

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

## NOTIFICATION OF CONSOLIDATION Foreign Business Corporation

AS 10.06.562 & AS 10.06.775

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

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

**NOTICE:** The Notification of Consolidation will not be filed if a biennial report is due. 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.

Refer to Alaska Statutes 10.06.562 and 10.06.775. If a foreign corporation authorized to transact business in the State of Alaska is party to an organic change permitted by the laws of the home state, the surviving corporation shall, within 30 days file with the Commissioner a certified copy of the Articles of Consolidation from the home state.

**ITEM 1**: Provide the name(s) and, if applicable, the Alaska Entity Number(s) of the consolidating entities.

**ITEM 2**: Provide the name of the new entity. If the resulting entity will be transacting business in the State of Alaska, an application for Certificate of Authority must be filed.

**ITEM 3**: A certified copy of the Articles of Consolidation must be filed in the home state must be attached.

**NOTE**: If the surviving or new entity is governed by the laws of another state and is going to transact business in this state, it shall comply with the provisions of the Alaska Corporations Code (AS 10.06) with respect to foreign corporation and submit a Certificate of Authority to this office.

Mail the Notification of Consolidation 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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#### NOTIFICATION OF CONSOLIDATION Foreign Business Corporation AS 10.06.562 & AS 10.06.775

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 ITEM 1: Name of the consolidating entity:
 Alaska Entity # (if applicable):

Name of the consolidating entity:	Alaska Entity # (if applicable):

Attach a separate sheet with additional corporations, if necessary.

**ITEM 2**: Name of the new entity:

**ITEM 3**: A certified copy of the Articles of Consolidation filed in the home state must be attached.

**NOTE**: If the surviving or new entity is governed by the laws of another state and is going to transact business in this state, it shall comply with the provisions of the Alaska Corporations Code (AS 10.06) with respect to foreign corporation and submit a Certificate of Authority to this office.

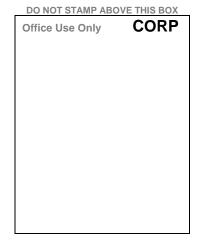
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### **CONTACT INFORMATION SHEET**



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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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	ne 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: