



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

REGISTERED AGENT NOTICE OF RESIGNATION

All Entity Types

AS 10.06.170, 10.15.030, 10.20.041, 10.25.490, 10.45.240, 10.50.063

Filing Fee: \$25.00 (non-refundable)

INSTRUCTIONS *(Please retain for your records)*

Pursuant to Alaska Statutes 10.06.170, 10.15.030, 10.20.041, 10.25.490, 10.45.240, or 10.50.063 the registered agent may, at any time, resign as registered agent for any entity by submitting to this office a notice of resignation.

ITEM 1: Provide the name of the entity currently on record and the Alaska Entity Number.

ITEM 2: Provide the latest physical and mailing address of the entity.

ITEM 3: Provide the names, addresses, and titles of the most recent officials.

ITEM 4: Provide registered agent signature, printed name, and, if the registered agent is a corporation, the name of the corporation.

NOTE: By signing this document, the agent acknowledges that the effective date of the resignation is thirty (30) days after the receipt of this notice, unless the entity appoints a successor agent within those thirty days.

Mail the Notice of Resignation 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

Office Use Only **CORP**

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All Entity Types
AS 10.06.170, 10.15.030, 10.20.041, 10.25.490,
10.45.240, 10.50.063

\$25.00 Filing Fee (non-refundable)

Pursuant to Alaska Statutes 10.06.170, 10.15.030, 10.20.041, 10.25.490, 10.45.240, or 10.50.063, I hereby give my notice of resignation as registered agent for:

| | |
|------------------------------------|-------------------------|
| ITEM 1: Name of the Entity: | Alaska Entity #: |
| | |

ITEM 2: The latest address of the entity's principal office known to me is:

| |
|-------------------|
| Physical address: |
| Mailing address: |

ITEM 3: The names, addresses, and titles of the most recent officials known to me are:

| Title | Name | Mailing address | City | State | ZIP code |
|-------|------|-----------------|------|-------|----------|
| | | | | | |
| | | | | | |
| | | | | | |

Attach an additional sheet if necessary.

ITEM 4: I understand that the effective date of the resignation is thirty (30) days after the receipt of this notice unless the entity appoints a successor agent within those thirty days.

| | | | |
|-------------------------------|--------------|------------------------------------|------|
| | | | |
| Signature of Registered Agent | Printed Name | Name of corp. signatory represents | Date |

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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
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. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p> | <p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p> |