



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Corporations Section

State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: corporations@alaska.gov
Website: Corporations.Alaska.Gov

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FOR DIVISION USE ONLY

Statement of Intent to Dissolve - Part 1 of 2

Domestic Cooperative Corporation (AS 10.15)

- This Statement of Intent to Dissolve (Part 1 of 2) is only for Domestic Cooperative Corporations. Once filed, the entity will be placed into an "Intent to Dissolve" status.
- The Statement of Intent to Dissolve must be submitted together with, or before, the Articles of Dissolution (Form #08-467) for a "Voluntarily Dissolved" status (Part 2 of 2). Both forms are required to complete the dissolution.
- This form will not be filed if the official signing this form does not match an official on record for this entity, and/or if your entity's biennial report is not current. Verify your entity's status and current information online at: www.Corporations.Alaska.Gov, click *Search Corporations Database*.
- Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days (2-3 weeks). All filings are reviewed in the date order they are received.
- The information you submit is a public record and will be posted online at www.Corporations.Alaska.Gov.

Important: A corporation that has adopted a resolution of a statement of intent to dissolve shall immediately file a certificate evidencing the resolution. — AS 10.15.465

Each Domestic Cooperative Corporation is required to keep and make available records. — AS 10.15.315

PART I		Payment of Fees	3 AAC 16.040
Fee:	<input type="checkbox"/> Non-Refundable Filing Fee <i>Mail this form and the non-refundable \$10 filing fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.</i>		\$10.00

PART II		Entity Information	AS 10.15.465(1)
Entity Name:		Alaska Entity Number:	

PART III		Attestations	AS 10.15.465
<i>By submitting this form, I am confirming:</i>			
<input type="checkbox"/> This entity is in Good Standing. <input type="checkbox"/> All biennial reports due have been filed and paid.			
<i>To verify the entity's status and reports, go to www.Corporations.Alaska.Gov, click Search Corporations Database.</i>			

PART IV Officer & Director Records - Attach additional sheets if needed

AS 10.15.465(2) & (3)

Provide the full legal names and addresses of all officers and directors currently on record with this corporation.

Officer/Director Legal Name	Mailing Address

PART V Copy of Resolution

AS 10.15.465(4)

 I have attached a copy of the adopted resolution to this form, which authorizes the dissolution of this cooperative.
PART VI Voting Information

AS 10.15.460, 10.15.465(5)-(7)

VOTING MEMBERS: Provide the voting information of the members (required) and, if applicable, the shareholders entitled to vote.

Date of the Resolution's Adoption (mm/dd/yyyy):	
Number of Members Voting in Favor of the Resolution:	
Number of Members Voting Against the Resolution:	

VOTING SHAREHOLDERS: If there are shareholders entitled to vote, provide the voting information of the shareholders. If there are no shareholders entitled to vote, leave this section blank.

Total Number of Shareholder Votes:	
Number of Shareholders Voting in Favor of the Resolution:	
Number of Shareholders Voting Against of the Resolution:	

PART VII Filing Articles of Dissolution

AS 10.15.475, 10.15.495

Select one (1) option below:

 The corporation is not ready to dissolve and I understand that I will need to submit Articles of Dissolution (Form #08-467) within 2 years after filing this Statement of Intent to Dissolve to complete the corporation's dissolution.

- OR -

 The corporation is ready to dissolve and I am submitting Articles of Dissolution (Form #08-467) with this Statement of Intent to Dissolve to complete the corporation's dissolution.

The Statement of Intent to Dissolve must be signed by the President or Vice President and the Secretary or Assistant Secretary currently on record with this office.

To verify the officers currently on record, go to: www.Corporations.Alaska.Gov, Click Search Corporations Database.

Per AS 10.06.825, persons who sign documents filed with the Commissioner which are known to the person to be false in material respects are guilty of a class A misdemeanor.

Required Signature 1: President Vice President

Name:

Signature:

Date:

Required Signature 2: Secretary Assistant Secretary

Name:

Signature:

Date:

Remember to notify other sections of this division when appropriate:

BUSINESS LICENSING SECTION:

Submit Business License: Request to Cancel (form 08-4732) to cancel any business licenses associated with this entity. Go to www.BusinessLicense.Alaska.Gov for more information and forms.

PROFESSIONAL LICENSING SECTION:

Email License@Alaska.Gov for more information and appropriate forms.



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Contact Information

- Return this form with your filing
- This information may be used by the Division to assist with processing your attached filings
- This form will not be filed for record, or appear online

Entity Information		Enter your entity information as it appears on this filing.	
Entity Name:			
AK Entity #:			

Contact Person		Whom may we contact with any questions or problems with this filing?	
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:
Phone:			
Email:			

Document Return Address		Provide an address for the return of your filed documents.	
<input type="checkbox"/> Return my filings to the address provided ABOVE			
<input type="checkbox"/> Return my filings to this address provided BELOW			
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:



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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. Credit Card Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Security Code: _____</p>	<p>All 3 fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>