



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

Certificate of Cancellation

Domestic Limited Partnership (AS 32.11)

- This Certificate of Cancellation is only for a Domestic Limited Partnership. Once filed, the entity will be placed into a "Voluntarily Dissolved" status.
- This form will not be filed if the official signing this form does not match an official on record for this entity. 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:

A certificate of limited partnership shall be canceled upon the dissolution and the commencement of winding up of the partnership or at any other time there are no limited partners. – AS 32.11.030

Each Domestic Limited Partnership is required to keep and make available its records. — AS 32.11.840

PART I		Payment of Fees	3 AAC 16.075
Fee:	<input type="checkbox"/> Non-Refundable Filing Fee		\$25.00
<i>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.</i>			

PART II		Entity Information	AS 32.11.030(1)
Entity Name:		Alaska Entity Number:	

PART III	Reason(s) for Limited Partnership's Cancellation	AS 32.11.030(3)
Briefly state the reason(s) for filing the Certificate of Cancellation:		

PART IV Effective Date of Cancellation

AS 32.11.030(4)

Complete this section *ONLY* if date is different from the date of filing this Certificate of Cancellation with this office.
State the effective date of dissolution in cell below.

Effective Date (mm/dd/yyyy):	
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PART V Pertinent Cancellation Information

AS 32.11.030(5)

Any other information determined appropriate by the General Partners filing the Certificate of Cancellation:

PART VI Required Signatures

AS 32.11.040(a)(3) and (b), 10.06.825

The Certificate of Cancellation must be signed by all General Partners currently on record; or, an Attorney-in-Fact authorized to sign on behalf of one or more of the General Partners.

To verify the General Partners 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 that are known to the person to be false in material respects are guilty of a class A misdemeanor.

Name:		Title:	
Signature:		Date:	
Name:		Title:	
Signature:		Date:	

If signing on behalf of a General Partner that is another entity or a trust, then you must identify the signer's relationship and signing authority on behalf of the entity or trust. For example: John Smith, President, on behalf of the General Partner, ABC LLC; or, John Smith, Trustee of ABC Revocable Trust.

ATTACH AN ADDITIONAL SHEET IF NECESSARY

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>