



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)

## **NOTIFICATION OF MERGER**

### **Foreign Nonprofit Corporation**

### **AS 10.20.266 – 10.20.275**

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

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

**NOTICE:** The Notification 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 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 10.20.266 – 10.20.275. One or more foreign corporations and one or more domestic corporations may be merged or consolidated in the manner provided in AS 10.20.271 and 10.20.275 if the merger or consolidation is permitted by the laws of the state under which each foreign corporation is organized. If the name or purpose of the corporation has changed, an application for Amended Certificate of Authority must be filed.**

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

**ITEM 2:** Provide the name and, if applicable, the Alaska Entity Number of the surviving entity.

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

Mail the Notification 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.



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DO NOT STAMP ABOVE THIS BOX

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**NOTIFICATION OF MERGER**  
**Foreign Nonprofit Corporation**  
**AS 10.20.266 – 10.20.275**

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

Pursuant to Alaska Statutes 10.20.266 – 10.20.275, one or more foreign corporations and one or more domestic corporations may be merged or consolidated in the manner provided in AS 10.20.271 and 10.20.275 if the merger or consolidation is permitted by the laws of the state under which each foreign corporation is organized. If the name or purpose of the corporation has changed, an application for Amended Certificate of Authority must be filed.

<b>ITEM 1:</b> Name of the merging entity:	Alaska Entity # (if applicable):

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

Attach a separate sheet with additional entities, if necessary.

<b>ITEM 2:</b> Name of the surviving entity:	Alaska Entity # (if applicable):

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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

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