



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

RENEWAL Application Only

Foreign Corporation Name Registration

AS 10.06.125 - .145 and AS 10.06.105(c)

- A foreign (non-Alaskan) corporation name registration may renew each year. — AS 10.06.145
- A foreign corporation name registration cannot contain a corporate indicator, such as but not limited to: corporation, INC, company, limited, or an abbreviation of a corporate indicator. — AS 10.06.105(c)
- A foreign corporation name registration must be distinguishable, per 3 AAC 16.120, from other names on record. — AS 10.06.105(d)
- A foreign corporation name registration expires at the end of the calendar year. — AS 10.06.145
- A Certificate of Good Standing from the foreign corporation’s home state or territory of domicile must be attached.
- IMPORTANT: A foreign corporation name registration is only for the exclusive right to the name and does not register a foreign entity nor give a foreign entity the authority to transact business in Alaska
 - To register a foreign entity with this Division, go to www.Corporations.Alaska.Gov
 - To obtain an Alaska Business License, go to www.BusinessLicense.Alaska.Gov

1. Fee:	<input type="checkbox"/> \$25 Nonrefundable Filing Fee (CORF)	3 AAC 16.010(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>		

2. Foreign (non-Alaskan) Name Registration RENEWING:	Alaska Registration Number:								
<p>----- (must exactly match foreign corporation name registration on record)</p>	<table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> <p style="text-align: center;">(mandatory)</p>								

3. Foreign (non-Alaskan) Home State or Territory of Domicile:
<p>-----</p>

4. Date of Incorporation in Home State:

Month: _____ Day: _____ Year: _____

5. Principal Office Address:

Mailing Address: _____

Physical Address: _____

6. Nature of the Business:

7. Certificate of Good Standing:

(Mandatory)

A Certificate of Good Standing from the Home state or Territory of Domicile *must* be attached.

The certificate *must* have been issued within the last 60 days.

8. Signature:

The signer must be an officer of the corporation and acknowledge the business is in operation.

Sign: _____

Name: _____

Title: _____

Date: _____

Note: if you wish to register a foreign entity under the same foreign corporate name registration, a notice of cancellation must be sent to this office prior to the foreign entity registration. To prevent a gap between the cancellation of the foreign corporation name registration and the foreign entity registration, 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**

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>