
| | |
| | |
| | |

08-494 (Rev. 05/21/19)

Attach an additional sheet if necessary.

ITEM 4: The Certificate of Correction must be signed in the same manner as the original document. Attach an additional sheet if necessary.

| Signature | Printed Name | Title | Date |
|-----------|--------------|-----------|-----------|
| | | | |
| Signature | Printed Name | Title | l 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.

Mail the Certificate of Correction 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.



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

| DO NOT STAMP ABOVE THIS BOX | | | |
|-----------------------------|------|--|--|
| Office Use Only | CORP | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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, cont | tact: | |
| 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

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.

FOR DIVISION USE ONLY

State of Alaska Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing PO Box 110806, Juneau, AK 99811 Phone: (907) 465-2550

| Credit Card Pa | yment Form | | | |
|---|------------------------|---|--|------------------------|
| All major credit cards Include this credit car | | security purposes, <u>do not email</u> cre h your application. | dit card inform | ation. |
| Name of Applicant or | Licensee: | | | |
| Program Type: | | License Number (if appl | icable): | |
| I wish to make payme | ent by credit card for | r the following <i>(check all that apply</i> | '): | AMOUNT |
| ☐ Application Fee | ə: | | | |
| License or Rer | newal Fee: | | | |
| Other (name ca | hange, wall certifica | nte, fine, duplicate license, exam, e | etc.): | |
| 1 | | | | |
| 2 | | | | |
| | | ТОТ | AL: | |
| Name <i>(as shown on d</i> | credit card): | | | |
| Mailing Address: | | | | |
| Phone Number: | | Email <i>(optional)</i> : | | |
| Signature of Credit (| Card Holder: | | | |
| 08-4438 | | Credit Card Payment Form (| | . , |
| | | t cannot be processed unless al | | |
| Account Numb Typiration Date | | | All four field be comp | |
| Expiration Dat Billing ZIP Code Security Code | de: | | This sectio destroyed payment is p | n will be after the |