

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

## NOTIFICATION OF MERGER

Foreign Limited Liability Company AS 10.50.500, AS 10.06.562, & AS 10.06.775

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?
- o Are the members/managers 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 <a href="https://www.commerce.alaska.gov/occ">www.commerce.alaska.gov/occ</a>. If there is a biennial report due, the report may be filed online by selecting Biennial Reports on the Corporations Section page. If the members/managers 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 10.50.800, 10.06.562 and 10.06.775. If a foreign company authorized to transact business in the State of Alaska is party to an organic change permitted by the laws of the home state, the surviving company shall, within 30 days file with the Commissioner a certified copy of the Articles of Merger from the home state. If the name or purpose of the company has changed, an application for Amended Certificate of Registration 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.



## State of Alaska Division of Corporations, Business and Professional Licensing CORPORATIONS SECTION

DO NOT STAMP ABOVE THIS BOX

Office Use Only

**CORP** 

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\$25.00 Fili	ing Fee (non-refundable)		
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II EWI I. Name	or the merging entity.	Alaska Ellili	y # (if applicable):
Name of the mo	erging entity:	Alaska Entity	y # (if applicable):
Attach a separa	ate sheet with additional companies, if nec	essary.	
ITEM 2: Name	of the surviving entity:	Alaska Entity	y # (if applicable):
ITEM 3: A certif	fied copy of the Articles of Merger filed in t	he home state must be attach	ned.

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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

<b>Credit Card Payment F</b>	orm	
All major credit cards are accepted Include this credit card payment fo	l. For security purposes, <u>do not email</u> credit card information. rm with your application.	
Name of Applicant or Licensee: _		
Program Type:	License Number (if applicable):	
I wish to make payment by credit o	eard for the following (check all that apply):	NT
Application Fee:		
License or Renewal Fee:		
Other (name change, wall of	ertificate, fine, duplicate license, exam, etc.):	
1		
	TOTAL:	
Name (as shown on credit card):		
Mailing Address:		
Phone Number:	Email <i>(optional)</i> :	
Signature of Credit Card Holder		
08-4438 Rev 12/26/18	Credit Card Payment Form (all major cards accep	ted)
CREDIT CARD INFO: Your pa	yment cannot be processed unless all fields are complete	ed!
1. Account Number:	All four fields <b>MUS</b>	
<b>2.</b> Expiration Date:	be completed!	
<b>3.</b> Billing ZIP Code:	This section will be destroyed after the	
<b>4.</b> Security Code:	payment is process	