



**Corporations Section**

PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550 • Fax: (907) 465-2974  
Email: [Corporations@Alaska.Gov](mailto:Corporations@Alaska.Gov)  
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## Notice of Change of Officials – Domestic Cooperative (AS 10.15) Instructions

This Notice of Change of Officials form is only for Domestic Cooperatives and is used to report changes in officers, directors, and shareholder information between biennial reporting periods.

This Notice of Change of Officials will not be filed if the entity's biennial report is not current. To verify the entity's biennial report due date, go online to [Corporations.Alaska.Gov](http://Corporations.Alaska.Gov) and select Search Corporations Database.

Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days. All filings are reviewed in the date order they are received.

The information you submit is a public record and will be posted on the State's website.

**IMPORTANT - AS 10.15.331:**

Each Domestic Cooperative is required to notify this office when there is a change of officials. — AS 10.15.331

Failure to meet this requirement may result in involuntary dissolution of the entity's authority to transact business in the State of Alaska. — AS 10.15.505 and AS 10.06.633(5)(7)

The Domestic Cooperative is to keep and make available the records of the official(s) changes. — AS 10.15.315

**FEES**

Fees made payable to "State of Alaska."

Nonrefundable Filing Fee:	\$25.00
<hr/> Total Fees Due:	<hr/> \$25.00



THE STATE  
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Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing

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**Notice of Change of Officials**

**Domestic Cooperative (AS 10.15)**

<b>PART I</b>		<b>Payment of Fees</b>	<i>3 AAC 16.040(c)</i>
Required Fees:	<input type="checkbox"/> Nonrefundable Filing Fee		<b>\$25.00</b>

<b>PART II</b>		<b>Entity Information</b>	<i>AS 10.15.331</i>
Entity Name:			
Alaska Entity Number:			

<b>PART III</b>		<b>Remove from Record</b>	<i>AS 10.15.331(b)</i>
The following officials (officers, directors, shareholders, and general manager) will be <u>completely removed from the record</u> as a result of this filing. <i>Include additional pages, if necessary.</i> If an official is not being removed from record, then only list them in Part IV below (with their current information).			
Full Name:			
Full Name:			
Full Name:			
Full Name:			
Full Name:			
Full Name:			
Full Name:			
Full Name:			

**PART IV ALL Current Officials**

AS 10.15.331(b) and AS 10.15.580

The following is a complete list of ALL remaining and new officials who will be on record as a result of this filing.

Domestic Cooperatives must have a President, Vice-President, Secretary, Treasurer, and at least three (3) Directors. Each principal officer must be a Director of the Cooperative, except for Secretary, Treasurer and one Vice-President (if the by-laws provide for more than one). — AS 10.15.175 and 10.15.140(b)

In the table below, the official titles are abbreviated as follows: **P** – President, **VP** – Vice President, **S** – Secretary, **T** – Treasurer, **D** – Director, **GM** – General Manager, **AS** – Assistant Secretary, **AT** – Assistant Treasurer.

List **ALL** officials and their current information to be on record. *Include additional pages, if necessary.*

Full Legal Name	Complete Mailing Address	P	VP	S	T	D	GM	AS	AT
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART V Signature**

AS 10.15.331(b) and AS 10.06.825

Notice of Change of Officials must be signed by a principal officer (i.e., the president or vice-president) of the cooperative. 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.

<b>Printed Name:</b>		<b>Title:*</b>	
<b>Signature:</b>		<b>Date Signed:</b>	

\*Must be signed by a principal officer. A director is not an authorized signer.



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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.

**PART I Entity Information**

Enter your entity information as it appears on this filing.

**Entity Name:**

**Alaska Entity Number:**

**PART II Contact Information**

Whom may we contact with any questions or problems with this filing?

**Company:**

**Contact Person:**

**Mailing Address:**

P.O. Box or Street

City

State

Zip

**Email Address:**

**Phone Number:**

**PART III Document Return Address**

- Return my filings to the address provided ABOVE.
- Return my filings to this address provided BELOW:

**Company:**

**Contact Person:**

**Mailing Address:**

P.O. Box or Street

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: \_\_\_\_\_

Profession Type (e.g., Acupuncture): \_\_\_\_\_

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 (fine, 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 12/06/2022

Credit Card Payment Form (all major cards accepted)

**CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!**

1. Credit Card Number: -----

2. Expiration Date: -----

3. Security Code: -----

All 3 fields **MUST** be completed!

This section will be destroyed after the payment is processed.