



Corporations Section

PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: Corporations@Alaska.Gov
Website: Corporations.Alaska.Gov

Foreign Notification of Merger – All Entity Types

NOTICE: The Notification of Merger will not be filed if a biennial report is due. Please verify the following before completing the application.

- Have all current biennial reports been filed?
- Are the members/managers/officials/officers up to date on our records?

To verify this information please search for the entity by going to Search Corporations Database in the Corporations Section of our website at Corporations.Alaska.Gov. If there is a biennial report due, the report may be filed online by selecting Biennial Reports on the Corporations Section page. If the Officials have changed, but no biennial report is due, please submit a Notice of Change of Officials located in the Forms and Fees section.

FEES

Fees made payable to "State of Alaska."

Nonrefundable Filing Fee:	\$25.00
---------------------------	---------

Total Fees Due:	\$25.00
-----------------	---------

ITEM 1: Provide the name(s) and, if applicable, the Alaska Entity Number(s) of the merging entities.

ITEM 2: Provide the entity type, name and, if applicable, the Alaska Entity Number of the surviving entity.

ITEM 3: A certified copy of the Articles of Merger filed in the home state must be attached. Mail the Notification of Merger 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.



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
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: Corporations@Alaska.Gov
Website: Corporations.Alaska.Gov

Foreign Notification of Merger – All Entity Types

FEES

Required Fees:	<input type="checkbox"/> Nonrefundable Filing Fee	\$25.00
-----------------------	---	----------------

ITEM 1

Name of the Merging Entity:		Alaska Entity Number: (If Applicable)	
Name of the Merging Entity:		Alaska Entity Number: (If Applicable)	
<i>Attach a separate sheet with additional companies, if necessary.</i>			

ITEM 2

Surviving Entity Type:	<input type="checkbox"/> Business Corporation <input type="checkbox"/> Cooperative Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Nonprofit Corporation <input type="checkbox"/> Professional Corporation			
Name of the Surviving Entity:		Alaska Entity Number: (If Applicable)		

ITEM 3

A certified copy of the Articles of Merger filed in the home state must be attached. Mail the Notification of Merger 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.



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: _____

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

Application Fee: _____

License or Renewal Fee: _____

Other (fine, 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 12/06/2022

Credit Card Payment Form (all major cards accepted)

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

1. Credit Card Number: -----

2. Expiration Date: -----

3. Security Code: -----

All 3 fields **MUST** be completed!

This section will be destroyed after the payment is processed.