



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*

Statement of Merger – All Entity Types

This merger is for a transaction authorized under AS 10.55.201-10.55.206. To merge under AS 10.55:

- One or more Domestic (Alaskan) entities may merge with or into one or more Domestic (Alaskan) or Foreign (non-Alaskan) entities.
- At least one entity that is party to the merger must be Domestic (Alaskan), whether they are the surviving or non-surviving entity.

Except as otherwise provided by complying with the provisions of AS 10.55.201 – AS 10.55.206 applicable to foreign (non-Alaskan) entities, a foreign entity may be a party to a merger under AS 10.55.201 – 10.55.206, or may be the surviving entity in a merger, if authorized by the law of the foreign entity’s jurisdiction of organization.

Note: The Statement of Merger will not be filed if a Biennial Report is due. Standard processing time for complete and correct applications submitted to this office is approximately 10-15 business days. All applications are reviewed in date-order received.

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Filing Fee (Non-Refundable)	\$25.00
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PART II Non-Surviving Entities

For the merging entity that is not the survivor and will be merging out of existence, provide the following:

Merging Entity's Legal Name:		Alaska Entity Number (if applicable):	
State of Domicile or Jurisdiction (home state):		Entity Type:	

If more than one entity is merging, and is not the survivor, provide the following:
Submit additional pages as needed.

Merging Entity's Legal Name:		Alaska Entity Number (if applicable):	
State of Domicile or Jurisdiction (home state):		Entity Type:	

PART III Survivor

For the survivor (the entity continuing to exist after the merger), provide the following:

Surviving Entity's Legal Name:		Alaska Entity Number (if applicable):	
State of Domicile or Jurisdiction (home state):		Entity Type:	

PART III Survivor (continued)

1. Is the surviving (continuing to exist) entity Domestic (Alaskan), AND are the public organic documents being amended as part of the plan of merger? Yes No

If yes, identify the article(s) being amended. Provide the number and amended article(s) in full.
Submit additional pages as needed. Note: Officials or the Registered Agent cannot be amended using this form.

2. Is the surviving (continuing to exist) entity created by the merger AND a Domestic (Alaskan) Entity? Yes No

If yes, the newly created entity's public organic document must be included as an attachment.

3. Is the survivor a non-registered Foreign entity that is not conducting business in Alaska? Yes No

If yes, provide the name and address where the Commissioner may mail any service of process:

Name:

Mailing Address:

P.O. Box or Street

City

State

Zip

4. Is the survivor a non-registered Foreign entity that is conducting business in Alaska? Yes No

If yes, the Foreign entity must register post-merger at www.Corporations.Alaska.Gov to conduct business in Alaska.

PART IV Future Effective Date

If different from the date of this filing, provide a future effective date that does not exceed 90 days from the date of filing. If none, leave this section blank.

Future Effective Date:
(mm/dd/yyyy)

PART V Attestation

I hereby certify the merger was approved by each Domestic (Alaskan) merging entity, if any, in accordance with AS 10.55.201 - 10.55.206 and by each Foreign (non-Alaskan) merging entity, if any, in accordance with the law of the foreign merger entity's jurisdiction of organization.

PART VI Other Provisions

The Statement of Merger may contain other provisions not prohibited by law. List the provisions below:
Submit additional pages as needed. Leave blank if not applicable. Note: Officials or the Registered Agent cannot be amended using this form.

PART VII Signatures

The Statement of Merger must be signed on behalf of each merging entity.

- If the merging entities are corporations, it must be signed by an officer of the corporation.
- If the merging entity is not a corporation, it must be signed by the person authorized by the entity.
- If the merging entity is in the hands of a receiver, trustee, or other court-appointed fiduciary, it must be signed by the fiduciary.

Signatures on behalf of all Non-Surviving Entities (merging out of existence):

I understand the above information is true and correct. I further understand it is a Class A misdemeanor under Alaska Statute 10.55.609 to falsify an application and commit the crime of unsworn falsification.

Printed Name:		Title and Entity Represented:	
Signature:		Date Signed:	

I understand the above information is true and correct. I further understand it is a Class A misdemeanor under Alaska Statute 10.55.609 to falsify an application and commit the crime of unsworn falsification.

Printed Name:		Title and Entity Represented:	
Signature:		Date Signed:	

Signature on behalf of the Survivor (entity continuing to exist):

I understand the above information is true and correct. I further understand it is a Class A misdemeanor under Alaska Statute 10.55.609 to falsify an application and commit the crime of unsworn falsification.

Printed Name:		Title and Entity Represented:	
Signature:		Date Signed:	



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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:		<p>All 3 fields MUST be completed.</p> <p>This section will be destroyed after the payment is processed.</p>
2. Expiration Date:		
3. Security Code:		