



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

These instructions and the attached form 08-602 are specifically for

STATEMENT OF ABANDONMENT OF PLAN OF CONVERSION

Under the Alaska Entity Transaction Act AS 10.55.404

\$25.00 Filing Fee (non-refundable)

INSTRUCTIONS FOR STATEMENT OF ABANDONMENT *(Please retain for your records):*

WHAT IS A CONVERSION?

Conversion is when an entity changes/transforms from one type of entity into a different type of entity by means of a transaction authorized by AS 10.55.401-10.55.406.

NOTE: Pursuant to Alaska Statutes 10.55.405(c), after a plan of conversion has been approved by the domestic (Alaskan) converting (changing from one entity type to a different entity type) entity and before a statement of conversion becomes effective, the plan of conversion may be abandoned by submitting the following Abandonment of Plan of Conversion:

ITEM 1: Provide the converting (changing from) entity name, and the Alaska Entity Number (if applicable), the domicile or jurisdiction (home state), and the entity type.

NOTE: the name must match the name of the converting entity in the plan of conversion or in Item # 1 on the Statement of Conversion.

ITEM 2: A Statement of Abandonment can only be filed after a plan of conversion or Statement of Conversion has been filed with the department and before it becomes effective. (Note: the effective date is the date filed for record with this division or a future effective date if provided in the Statement of Conversion.)

ITEM 3: This statement is required by statute. Please read through and verify.

ITEM 4: The statement must be signed on behalf of the converting (changing from) entity (listed in Item #1 on the Statement of Abandonment of Plan of Conversion) in the following manner:

- (a) If the converting entity is a corporation, by an officer of the corporation;
- (b) If the converting entity is not a corporation, the person authorized by the entity; or
- (c) If the converting entity is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary.

If the converting (changing from) entity is currently on record with this division (has an AK Entity Number) and the signer is an official of the entity then the signer must be currently on record with the division.

Provide the printed name of the signer, the full title/capacity of the authorized signer, the name of the entity that the individual is representing, and signature of the individual authorized to sign.

Statement of Abandonment of Plan of Conversion: All Entity Types

NOTE - Signatures:

Per AS 10.55.609, persons who sign documents to be filed with the commissioner that are known by the person to be false in material respects are guilty of a class A misdemeanor.

SUBMITTAL: Please submit forms and payment together.

- Mail the Statement of Abandonment of Plan of Conversion (form 08-589) and the 25.00 non-refundable filing fee in U.S. dollars to:
 - State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806
- If faxing the form please include the Credit Card Payment form with the appropriate fees.
- Do not email forms or payment.

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.

ADDITIONAL RESOURCES:**Professional Licensing Section:**

For information regarding what professions require a professional license, statutes, how to obtain a professional license, and/or the expiration date if you already have a professional license, visit the Professional Licensing website at ProfessionalLicense.Alaska.Gov.

**NOTICE: if a professional license is owned by an entity
and there is a change in the entity then the professional license may be impacted.
Contact the appropriate professional licensing examiner.**

Business Licensing Section:

For the privilege of engaging in a business in the State of Alaska, a business license is required for a new entity. For information regarding business licenses, statutes, and how to obtain a business license, visit the Business Licensing website at BusinessLicense.Alaska.Gov.

NOTE: a change in the ownership of a business license requires a new business license.

Alaska Corporate Net Income Tax:

Every corporation earning gross income from sources within the state, except for those corporations that are specifically exempted, must file a corporation net income tax return. Contact the Alaska Department of Revenue, Tax Division, PO Box 110420, Juneau, Alaska, 99811-0420, telephone number (907) 465-2320 for more information.



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

Specifically for

STATEMENT OF ABANDONMENT OF PLAN OF CONVERSION
All Entity Types

Under the Alaska Entity Transaction Act AS 10.55.405(c)

\$25.00 Filing Fee (non-refundable) (\$25 Corp Fee)

Pursuant to Alaska Statutes 10.55.405(c), after a plan of conversion has been approved by the domestic (Alaskan) converting (changing from one entity type to a different entity type) entity and before a statement of conversion becomes effective, the plan of conversion may be abandoned by submitting the following Abandonment of Plan of Conversion:

ITEM 1: Name of converting (changing from) entity:

Alaska Entity # (if applicable):

--	--

(This must match the name of the converting entity in the plan of conversion or in Item # 1 on the Statement of Conversion.)

State of Domicile or Jurisdiction (home state):

Type of Entity:

--	--

ITEM 2: The date on which the plan of conversion or the Statement of Conversion, with a future effective date, was filed for record with this division (mm/dd/yyyy format): ____/____/____

ITEM 3: The conversion has been abandoned in accordance with AS 10.55.405.

ITEM 4: The Statement of Abandonment must be signed on behalf of the converting entity (listed in Item # 1 above).

- If the entity is a corporation, it must be signed by an officer of the corporation.
- If the entity is not a corporation, it must be signed by the person authorized by the entity.
- If the entity is in the hands of a receiver, trustee, or other court-appointed fiduciary, it must be signed by the fiduciary.

Item 4 Continued on Next Page

Statement of Abandonment of Plan of Conversion: All Entity Types

ITEM 4 CONTINUED:

If the converting entity is a currently on record with this division (has an AK Entity Number) and the signer is an official of the entity then the signer must be currently on record with this division.

Provide the printed name of the signer, the full title/capacity of the authorized signer, the name of the entity that the individual is representing, and signature of the individual authorized to sign.

Signature	Printed Name	Title and entity that represented	Date

NOTE - Signatures:

Per AS 10.55.609, persons who sign documents to be filed with the commissioner that are known by the person to be false in material respects are guilty of a class A misdemeanor.

SUBMITTAL: Please submit forms and payment together.

- Mail the Statement of abandonment of Plan of Conversion (form 08-589) and the \$25.00 non-refundable filing fee in U.S. dollars to:
 - State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806
- If faxing the form please include the Credit Card Payment form with the appropriate fees.
- Do not email forms or payment.

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.



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

CONTACT INFORMATION SHEET

Please return this document with your filing. This information may be used by the division to assist with processing the attached filings. (NOTE: this form will not be filed for record or appear online.)

ENTITY NAME as it appears on this filing:

Alaska Entity #:

--	--

QUESTIONS/PROBLEMS - The division may send any problems regarding this filing to:

Company:		
ATTN:		
Mailing Address:		
City:	State:	Zip Code:
Phone:	Email:	

FILED DOCUMENTS – Documents filed for record pertaining to this filing may be sent to:

Check this box if you want filed for record documents returned to the address listed above.

If you want the filed for record documents sent to a different address, please complete the following:

Company:		
ATTN:		
Mailing Address:		
City:	State:	Zip Code:

SUBMITTAL: Please submit forms and payment together.

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.

Contact Information Sheet



THE STATE
of **ALASKA**
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

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 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: _____

Profession Type (e.g., Acupuncture): _____

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 (fine, 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 12/06/2022

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
1. Credit Card Number: _____	All 3 fields MUST be completed! This section will be destroyed after the payment is processed.
2. Expiration Date: _____	
3. Security Code: _____	