



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

AMENDED CERTIFICATE OF AUTHORITY

Foreign Nonprofit Corporation

AS 10.20.555

Filing Fee: \$25.00 (non-refundable)

INSTRUCTIONS (*Please retain for your records*):

NOTICE: The Amended Certificate of Authority will not be filed if a biennial report is due or the signatures do not match what the Corporations Section has on record. 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 officers/directors have changed, but no biennial report is due, please submit a Notice of Change located in the Forms and Fees section.

Refer to Alaska Statutes 10.20.555. It is not necessary for the corporation to obtain a new or amended certificate of authority to transact business in this state unless the name of the corporation is changed or unless the corporation's purpose has changed. If the name is amended, attach a Certificate of Compliance from the state of domicile. If the purpose is amended, attach a certified copy of the Articles of Incorporation from the state of domicile.

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

ITEM 2: Provide the amended legal name of the corporation; this must contain the word "corporation," "company," "incorporated," "limited," or an abbreviation of one of these words.

ITEM 3: Provide the assumed name if the legal name is not available for use in Alaska.

ITEM 4: State the amended purpose and the NAICS code.

ITEM 5: Address of the corporation in the state or country of domicile.

ITEM 6: The Amended Certificate of Authority must be signed by the corporation's president or vice president and by the secretary or assistant secretary on record.

NOTE: Persons who sign documents filed with the commissioner that are known to the person to be false in material respects, is guilty of a class A misdemeanor.

Mail the Amended Certificate of Authority 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.



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DO NOT STAMP ABOVE THIS BOX

Office Use Only	CORP

**AMENDED CERTIFICATE OF AUTHORITY
 Foreign Nonprofit Corporation
 AS 10.20.555**

\$25.00 Filing Fee (non-refundable)

Pursuant to Alaska Statutes 10.20.555, the undersigned corporation applies for a Certificate of Authority.

NOTE: If the name is amended, attach a Certificate of Compliance from the state of domicile. If the purpose is amended, attach a certified copy of the Articles of Incorporation from the state of domicile.

ITEM 1: Name of the Entity:	Alaska Entity #:

ITEM 2: Amended legal name:

ITEM 3: If amended name is not available for use in Alaska, elect an assumed name.

ITEM 4: Amended purpose and, separately, NAICS code.

Purpose:	NAICS code:								
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ITEM 5: Principal office address of the corporation wherever located:

Name:		
Mailing address:		
City:	State/Province:	Country:

ITEM 6: The Amended Certificate of Authority must be signed by the corporate president or vice president and by the secretary or assistant secretary. If the same person holds two of these positions, two different people must sign the application, unless that person holds all positions.

Signature of President or Vice President	Printed name of President or Vice President	Date
Signature of Secretary or Assistant Secretary	Printed name of Secretary or Asst. Secretary	Date

NOTE: Persons who sign documents filed with the commissioner that are known to be false in material respects are guilty of a class A misdemeanor.

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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, contact:

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

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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: _____

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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