



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

Statement of Correction – All Entity Types

Pursuant to AS 10.55.605, a filed document that contains an inaccuracy or defect may be corrected by filing a Statement of Correction.

For Foreign entities:

- If correcting the Legal name or Home State, attach a Certificate of Good Standing issued within 60 days.
- If correcting Stock Information, attach a copy of the Articles of Incorporation or last amendment filed in the home state, which shows the correct stock.

The information you submit is a public record and will be posted on the State's website. Mail this form and non-refundable filing fee via U.S. mail (do not e-mail) for processing. Use the attached credit card payment form, or make a check or money order payable to the State of Alaska.

Standard processing time for complete and correct filings submitted to this office is approximately 2-3 weeks. Between October and February, processing times may be delayed.

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 Attestations

- ☐ I understand, per AS 10.55.605(c), this Statement of Correction is effective on the effective date of the document it corrects, except as to the persons relying on the uncorrected document and adversely affected by the correction. As to those persons, this Statement of Correction is effective when filed.
- ☐ I understand this Statement of Correction serves as evidence of correction and refers back to a filed document. This does not directly alter or modify a filed document's contents, or any certificates issued.

PART IV Document Information

Title of Filed Document Being Corrected:	
Date Inaccurate/Defective Document was Filed:	mm/dd/yyyy

PART V **Correction(s)**

State the inaccuracies or defects and the corrections being made. *Provide additional pages if needed.*

Inaccuracies or Defects:**Corrections:****PART VI** **Required Signature**

Per AS 10.55.601(5), this form may be signed with ONE (1) of the options below:

1. An officer of a domestic or foreign corporation. A "corporation" means a Business, Nonprofit, Professional, or Cooperative Corporation. Verify the officers currently on record with a corporation at www.Corporations.Alaska.Gov, click Search Corporations Database.
2. A person authorized by a domestic or foreign entity that is not a corporation, such as: LLC, LLP, or LP. If the authorized person is not on record, the name, title, and capacity of the signer must be stated. e.g. "Attorney-in-Fact"; or "John Smith, Manager, on behalf of ABC Enterprises LLC."
3. An authorized fiduciary, if the entity is in the hands of a receiver, trustee, or other court-appointed fiduciary. If the authorized fiduciary is not on record, the name, title, and capacity of the signer must be stated. e.g. "John Smith, Trustee, on behalf of ABC Revocable Trust."

I hereby certify I am the person herein named and subscribing to this form. I further certify I have read the complete form, and I know the full content thereof. I declare all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I further understand it is a Class A misdemeanor under AS 10.55.609 and AS 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Signature:**Date Signed:****Printed Name:****Title or
Capacity:**



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CORP

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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:		