



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

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FOR DIVISION USE ONLY

Articles of Dissolution - Part 2 of 2

Domestic Professional Corporation (AS 10.45 and AS 10.06)

- This Articles of Dissolution (Part 2 of 2) is only for Domestic Professional Corporations. Once filed, the entity will be placed into a "Voluntarily Dissolved" status.
- The Articles of Dissolution (Part 2 of 2) must be submitted together with, or after, the Certificate of Election to Dissolve (Form #08-430) for a "Voluntarily Dissolved" status. Both forms are required to complete the dissolution.
- This form 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'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: If a corporation has been completely wound up without court proceedings, a majority of the directors in office shall sign articles of dissolution. — AS 10.45.010, 10.06.620

Each Domestic Professional Corporation is required to keep and make available its records. — AS 10.45.010, 10.06.430

PART I		Payment of Fees	3 AAC 16.030
Fee:	<input type="checkbox"/> Non-Refundable Filing Fee		\$15.00
<i>Mail this form and the non-refundable \$15 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 10.45.010, 10.06.620
Entity Name:		Alaska Entity Number:	

PART III	Attestations	AS 10.45.010, AS 10.06.910, 10.06.608, AS 10.06.620(1), AS 10.06.620(4)
<i>By submitting this form, I am confirming:</i>		
<input type="checkbox"/> This entity is in Good Standing. <input type="checkbox"/> All biennial reports due have been filed and paid. <input type="checkbox"/> A Certificate of Election to Dissolve was filed together with, or before, this Articles of Dissolution. <input type="checkbox"/> The corporation has been completely wound up, per AS 10.06.620(1). <input type="checkbox"/> The corporation is dissolved, per AS 10.06.620(4).		
<i>To verify the entity's status and reports, go to www.Corporations.Alaska.Gov, click Search Corporations Database.</i>		

PART IV Disposition of Debts and Liabilities

AS 10.45.010, 10.06.620(2), 10.06.668

Select one (1) option. If more than one option is selected, your filing will be returned for correction.

There are no corporate debts or liabilities. Continue to Part V.

- OR -

All corporate debts and liabilities have been paid. Continue to Part V.

- OR -

There are corporate debts and liabilities. Complete a., b., c., and d. below, then continue to Part V.

a) If there are corporate debts and liabilities, ATTACH a separate page to this form detailing the provisions and plan for payment.

b) The name of the persons or agencies assuming responsibility are:

Legal Name:		Mailing Address:	
Legal Name:		Mailing Address:	
Legal Name:		Mailing Address:	
Legal Name:		Mailing Address:	

c) The debts and liabilities of the corporation have been secured by funds placed in the depository described below:

Name of Depository:		Mailing Address:	
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d) Other information for creditors or other persons to make claims for a debt or liability:

PART V Disposition of Remaining Assets

AS 10.45.010, AS 10.06.630(3)

Select one (1) option. If more than one option is selected, your filing will be returned for correction.

The known assets have been distributed to shareholders.

- OR -

Assets are wholly applied or deposited, on account of its debts and liabilities.

- OR -

The corporation acquired no assets.

PART VI Filing Certificate of Election to Dissolve

AS 10.45.010, 10.06.608

The Certificate of Election to Dissolve (Form #08-430) was filed together with, or before, this Articles of Dissolution and I am ready to complete this corporation's dissolution.

PART VII Required Signatures

AS 10.45.010, 10.06.620, 10.06.825

The Articles of Dissolution must be signed by the majority of directors currently on record with this corporation. To verify the directors 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 which are known to the person to be false in material respects are guilty of a class A misdemeanor. **ATTACH ADDITIONAL SHEETS IF NECESSARY**

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

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>