



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

Amended and Restated Articles of Incorporation

Domestic Business Corporation (AS 10.06)

- This Amended and Restated Articles of Incorporation form is only for Domestic Business Corporations and is used for both of these purposes:
 - Amending only the designated article(s), and;
 - Restating the articles of incorporation in their entirety, including the amendments on this form, and all amendments previously filed for the record.
- The Amended and Restated Articles of Incorporation will not be filed if the official signing this form does not match an official on record for this entity, and/or if your entity's biennial report is not current. Verify your entity and current officials information online at: 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.

1.	Important:	AS 10.06.502-526
<p>Each Domestic Business Corporation is required to notify this office when the Articles of Incorporation are amended and restated. — AS 10.06.502-.526</p> <p>Each Domestic Business Corporation is required to keep and make available records. — AS 10.06.430</p>		

2.	Fee:	<input type="checkbox"/> \$25 Nonrefundable Filing Fee (CORF)	3 AAC 16.030(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>			

3.	Entity Information:	AS 10.06.502-.526
<p>Entity Name: _____</p> <p>Alaska Entity Number: _____</p>		

IMPORTANT: Any change to the Articles of Incorporation on record is considered an amendment, this includes: deletions, edits, corrections, or renumbering of the Articles. Verify all previously-filed Articles of Incorporation and amendments before proceeding to ensure this filing corresponds with current Articles of Incorporation on record.

4. Provide each existing Article number being amended:	AS 10.06.504(b)
<input type="checkbox"/> Article #1 <input type="checkbox"/> Article #4 <input type="checkbox"/> Article #7 <input type="checkbox"/> Article #10 <input type="checkbox"/> Article #13 <input type="checkbox"/> Article #2 <input type="checkbox"/> Article #5 <input type="checkbox"/> Article #8 <input type="checkbox"/> Article #11 <input type="checkbox"/> Article #14 <input type="checkbox"/> Article #3 <input type="checkbox"/> Article #6 <input type="checkbox"/> Article #9 <input type="checkbox"/> Article #12 <input type="checkbox"/> Article #15	
<ul style="list-style-type: none"> • Add any additional Articles being amended: _____ 	
<input type="checkbox"/> New Article(s) are being <u>added</u> to the Articles of Incorporation.	
<input type="checkbox"/> The designated Articles being amended will also be renumbered.	

5. Date the Amended and Restated Articles of Incorporation was approved:	AS 10.06.510(3)
<ul style="list-style-type: none"> • Date of approval: Month: _____ / Day: _____ / Year: _____ 	

6. Voting Information Requirements:	AS 10.06.510(3)-(5)
<input type="checkbox"/> No authorized shares have been issued, and the Board approved the Amended and Restated Articles of Incorporation.	
<hr/> — or — <hr/>	
<input type="checkbox"/> Shares have been issued (also known as “outstanding”), and have voted on the Amended and Restated Articles of Incorporation:	
<i>Number of total issued shares:</i> _____	
<i>Number of issued shares entitled to vote:</i> _____	
<i>Number of issued shares voting for the amendment:</i> _____	
<i>Number of issued shares voting against the amendment:</i> _____	
<input type="checkbox"/> If there are shares in class (also known as “series”) entitled to vote:	
<i>Number of issued shares in class entitled to vote:</i> _____	
<i>Designation of issued shares in class entitled to vote:</i> _____	
<i>Number of issued shares in class voting for the amendment:</i> _____	
<i>Number of issued shares in class voting against the amendment:</i> _____	



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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

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)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

<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 MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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