

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

CERTIFICATE OF AUTHORITY

Foreign Nonprofit Corporation AS 10.20.485

Filing Fee: \$50.00

INSTRUCTIONS (Please retain for your records):

Refer to Alaska Statutes 10.20.485. If you need assistance in completing your filing, it is advised that you seek legal counsel. Please be aware that this filing will become public information.

ITEM 1: Legal Name of Corporation

The corporate name may not contain a word or phrase that indicates or implies that the corporation is organized for a purpose other than the purpose contained in its articles of incorporation. A corporate name must be distinguishable upon the record. To search the availability of the legal name of the corporation in the State of Alaska go to the Corporations Section at www.commerce.alaska.gov/occ and select Search Corporations Database.

The entity must be in good standing in their state of domicile, before we can issue a certificate of authority, please check the box.

ITEM 2: Assumed Name

The name the corporation elects to use if the name in the state of domicile is already in use by another entity in Alaska. To search the availability of the legal name of the corporation in the state of Alaska, go to the Corporations Section at www.commerce.alaska.gov/occ and Search Corporations Database.

ITEM 3: State of Domicile, Date of Incorporation, Duration

Indicate the state of domicile, or "home state"; date of incorporation in the state of domicile (mm/dd/yyyy format); and the duration. Duration is the life expectancy of the corporation and may be a specific future date of less than 100 years. If there is no expected end date, select the "perpetual" box, indicating the corporation plans to transact business uninterrupted for an undeterminable amount of time.

ITEM 4: Disclosure of Corporate Purposes

The purpose describes activities of the corporation at the time of the initial filing and may include "any lawful." In addition to purpose, also include the NAICS code where indicated. NAICS code may not conflict with the purpose listed. A complete list of NAICS codes is available online under the Corporations Section at www.commerce.alaska.gov/occ.

ITEM 5: Registered Agent

The registered agent of this foreign non-profit corporation must be an individual who is a resident of Alaska, or a corporation (excluding LLC, LP and LLP) registered and in good standing with this office. The registered agent is statutorily responsible for receiving and forwarding processes, notices, or demands on to the last known address of the entity. A corporation may not act as its own registered agent. A physical address and a mailing address in the State of Alaska must be given.

08-452 (Rev. 01/07/2013)

Certificate of Authority Instructions

ITEM 6: Principal Office Address

Address of the corporation in the state or country of domicile.

ITEM 7: Officers and Directors

List the names and mailing addresses of the officers and directors of the corporation. You may attach an additional 81/2" x 11" page, if necessary. Please note: do not include confidential information such as Social Security Numbers, driver's license numbers or date of birth, as this record is public information.

ITEM 8: Signatures

The printed name and signatures of the president or vice president of the corporation, and its secretary or assistant secretary are required. If the same person holds two of these positions, two different people must sign the application, unless that person holds all positions.

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.

Mail the Application for Certificate of Authority and the \$50.00 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. To file your application online for immediate processing, visit our website at: www.commerce.alaska.gov/occ.

ADDITIONAL RESOURCES:

Professional License:

For information regarding what professions require a Professional License, statutes, how to obtain a Professional License, and/or the expiration date if you already have a Professional License, go to the Professional License Section of our website at www.commerce.alaska.gov/occ.

• Business License:

For the privilege of engaging in a business in the State of Alaska, a Business License is required for a new entity. For information regarding business licenses, statutes, and how to obtain a Business License, go to the Business License Section of our website at www.commerce.alaska.gov/occ.

Alaska Corporate Net Income Tax

Every corporation earning gross income from sources within the state, except for those corporations that are specifically exempted, must file a corporation net income tax return. Contact the Alaska Department of Revenue, Tax Division, PO Box 110420, Juneau, Alaska, 99811-0420, telephone number (907) 465-2320 for more information.



State of Alaska Division of Corporations, Business and Professional Licensing

DO NOT STAMP ABOVE THIS BOX

Office Use Only

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	Foreign N	ATE OF A Nonprofit Co AS 10.20.48					
☐ \$50.00 Fili	ng Fee						
	provisions set forth in Alaska ertificate of Authority and, for t						
ITEM 1: Legal	name of the corporation:						
_	n entity is active and in goo	_		-			
and the duration	nte of domicile, or "home state n, or "life expectancy" of the c				domicile	(mm/dd/yyyy format);	
State of domic	ile:	Date of Inc	corporation: Durat			tion:// erpetual	
	rpose of the corporation (may clearly describes the initial a			e 6 digit N	NAICS Ir	ndustry Grouping	
Purpose:				NAICS code:			
ITEM 5: Regist Name:	ered agent name and addres	ss (must incl	ude a physical an	d mailing	g addres	s in Alaska):	
Physical addre	ess:		City:		AK	Zip Code:	
Mailing addres	SS:		City:		AK	Zip Code:	
ITEM 6: Princip	al office address of the corpo	ration where	ever located:				
Name:							
Physical addre	ess:						
Mailing addres	SS:						

ITEM 7: The names and mailing addresses of the officers and directors of the corporation:

Title	Name	Mailing address	City	State	ZIP code
President					
Vice President					
Secretary					
Treasurer					
Director					
Director					

If necessary, attach additional pages for continuation. Please do not include confidential information such as Social Security Numbers, driver license numbers or date of birth as this record is public information.

ITEM 8: Signatures

The printed name and signature of the president or vice president and secretary or assistant secretary. If the same person holds two of these positions, two different people must sign the application, unless that person holds all positions.

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 are guilty of a class A misdemeanor.

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Offi	ice Use (Only	C	ORP)

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 receive guestions with this filing, our	ntoot:	
To resolve questions with this filing, cor	ilact.	
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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