



THE STATE of ALASKA

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

COR

FOR DIVISION USE ONLY

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

Articles of Dissolution - Part 2 of 2

Domestic Cooperative Corporation (AS 10.15)

- This Articles of Dissolution (Part 2 of 2) is only for Domestic Cooperative Corporations. Once filed, the entity will be placed into a "Voluntarily Dissolved" status.
The Articles of Dissolution (Part 2 of 2) must be submitted together with, or after, the Statement of Intent to Dissolve (Form #08-466) for a "Voluntarily Dissolved" status. 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:

If dissolution proceedings have not been revoked, when all debts, liabilities, and obligations of the cooperative have been paid and discharged, or adequate provision has been made for their payment and discharge, and all of the remaining property and assets of the cooperative have been distributed to the persons entitled to them, articles of dissolution shall be filed. - AS 10.15.495

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

Table with 2 columns: Fee, Amount. Row 1: Non-Refundable Filing Fee, \$15.00. Includes instructions: Mail this form and the non-refundable \$15 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.

Table with 2 columns: Entity Name, Alaska Entity Number.

PART III Attestations

AS 10.15.495, AS 10.15.495(3), AS 10.15.495(4)

By submitting this form, I am confirming:

- This entity is in Good Standing.
- All biennial reports due have been filed and paid.
- A Statement of Intent to Dissolve was filed together with, or before, this Articles of Dissolution.
- All the property and assets of the cooperative remaining after payment or discharge (or adequate provision for payment or discharge of all debts, obligations, and liabilities of the cooperative) have been distributed to the persons entitled to them in accordance with their rights and interests per AS 10.15.495(3).
- There are no suits pending against the cooperative in any court, or adequate provision has been made for the satisfaction of any judgment, order, or decree that may be entered against it in a pending suit per AS 10.15.495(4).

*To verify the entity's status and reports, go to www.Corporations.Alaska.Gov, click Search Corporations Database.***PART IV Filing Statement of Intent to Dissolve**

AS 10.15.495(2)

Select one (1) option below:

- The Statement of Intent to Dissolve (Form #08-466) was filed before this Articles of Dissolution: _____
(mm/dd/yyyy)
- OR -
- The Statement of Intent to Dissolve (Form #08-466) was filed together with this Articles of Dissolution.

PART V Required Signatures

AS 10.15.495, 10.06.825

The Articles of Dissolution 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.



THE STATE
of **ALASKA**
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing

COR

FOR DIVISION USE ONLY

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

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:



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 |
|--|---------------|
| <input type="checkbox"/> Application Fee: _____ | _____ |
| <input type="checkbox"/> License or Renewal Fee: _____ | _____ |
| <input type="checkbox"/> 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>