



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

CERTIFICATE OF CORRECTION

All Entity Types

AS 10.06.920

Filing Fee: \$25.00 (non-refundable)

INSTRUCTIONS (*Please retain for your records*):

NOTICE: The Certificate of Correction 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 officials have changed, but no biennial report is due, please submit a Notice of Change located under Forms & Fees.

Refer to Alaska Statutes 10.06.920. An entity may submit a Certificate of Correction to correct a document that has been filed for record. The filing of the certificate by the commissioner does not alter the effective time of the writing being corrected and does not affect any right or liability accrued or incurred before the filing. An entity name may not be changed or corrected with this form.

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

ITEM 2: Indicate the title of the document that needs to be corrected, and the date the document was filed for record with this Division. This information may be obtained by searching our corporations' database (see instructions above).

ITEM 3: State the correction.

ITEM 4: The Certificate of Correction must be signed by the same in the same manner as the original document. If changes have been made since the original document was filed, the current officers must sign.

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

Mail the Certificate of Correction 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.



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

DO NOT STAMP ABOVE THIS BOX

Office Use Only

CORP

CERTIFICATE OF CORRECTION
All Entity Types
AS 10.06.920

\$25.00 Filing Fee (non-refundable)

Pursuant to Alaska Statutes 10.06.920, an entity may create a Certificate of Correction to correct a document that has been filed for record. The filing of the certificate by the commissioner does not alter the effective time of the writing being corrected and does not affect any right or liability accrued or incurred before the filing. A corporate name may not be changed or corrected with this form.

ITEM 1: Name of the Entity:

Alaska Entity #:

--	--

ITEM 2: Provide the following information for the document being corrected:

Title of the original document filed for record:	
--	--

Date the original document filed for record (mm/dd/yyyy format):	
--	--

ITEM 3: State the correction:

Per Alaska statutes a corporate name may not be changed or corrected with this form.
 To change or correct a corporate name, file an amendment.

Attach an additional sheet if necessary.

ITEM 4: The Certificate of Correction must be signed in the same manner as the original document. Attach an additional sheet if necessary.

Signature	Printed Name	Title	Date
Signature	Printed Name	Title	Date

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

Mail the Certificate of Correction 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.



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

DO NOT STAMP ABOVE THIS BOX

Office Use Only

CORP

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

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

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>
---	--