

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

### **ARTICLES OF MERGER**

**Domestic Business Corporation** 

AS 10.06.532 - 10.06.562

#### Filing Fee: \$25.00 (non-refundable)

#### **INSTRUCTIONS** (*Please retain for your records*):

**NOTICE:** The Articles of Merger will not be filed if a biennial report is due or the signatures do not match what the Corporations Section has on record. Please verify the following before completing the application.

- Have all current biennial reports be filed?
- o Are the officers/directors/shareholders up to date on our records?

To verify this information please search for the entity by going to Search Corporations Database in the Corporations Section of our website at <u>www.commerce.alaska.gov/occ</u>. 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/shareholders have changed, but no biennial report is due, please submit a Notice of Change located in the Forms and Fees section.

#### Per AS 10.06.530, two or more domestic corporations may merge.

Per AS 10.06.562, one or more domestic corporations <u>and</u> one or more foreign corporations may merge. A domestic corporation must be party to the merger.

# An LLC, LP, or LLP cannot be party to a merger filed under AS 10.06.532 – 10.06.562. If another entity type is party to a merger with a corporation, file a Statement of Merger (08-0565) under AS 10.55.

**ARTICLE 1**: Provide the name(s), jurisdiction (home state), and, if applicable, the Alaska Entity Number(s) of the merging entities.

**ARTICLE 2**: Provide the name(s), jurisdiction (home state), and, if applicable, the Alaska Entity Number(s) of the surviving entities.

**ARTICLE 3**: A copy of the Plan of Merger must be attached and should set out: the names of the merging corporations and surviving corporation; the terms and conditions of the proposed merger; the manner and basis of converting the shares of each merging corporation into shares or other securities or obligations of the surviving corporation; a statement of changes in the articles of incorporation of the surviving corporation caused by the merger; other provisions of the merger considered necessary or desirable.

**ARTICLE 4**: The Plan of Merger must be approved by each entity that is party to the merger. Provide the voting information for each entity. If the shares of a class were entitled to vote as a class, indicate the number of shares of the class voting for and against the plan.

**ARTICLE 5**: Indicate if this is a merger involving one or more subsidiary corporations. If so, include a Plan of Merger as set out in AS 10.06.554 – 558.

**ARTICLE 6**: If the surviving entity is a foreign corporation, not incorporated under the laws of Alaska, provide the name and addresses to which the Commissioner may mail any service of process against the corporation.

**ARTICLE 7**: The Articles of Merger must be signed by the president or vice president and by the secretary or assistant secretary of each entity involved in the merger.

**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.

**NOTE**: If a foreign corporation authorized to transact business in this state is a party to an organic change permitted by the laws of the state or country where it is incorporated, and the corporation is the surviving corporation, it shall, within 30 days after the change becomes effective, file with the Commissioner a copy of the Articles of Merger, consolidation, exchange, or reorganization authenticated by the proper office of the state or country under whose laws the organic change was carried out. It is not necessary for the corporation to obtain a new or amended Certificate of Authority to transact business in the state unless the name of the corporation is changed, or unless the corporation desires to pursue in this state other or additional purposes than those it is already authorized to transact in this state.

Mail the Articles of Merger 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

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#### ARTICLES OF MERGER **Domestic Business Corporation** AS 10.06.532 - 10.06.562

### \$25.00 Filing Fee (non-refundable)

Pursuant to Alaska Statutes 10.06.532 - 550, the Articles of Merger shall be executed by each corporation and must set out the Plan of Merger, number of shares outstanding for each corporation, and, if the shares of a class were entitled to vote, the designation and number of outstanding shares of the class; and the number of shares voting for and against the plan.

ARTICLE 1: Name of the merging entity:	Alaska Entity # (if applicable):
Jurisdiction (home state) where Articles of Incorporation were first filed:	

Name of the merging entity:	Alaska Entity # (if applicable):
Jurisdiction (home state) where Articles of Incorporation were first filed:	

Attach a separate sheet with additional corporations, if necessary.

ARTICLE 2: Name of the surviving entity:	Alaska Entity # (if applicable):
luviadiation (home state) where Autislas of Incomparation were first filed.	
Jurisdiction (home state) where Articles of Incorporation were first filed:	

**ARTICLE 3**: Attach a Plan of Merger. See AS 10.06.532 for details on what the Plan of Merger must include.

**ARTICLE 4**: The Plan of Merger must be approved by each entity that is party to the merger. Provide the voting information for each entity; if the entity does not have separate classes of shares, ignore the second column.

Name of the merging entity:

If shares were issued:	If shares are entitled to vote as a class:
Number of outstanding shares:	Number of shares in class:
Number of shares entitled to vote:	Class series:
Number of shares voting for plan:	Number of votes for plan:
Number of shares voting against plan:	Number of votes against plan:

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Number of outstanding shares:	Number of shares in class:	
Number of shares entitled to vote:	Class series:	
Number of shares voting for plan:	Number of votes for plan:	
Number of shares voting against plan:	Number of votes against plan	:

Name of the surviving entity:

If shares were issued:	If shares are entitled to vote as a class:
Number of outstanding shares:	Number of shares in class:
Number of shares entitled to vote:	Class series:
Number of shares voting for plan:	Number of votes for plan:
Number of shares voting against plan:	Number of votes against plan:

Attach a separate sheet with additional corporations, if necessary.

ARTICLE 5: Is this a merger involving one or more subsidiary corporations?

- □ Yes (If yes, include a Plan of Merger following AS 10.06.554 558.)
- □ No

**ARTICLE 6:** <u>If the surviving entity is a foreign corporation, not incorporated under the laws of Alaska, provide the name and addresses to which the Commissioner may mail any service of process against the corporation.</u>

Name:	
Physical address:	
Mailing address:	

**ARTICLE 7**: The Articles of Merger must be signed by the president or vice president and by the secretary or assistant secretary of each entity involved in the merger.

Name of the merging entity:

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

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

Name of the surviving entity:

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 the person to be false in material respects are guilty of a class A misdemeanor.

**NOTE**: If a foreign corporation authorized to transact business in this state is a party to an organic change permitted by the laws of the state or country where it is incorporated, and the corporation is the surviving corporation, it shall, within 30 days after the change becomes effective, file with the Commissioner a copy of the Articles of Merger, consolidation, exchange, or reorganization authenticated by the proper office of the state or country under whose laws the organic change was carried out. It is not necessary for the corporation to obtain a new or amended Certificate of Authority to transact business in the state unless the name of the corporation is changed, or unless the corporation desires to pursue in this state other or additional purposes than those it is already authorized to transact in this state.

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### CONTACT INFORMATION SHEET

Office Use Only CORP

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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FOR DIVISION USE ONLY

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

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 Applicar	nt or Licensee:		
Program Type:		License Number <i>(if applicable)</i> :	
I wish to make pa	ayment by credit card fo	r the following <i>(check all that apply)</i> :	AMOUNT
Application	ו Fee:		
License or	Renewal Fee:		
Other (nar	me change, wall certifica	ate, fine, duplicate license, exam, etc.):	
1			
2			
		TOTAL:	
Name (as shown	on credit card):		
Mailing Address:			
Phone Number:		Email <i>(optional)</i> :	
Signature of Cre	edit Card Holder:		
08-4438	Rev 12/26/18	Credit Card Payment Form (all major o	cards accepted)

#### CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed! 1. Account Number: All four fields **MUST** be completed! Expiration Date: 2. This section will be Billing ZIP Code: 3. destroyed after the payment is processed. 4. Security Code: