

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 MERGER

Domestic Cooperative Corporation AS 10.15.400 – 10.15.445

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?
- o 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 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 10.15.400, two or more domestic cooperatives may merge.

Per AS 10.15.400 and 10.15.440, one or more domestic corporations under <u>and</u> one or more foreign corporations may merge. A cooperative corporation must be party to the merger.

An entity type other than a business corporation or cooperative corporation cannot be party to a merger filed under AS 10.15.400 – 10.15.445. If another entity type is party to the merger, 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 is guilty of a class A misdemeanor.

NOTE: If a foreign corporation authorized to transact business in this state is a party to an organic change permitted by the laws of the state or country where it is incorporated, and the corporation is the surviving corporation, it shall, within 30 days after the change becomes effective, file with the Commissioner a copy of the Articles of Merger, consolidation, exchange, or reorganization authenticated by the proper office of the state or country under whose laws the organic change was carried out. It is not necessary for the corporation to obtain a new or amended Certificate of Authority to transact business in the state unless the name of the corporation is changed, or unless the corporation desires to pursue in this state other or additional purposes than those it is already authorized to transact in this state.

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.



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CORP

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Website: www.commerce.alaska.gov/occ

\$25.00 Filing Fee (non-refundable) Pursuant to Alaska Statutes 10.15.400 – 10.15.445, two or more cooperatives may merge in accordance with the plan of merger set out under this chapter. ARTICLE 1: Name of the merging entity: Alaska Entity # (if applicable): Jurisdiction (home state) where Articles of Incorporation were first filed: Name of the merging entity: Alaska Entity # (if applicable): 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 # (if applicable): Jurisdiction (home state) where Articles of Incorporation were first filed: ARTICLE 3: Attach a Plan of Merger. See AS 10.15.405 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 cooperative has authorized shares: Date of adoption of the plan: (mm/dd/yyyy format) Number of shares entitled to (mm/dd/yyyy format) Number of shares voting for the plan: Number of members voting against the plan: Number of members voting against the plan: Number of members voting against the plan:	Domest	RTICLES OF MERGER tic Cooperative Corporation S 10.15.400 – 10.15.445		
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Date of adoption of the plan:	Number of shares entitled to	
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the plan:	the plan:	
Number of members voting	Number of shares voting	
against the plan:	against the plan:	
Attach a separate sheet with additional corpora	tions, if necessary.	
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Name:		
Physical address:		
Mailing address:		
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Signature of President or Vice President	Printed Name of President or Vice President	Date
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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: If the surviving or new entity is governed by the laws of another state and is going to transact business in this state, it shall comply with the provisions of the Alaska Corporations Code (AS 10.06) with respect to foreign corporation and submit a Certificate of Authority to this office.

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.



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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 receive guestions with this filing, our	ntoot:	
To resolve questions with this filing, cor	ilact.	
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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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 Pa	yment Form			
All major credit cards Include this credit car		security purposes, <u>do not email</u> cre h your application.	dit card inform	ation.
Name of Applicant or	Licensee:			
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