



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 DISSOLUTION

Domestic Business Corporation

AS 10.06.620

Filing Fee: \$15.00 (non-refundable)

INSTRUCTIONS (*Please retain for your records*):

NOTICE: The Articles of Dissolution 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?
- 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 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 officers/directors/shareholders have changed, but no biennial report is due, please submit a Notice of Change located in the Forms and Fees section.

Refer to Alaska Statutes 10.06.620. A business may decide to dissolve itself by filing a Certificate of Election to Dissolve (form 08-406) in conjunction with the filing of Articles of Dissolution. Both forms are required to complete the dissolution.

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

ARTICLE 2: This statement is required by statute.

ARTICLE 3: Select the appropriate box in regards to corporate debts and liabilities and complete the Articles of Dissolution accordingly.

ARTICLE 4 - 7: Complete these articles only if there are corporate debts and liabilities, as stated in Article 3.

ARTICLE 8: Select the appropriate box to indicate disposition of remaining assets.

ARTICLE 9: This statement is required by statute and declares that the Corporation has been dissolved.

Signatures: Provide the signatures of the majority of directors in office.

Mail the Articles of Dissolution and the non-refundable \$15.00 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

Office Use Only	CORP

**ARTICLES OF DISSOLUTION
 Domestic Business Corporation
 AS 10.06.620**

\$15.00 Filing Fee (non-refundable)

NOTICE: A Certificate of Election to Dissolve must be filed prior to, or in conjunction with the filing of Articles of Dissolution – see form 08-406.

Pursuant to Alaska Statutes 10.06.620, a business may decide to dissolve itself. After the Certificate of Election to Dissolve is filed, the corporation must file the Articles of Dissolution which sets forth:

ARTICLE 1: Name of the corporation:	Alaska Entity #:

ARTICLE 2: Corporation has been completely wound up.

ARTICLE 3: Disposition of debts and liabilities (check the appropriate box):

- There are no corporate debts and liabilities. Complete Articles 8 & 9.
- The corporate debts and liabilities have been paid. Complete Articles 8 & 9.
- There are corporate debts and liabilities. Complete Articles 4 - 9.

ARTICLE 4: If there are outstanding debts and liabilities, attach a separate page of details and provisions for payment and complete the following articles.

ARTICLE 5: The names and addresses of the persons or agencies assuming responsibility:

Name	Mailing address	City	State	ZIP code

Attach an additional sheet if necessary.

ARTICLE 6: Other information for creditors to make claims:

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Attach an additional sheet if necessary.

ARTICLE 7: The debts and liabilities of the corporation have been secured by funds placed in the depository described below:

Name of depository	Mailing address	City	State	ZIP code

ARTICLE 8: Disposition of remaining assets (check the appropriate box below):

- The known assets have been distributed to shareholders.
- If there are no shareholders, to persons entitled to the assets.
- Wholly applied or deposited, on account of its debts and liabilities.
- The corporation acquired no assets.

ARTICLE 9: Corporation is dissolved.

Signatures: The Articles of Dissolution must be signed by the majority of directors in office.

Signature of Director	Printed Name	Date

Attach a separate sheet if needed.

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.

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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

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

FOR DIVISION USE ONLY

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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>
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