



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

Street: State Office Building, 333 Willoughby Avenue, 9th Floor
Mail: PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: corporations@alaska.gov
Website: Corporations.Alaska.Gov

RENEWAL Application Only

Business Name Reservation

AS 10.35

- A business name reservation may only renew twice and, upon renewal, must include a statement of intent to start a business. — 3 AAC 16.010(c)
- Name reservation is for exclusive use of the name, for a period of 120 days, by a person intending to start a business. — AS 10.35.010 & 10.35.020(a)
- The name must be distinguishable and cannot give the impression the business is already incorporated. — AS 10.35.020(a)

Required Fee:	<input type="checkbox"/> Nonrefundable Filing Fee (CORF) 3AAC 16.010	\$25.00
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Business Name Reservation RENEWING:	Business Name Reservation Number:								
----- (must exactly match name reservation on record)	<table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> (mandatory)								

Owner Name:	
Mailing Address:	
Physical Address:	

As required by AAC 16.010(c), at renewal you must attach a statement of intent to start a business.

Signature of owner or the person authorized to sign on behalf of the owner entity:				
This Business Name Reservation Renewal form must be signed by the Owner on record. If the Owner is an entity, then the signer must be authorized to sign on behalf of the owner entity. (For example: John Smith, President of owning entity XYZ Incorporated.)				

<table> <tr> <td style="text-align: center;">Sign</td> <td style="text-align: center;">Print Name</td> <td style="text-align: center;">Title</td> <td style="text-align: center;">Date</td> </tr> </table>	Sign	Print Name	Title	Date
Sign	Print Name	Title	Date	

NOTE: If you wish to form an entity under the name you have reserved and the reservation is still active, a notice of cancellation must be sent to this office prior to formation. The notice must include the following: name of the entity, Alaska Entity Number associated with the name reservation, a statement requesting the cancellation, the signature of the applicant (or if the applicant is an entity, the signature of an authorized person from the entity). To prevent a gap between the cancellation of the Business Name Reservation and using the same name to register an entity, submit both filings together hardcopy.



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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. 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>