



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](http://www.commerce.alaska.gov/occ)

## **ARTICLES OF MERGER**

### **Domestic Professional Corporation**

### **AS 10.06.530 - AS 10.06.562 & AS 10.45.110**

**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?
- 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](http://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.

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

**Per AS 10.06.562, one or more domestic corporations and one or more foreign corporations may merge. A domestic professional corporation must be party to the merger.**

**An LLC, LP, LLP, or a foreign professional corporation cannot be party to a merger filed under AS 10.06.532 – 10.06.562 and AS 10.45.110. 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:** 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 6:** 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:** According to AS 10.45.110, a professional corporation may not hold stock in another professional corporation or merger or consolidated with a foreign professional corporation.

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.



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](http://www.commerce.alaska.gov/occ)

DO NOT STAMP ABOVE THIS BOX

Office Use Only

**CORP**

**ARTICLES OF MERGER**  
**Domestic Professional Corporation**  
**AS 10.06.530 - AS 10.06.562 & AS 10.45.110**

☐ **\$25.00 Filing Fee (non-refundable)**

Pursuant to Alaska Statutes 10.06.550 and 10.45.110, 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 #:

Jurisdiction (home state) where Articles of Incorporation were first filed:	

Name of the merging entity:

Alaska Entity #:

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 #:

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:	

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:	

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:** 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.

Name:
Physical address:
Mailing address:

**ARTICLE 6:** 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

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

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:** According to AS 10.45.110, a professional corporation may not hold stock in another professional corporation or merger or consolidated with a foreign professional corporation.

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.



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](http://www.commerce.alaska.gov/occ)

DO NOT STAMP ABOVE THIS BOX

Office Use Only

**CORP**

## 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

**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.



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:** \_\_\_\_\_

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. Account Number: \_\_\_\_\_

2. Expiration Date: \_\_\_\_\_

3. Billing ZIP Code: \_\_\_\_\_

4. Security Code: \_\_\_\_\_

All four fields **MUST**  
be completed!

This section will be  
destroyed after the  
payment is processed.