Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing FOR DIVISION USE ONLY

Corporations Section

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- 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.

PART I	Entity Information							
Enter your entit	ty information as it appears on this	is filing.						
Entity Name:								
Alaska Entity Number:								
PART II Contact Information								
Whom may we contact with any questions or problems with this filing?								
Company:								
Contact Person:	:							
Mailing Address	P.O. Box or Street	City	State	Zip				
Phone Number:	:	Email Address	s:					
PART III Document Return Address Return my filings to the address provided ABOVE.								
Return	my filings to the address provided	d BELOW:						
Company:								
Contact Person:	:							
Mailing Address	P.O. Box or Street	City	State	Zip				