



THE STATE
of **ALASKA**

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

ADM

FOR DIVISION USE ONLY

Corporations Section

PO Box 110806, Juneau, AK 99811

Website: *Corporations.Alaska.Gov*

Registered Agent Resignation – All Entity Types

This form will resign the current Registered Agent on record with the entity named below. Submit this form and non-refundable filing fee via U.S. mail (do not e-mail). The information you submit is a public record and will be posted on the State's website.

Pursuant to Alaska Statutes 10.06.170, 10.15.030, 10.20.041, 10.25.490, 10.45.240, or 10.50.063:

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Filing Fee (\$25 is Non-Refundable)	\$25.00
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PART II Entity Information

Entity Name:		Alaska Entity Number:	
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PART III Addresses

Provide the most recent addresses for the entity's principal office.				
Entity's Principal Office Physical Address:	Street	City	State	Zip
Entity's Principal Office Mailing Address:	P.O. Box or Street	City	State	Zip

PART IV Officials or Owners

Provide the legal names, addresses, and titles for the most recent officials/owners. <i>Provide additional pages if needed.</i>		
Title	Legal Name	Mailing Address

PART V Attestations

Important: Do not file this notice if you or your organization intends to file a Change of Registered Agent form. A resignation does not need to be filed if a Change of Registered Agent form is being submitted.

- ☐ I understand the entity will become "Non-Compliant" effective 30 days after receipt of this notice unless the entity appoints a successor agent within those 30 days.
- ☐ I hereby resign as the Registered Agent on record. I do not intend to file a Change of Registered Agent form to update the Registered Agent or their addresses.

PART VI Required Signature

This form must be signed by the Registered Agent on record. **If the signer represents a corporation that is the Registered Agent, provide the corporation's name below.*

Registered Agent's Signature:		Date Signed:	
Registered Agent's Printed Name:		Title:	
Corporation Name: *			



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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.

PART I Entity Information

Enter your entity information as it appears on this 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

Email Address:

Phone Number:

PART III Document Return Address

- ☐ Return my filings to the address provided ABOVE.
- ☐ Return my filings to this address provided BELOW:

Company:

Contact Person:

Mailing Address:

P.O. Box or Street

City

State

Zip



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State of Alaska
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:			
Profession Type (e.g., Acupuncture):		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 (fine, exam, etc.):		
1.			
2.			
TOTAL:			

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		All 3 fields MUST be completed. This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		