



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

ARTICLES OF MERGER

Domestic Nonprofit Corporation

AS 10.20.216 – 10.20.266

Filing Fee: \$25.00 (non-refundable)

INSTRUCTIONS *(Please retain for your records):*

NOTICE: The Articles of Merger 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 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. 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 have changed, but no biennial report is due, please submit a Notice of Change located in the Forms and Fees section.

Per AS 10.20.216, two or more domestic corporations may merge.

Per AS 10.20.266, one or more domestic corporations and one or more foreign corporations may merge. A domestic nonprofit corporation must be party to the merger.

An LLC, LP, or LLP cannot be party to a merger filed under AS 10.20.216– 10.20.266. If another entity type is party to a merger with a nonprofit corporation, file a Statement of Merger (08-0565) under AS 10.55.

ARTICLE 1: Provide the name(s), jurisdiction (home state), and, if applicable, the Alaska Entity Number(s) of the merging entities.

ARTICLE 2: Provide the name(s), jurisdiction (home state), and, if applicable, the Alaska Entity Number(s) of the surviving entities.

ARTICLE 3: A copy of the Plan of Merger must be attached and should set out: the names of the merging nonprofits and surviving nonprofit; the terms and conditions of the proposed merger; a statement of changes in the articles of incorporation of the surviving corporation caused by the merger; other provisions of the merger considered necessary or desirable.

ARTICLE 4: The Plan of Merger must be approved by each entity that is party to the merger.

ARTICLE 5: If the surviving entity is a foreign corporation, not incorporated under the laws of Alaska, provide the name and addresses to which the Commissioner may mail any service of process against the corporation.

ARTICLE 6: The Articles of Merger must be signed by the president or vice president and by the secretary or assistant secretary of each entity involved in the merger.

Mail the Articles 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.



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Office Use Only	CORP

ARTICLES OF MERGER
Domestic Nonprofit Corporation
AS 10.20.216 – 10.20.266

\$25.00 Filing Fee (nonrefundable)

Pursuant to Alaska Statutes 10.20.216 – 251, two or more domestic nonprofit corporations may merge into one of the two or more corporations under a plan of merger approved in the manner provided in this chapter.

ARTICLE 1: Name of the merging entity:	Alaska Entity # (if applicable):
Jurisdiction (home state) where Articles of Incorporation were first filed:	

Name of the merging entity:	Alaska Entity # (if applicable):
Jurisdiction (home state) where Articles of Incorporation were first filed:	

Attach a separate sheet with additional corporations, if necessary.

ARTICLE 2: Name of the surviving entity:	Alaska Entity # (if applicable):
Jurisdiction (home state) where Articles of Incorporation were first filed:	

ARTICLE 3: Attach a Plan of Merger. See AS 10.20.231 for details on what the Plan of Merger must include.

ARTICLE 4: The Plan of Merger must be approved by each entity that is party to the merger. Provide the voting information for each entity.

Name of the merging entity:

A)

Resolution by the board of directors	Date of meeting:
The number of directors voting for the merger:	
The number of directors voting against the merger:	

-- OR --

B)

Voting members of the corporation: A quorum was present and the merger received at least 2/3 of the votes that members either present at the meeting or represented by proxy were entitled to cast.	Date of meeting:
The number of directors voting for the merger:	
The number of directors voting against the merger:	

Name of the merging entity:

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A)

Resolution by the board of directors	Date of meeting:
The number of directors voting for the merger:	
The number of directors voting against the merger:	

-- OR --

B)

Voting members of the corporation: A quorum was present and the resolution received at least 2/3 of the votes that members either present at the meeting or represented by proxy were entitled to cast.	Date of meeting:
The number of directors voting for the merger:	
The number of directors voting against the merger:	

Name of the surviving entity:

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A)

Resolution by the board of directors	Date of meeting:
The number of directors voting for the merger:	
The number of directors voting against the merger:	

-- OR --

B)

Voting members of the corporation: A quorum was present and the merger received at least 2/3 of the votes that members either present at the meeting or represented by proxy were entitled to cast.	Date of meeting:
The number of directors voting for the merger:	
The number of directors voting against the merger:	

Attach a separate sheet if necessary.

ARTICLE 5: If the surviving entity is a foreign corporation, not incorporated under the laws of Alaska, provide the name and addresses to which the Commissioner may mail any service of process against the corporation.

Name:
Physical address:
Mailing address:

ARTICLE 6: The Articles of Merger must be signed by the president or vice president and by the secretary or assistant secretary of each entity involved in the merger.

Name of the merging entity:

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Signature of President or Vice President	Printed Name of President or Vice President	Date
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Signature of Secretary or Assistant Secretary	Printed name of Secretary or Asst. Secretary	Date
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Name of the merging entity:

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Signature of President or Vice President	Printed Name of President or Vice President	Date
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Signature of Secretary or Assistant Secretary	Printed name of Secretary or Asst. Secretary	Date
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Name of the surviving entity:

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Signature of President or Vice President	Printed Name of President or Vice President	Date
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Signature of Secretary or Assistant Secretary	Printed name of Secretary or Asst. Secretary	Date
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NOTE: Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

NOTE: Bylaws are not required to be filed with this office; they are to be maintained by the entity. If you include your bylaws, they will be returned without being filed for record.

Mail the Articles 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

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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

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THE STATE
of **ALASKA**
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

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PO Box 110806, Juneau, AK 99811
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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: _____

Program Type: _____ 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 (name change, wall certificate, fine, duplicate license, 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 12/26/18

Credit Card Payment Form (all major cards accepted)

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

<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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