



THE STATE  
of **ALASKA**

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

**CORP**

FOR DIVISION USE ONLY

**Corporations Section**

PO Box 110806, Juneau, AK 99811

Website: *Corporations.Alaska.Gov*

**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