



State of Alaska  
Division of Corporations, Business and Professional Licensing  
**CORPORATIONS SECTION**  
PO Box 110806  
Juneau, AK 99811-0806  
Phone: (907) 465-2550  
Fax: (907) 465-2974  
Website: [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ)

## **STATEMENT OF INTENT TO DISSOLVE**

### **Domestic Cooperative Corporation**

### **AS 10.15.465**

**Filing Fee: \$10.00 (non-refundable)**

#### **INSTRUCTIONS (*Please retain for your records*):**

**NOTICE:** The Statement of Intent to Dissolve will not be filed if a biennial report is due or the signatures do not match what the Corporations Section has on record. Please verify the following before completing the application.

- Have all current biennial reports be filed?
- Are the officers/directors/shareholders 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 [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ). If there is a biennial report due, the report may be filed online by selecting Biennial Reports on the Corporations Section page. If the officers/directors/shareholders have changed, but no biennial report is due, please submit a Notice of Change located in the Forms and Fees section.

**Refer to Alaska Statutes 10.15.465. A business may decide to dissolve itself by filing a Statement of Intent to Dissolve in conjunction with the filing of Articles of Dissolution (form 08-4670). Both forms are required to complete the dissolution.**

**ITEM 1:** Provide the name of the entity currently on record and the Alaska Entity Number.

**ITEM 2:** Provide names, addresses and titles of the officers and directors.

**ITEM 3:** Provide a copy of resolution adopted which authorizes the dissolution.

**ITEM 4:** Provide the date the amendment was adopted by the members. You must indicate the number of members voting for and against the resolution, as well as the number of shareholders voting for and against the resolution, if applicable.

**ITEM 5:** The Statement of Intent to Dissolve must be signed by the corporate president or vice president and the secretary or assistant secretary.

Mail the Articles of Dissolution and the non-refundable \$10.00 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.



State of Alaska  
 Division of Corporations, Business and Professional Licensing  
**CORPORATIONS SECTION**  
 PO Box 110806  
 Juneau, AK 99811-0806  
 Phone: (907) 465-2550  
 Fax: (907) 465-2974  
 Website: www.commerce.alaska.gov/occ

DO NOT STAMP ABOVE THIS BOX

Office Use Only **CORP**

**STATEMENT OF INTENT TO DISSOLVE  
 Domestic Cooperative Corporation  
 AS 10.15.465**

**\$10.00 Filing Fee (nonrefundable)**

**NOTICE:** A Statement of Intent to Dissolve must be filed prior to, or in conjunction with the filing of Articles of Dissolution – see form 08-467. Both forms are required to complete the dissolution.

Pursuant to Alaska Statutes 10.15.380, the undersigned corporation adopts the following amended Articles of Incorporation.

**ITEM 1:** Name of the corporation:

Alaska Entity #:

|  |  |
|--|--|
|  |  |
|--|--|

**ITEM 2:** Provide names, addresses and titles of the officers and directors.

| Title | Name | Mailing address | City | State | ZIP code |
|-------|------|-----------------|------|-------|----------|
|       |      |                 |      |       |          |
|       |      |                 |      |       |          |
|       |      |                 |      |       |          |
|       |      |                 |      |       |          |

Attach an additional sheet if necessary.

**ITEM 3:** Provide a copy of resolution adopted which authorizes the dissolution. Attach a separate sheet.

**ITEM 4:** Provide the voting information:

|  |          |
|--|----------|
| Date amendment was adopted by the members (mm/dd/yyyy format): | __/__/__ |
|--|----------|

|  |  |   |  |
|--|--|---|--|
| Number of members voting for resolution:     |  | Number of shareholders entitled to vote for resolution: |  |
| Number of members voting against resolution: |  | Number of shareholder votes cast for resolution:        |  |
| Number of affected shareholders:             |  | Number of shareholder votes cast against resolution:    |  |

**ITEM 5:** The Statement of Intent to Dissolve must be signed by the president or vice president and by its secretary or an assistant secretary of the entity.

|   |  |      |
|---|--|------|
|   |  |      |
| Signature of President or Vice President      | Printed Name of President or Vice President  | Date |
|   |  |      |
| Signature of Secretary or Assistant Secretary | Printed name of Secretary or Asst. Secretary | Date |

**NOTE:** Persons who sign documents filed with the commissioner that are known to the person to be false in material respects, is guilty of a class A misdemeanor.

**NOTICE:** A Statement of Intent to Dissolve must be filed prior to, or in conjunction with the filing of Articles of Dissolution – see form 08-467.

Mail the Statement of Intent to Dissolve and the nonrefundable \$10.00 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.



State of Alaska  
Division of Corporations, Business and Professional Licensing  
**CORPORATIONS SECTION**  
PO Box 110806  
Juneau, AK 99811-0806  
Phone: (907) 465-2550  
Fax: (907) 465-2974  
Website: [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ)

DO NOT STAMP ABOVE THIS BOX

Office Use Only

**CORP**

### CONTACT INFORMATION SHEET

Please return this document with your filing. This information will only be used to resolve questions with the filings attached. **NOTE:** this form will not be filed for record or appear online.

Name of entity as it appears on filing:

To resolve questions with this filing, contact:

|                  |        |
|------------------|--------|
| Name:            |        |
| Email:           | Phone: |
| Mailing address: |        |

Return documents to:

|                  |
|------------------|
| Name:            |
| Company:         |
| Mailing address: |

Attach this form to your filings. Send all documents 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.