COR

FOR DIVISION USE ONLY

THE STATE of ALASKA

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

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*

Certificate of Withdrawal

Foreign Business Corporation (AS 10.06)

- This Certificate of Withdrawal is only for a Foreign Business Corporation. Once filed, the entity will be placed into a "Withdrawn" status.
- This form will not be filed if the official signing this form does not match an official on record for this entity, and/or if your entity's biennial report is not current. Verify your entity's status and current information online at: *www.Corporations.Alaska.Gov*, click *Search Corporations Database.*
- Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days (2-3 weeks). All filings are reviewed in the date order they are received.
- The information you submit is a public record and will be posted online at *www.Corporations.Alaska.Gov.*

Important: A foreign corporation authorized to transact business in this state may withdraw from this state upon obtaining from the commissioner a certificate of withdrawal. To obtain a certificate of withdrawal, the foreign corporation shall deliver to the commissioner an application for withdrawal. – AS 10.06.778

Upon the issuance of a certificate of withdrawal, the authority of a corporation to transact business in this state ceases.- AS 10.06.788

PART I Payment of Fees

3 AAC 16.030

Fee:	☐ Non-Refundable Filing Fee *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.*	**$25.00**

PART II Entity Information

AS 10.06.780

Entity Name:			
Alaska Entity Number:		**State or Country of Domicile:**	

PART III Attestations

AS 10.06.780, AS 10.06.780(2)-(4)

By submitting this form, I am confirming:

- ☐ **This entity is in good standing.**
- ☐ **All biennial reports due have been filed and paid.**
- ☐ **The Corporation is not transacting business in Alaska.**
- ☐ **The Corporation surrenders its authority to transact business in Alaska.**
- ☐ **The Corporation revokes the authority of the registered agent in Alaska and consents that service of process may subsequently be made on the corporation by service on the Commissioner.**

To verify the entity's status and reports, go to www.Corporations.Alaska.Gov, click Search Corporations Database.

PART IV Service of Process

AS 10.06.780(5)

Provide the name and address where the Commissioner may mail any service of process against the Corporation.
Per Part III, the authority of the registered agent in Alaska is revoked. Do not list the registered agent in Alaska.

Full Legal Name:	*Entity or Individual*
Physical Address:	
Mailing Address:	

PART V Required Signatures

AS 10.06.783, 10.06.825

The Certificate of Withdrawal must be signed by the President or Vice President AND the Secretary or Assistant Secretary on record. If one person holds two of these titles, and there are other officers on record, then two different officers on record must sign.

To verify the officers currently on record, go to: *www.Corporations.Alaska.Gov*, Click *Search Corporations Database.*

Per AS 10.06.825, persons who sign documents filed with the Commissioner which are known to the person to be false in material respects are guilty of a class A misdemeanor.

Required Signature 1: ☐ **President** ☐ **Vice President**			
Name:			
Signature:		**Date:**	
Required Signature 2: ☐ **Secretary** ☐ **Assistant Secretary**			
Name:			
Signature:		**Date:**	

Remember to notify other sections of this division when appropriate:

BUSINESS LICENSING SECTION:
Submit Business License: Request to Cancel (form 08-4732) to cancel any business licenses associated with this entity. Go to *www.BusinessLicense.Alaska.Gov* for more information and forms.

PROFESSIONAL LICENSING SECTION:
Email *License@Alaska.Gov* for more information and appropriate forms.

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*

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.
☐ Return my filings to the address provided **ABOVE**	
☐ Return my filings to this address provided **BELOW**	
Company:	
Contact:	
Mailing Address:	Address:
	City: State: ZIP:

THE STATE of ALASKA

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

FOR DIVISION USE ONLY

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 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: 0

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!

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.