



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 CONSOLIDATION

Domestic Professional Corporation

AS 10.06.536 & 10.45.110

Filing Fee: \$25.00 (non-refundable)

INSTRUCTIONS (*Please retain for your records*):

NOTICE: The Articles of Consolidation 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 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 10.06.536 & 10.45.110. The Articles of Consolidation shall be executed by each corporation and must set out the Plan of Consolidation.

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

ARTICLE 2: Provide the name of the new corporation.

ARTICLE 3: A copy of the Plan of Consolidation must be attached and should set out: the names of the consolidating corporations and the new corporation; the terms and conditions of the proposed consolidation; the manner and basis of converting the shares of each consolidating corporation into shares or other securities or obligations of the surviving corporation; the statements with respect to the new corporation required to be set out in the articles of incorporation for corporations organized under this chapter; other provisions of the consolidation considered necessary or desirable.

ARTICLE 4: The Plan of Consolidation must be approved by each entity that is party to the consolidation. 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: The Articles of Consolidation must be signed by the president or vice president and by the secretary or assistant secretary of each entity involved in the consolidation.

Mail the Articles 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.



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

DO NOT STAMP ABOVE THIS BOX

Office Use Only **CORP**

ARTICLES OF CONSOLIDATION
Domestic Professional Corporation
AS 10.06.536 & AS 10.45.110

\$25.00 Filing Fee (non-refundable)

Pursuant to Alaska Statutes 10.06.536 & 10.45.110, two or more domestic corporations may consolidate into a new domestic corporation.

ARTICLE 1: Name of the consolidating entity:	Alaska Entity # (if applicable):
<input type="text"/>	<input type="text"/>

Name of the consolidating entity:	Alaska Entity # (if applicable):
<input type="text"/>	<input type="text"/>

Attach a separate sheet with additional corporations, if necessary.

ARTICLE 2: Name of the new entity:

ARTICLE 3: Attach a Plan of Consolidation. See AS 10.06.536 for details on what the Plan of Consolidation must include.

ARTICLE 4: The Plan of Consolidation must be approved by each entity that is party to the consolidation. Provide the voting information for each entity in column A & B; if the entity does not have separate classes of shares, ignore column B.

Name of the consolidating entity:

A) If shares were issued:		B) If shares are entitled to vote as a class:	
Number of outstanding shares:	<input type="text"/>	Number of shares in class:	<input type="text"/>
Number of shares entitled to vote:	<input type="text"/>	Class series:	<input type="text"/>
Number of shares voting for plan:	<input type="text"/>	Number of votes for plan:	<input type="text"/>
Number of shares voting against plan:	<input type="text"/>	Number of votes against plan:	<input type="text"/>

Name of the consolidating entity:

--

A) If shares were issued:

B) 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: The Articles of Consolidation must be signed by the president or vice president and by the secretary or assistant secretary of each consolidating entity.

Name of the consolidating 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 consolidating 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.

Mail the Articles 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.



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

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!	
<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>