



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)

## **RESTATED ARTICLES OF INCORPORATION**

### **Domestic Nonprofit Corporation**

### **AS 10.20.206**

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

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

**NOTICE:** The Restated Articles of Incorporation will not be filed if a biennial report is due or the signatures do not match what the Corporations Section has on record. Verify the following before completing the application.

- Have all current biennial reports be filed?
- Are the officers/directors 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 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 10.20.206. A corporation may at any time adopt a restatement of its Articles of Incorporation, which shall integrate into a single document the text of its original articles, merger or consolidation, together with all amendments previously adopted. If you need assistance in completing your filing, it is advised that you seek legal counsel. Please be aware that this filing will become public information.**

**NOTE:** Bylaws are not required to be filed with this office they are to be maintained by the entity. If you include your bylaws they will be returned, without being filed for record.

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

**ITEM 2:** Indicate the date the resolution was adopted a majority vote by the board or a majority vote of members, and attach a copy of the restated articles of incorporation.

**ITEM 3:** Restated Articles of Incorporation must be signed by the corporate president or vice president, and by the secretary or assistant secretary.

**NOTE:** Persons who sign documents filed with the commissioner that are known to be false in material respects are guilty of a class A misdemeanor.

Mail the Restated Articles of Incorporation 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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DO NOT STAMP ABOVE THIS BOX

Office Use Only	<b>CORP</b>

**RESTATED ARTICLES OF INCORPORATION**  
**Domestic Nonprofit Corporation**  
**AS 10.20.206**

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

The undersigned adopts the following Restated Articles of Incorporation pursuant to Alaska Statutes 10.20.206. The restated articles correctly set out, without change, the corresponding provisions of the articles as amended to the time of this filing. The restated articles supersede the original articles and all amendments to them.

<b>ITEM 1:</b> Name of the Entity:	Alaska Entity #:

**ITEM 2:** Attach a copy of the Restated Articles of Incorporation.

Date the amendment was adopted by a majority of the board of directors, or by a majority of its members (mm/dd/yyyy format):	
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**ITEM 3:** The Restated Articles of Incorporation must be signed by the president or vice president and by the secretary or an assistant secretary on record.

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, is guilty of a class A misdemeanor.

**NOTE:** Bylaws are not required to be filed with this office they are to be maintained by the entity. If you include your bylaws they will be returned, without being filed for record.

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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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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 <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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