

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.state.ak.us/occ

### CERTIFICATE OF AUTHORITY

Foreign Business, Non Profit, or Cooperative Corporation

#### INSTRUCTIONS:

(Please retain for your records)

If you need assistance in completing your filing, it is advised that you seek legal counsel.

- 1. Legal Name: The name of the corporation. A corporate name must contain the word "corporation," "company," "incorporated," or "limited," or an abbreviation of one of these words. 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 <a href="http://www.commerce.state.ak.us/occ">http://www.commerce.state.ak.us/occ</a> and Search Corporations Database.
- 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 <a href="http://www.commerce.state.ak.us/occ">http://www.commerce.state.ak.us/occ</a> and Search Corporations Database.
- 3. State of Domicile
  - Date of Incorporation (mm/dd/yyyy) in the state of domicile.
  - **Duration** is the length of time a corporation expects to exist. It may be "Perpetual" or a specific future date (mm/dd/yyyy) of less than 100 years.
- 4. Purpose: May include "any lawful".

**NAICS:** industry grouping six-digit code that most clearly describes the initial activities of the corporation. You may view or search NAICS Codes online at <a href="http://www.commerce.state.ak.us/occ">http://www.commerce.state.ak.us/occ</a>

- 5. Address of the Principal Office: Address of the corporation in the state or country of domicile.
- 6. Registered Agent: The Registered Agent of the corporation must have an address in Alaska. If the registered office mailing address is a post office box, the physical address of the registered office must be listed. A corporation shall continuously maintain in this state a registered agent and a registered office. The registered office may be the same as the place of business of the corporation. The registered agent may be either an individual resident of this state whose business office is the same as the registered office, or a domestic or foreign corporation authorized to transact business in this state whose business office is the same as the registered office. A corporation may not act as its own Registered Agent. A limited liability company cannot be a registered agent.
- 7. Alien Affiliate: Defined in AS 10.06.990 as:

Affiliate: a person that directly or indirectly through one or more intermediaries controls, or is controlled by, or is under common control with, a corporation subject to this chapter.

Alien:

- 1. An individual who is not a citizen or national of the United States, or who is not lawfully admitted to the United States for permanent residence, or paroled into the United States under the Immigration and Nationality Act (8 U.S.C. 1101 1525, as amended):
- 2. A person, other than an individual, that was not created or organized under the laws of the United States or of a state, or whose principal place of business is not located in any state; or
- 3. A person, other than an individual, that was created or organized under the laws of the United States or of a state, or whose principal place of business is located in a state, and that is controlled by a person described in (1) or (2) of this paragraph;

- **8. Authorized Shares:** All for-profit business corporations and cooperative corporations must provide the number of authorized shares. Zero (0) is not an acceptable answer. If there is more than one class or series of authorized shares please provide this information.
- 9. Issued Shares: Provide the number, class and series of issued shares. If you have issued shares, complete #11.
- **10. Officers and Directors:** List the names and mailing address of the officers and directors of the corporation. You may attach an additional 8½" x 11" page if necessary. Do not include confidential information such as Social Security Numbers, driver license numbers or date of birth, as this record is public information.
- **11. Shareholders:** List the name and mailing address of persons owning 5% or more of the shares or 5% of any class of shares and the percentage owned by that person. If you have shareholders, complete #9.
- **12. Cooperative Requirement:** If entity is a Cooperative Corporation, provide the name and mailing address of at least one member residing in Alaska.
- **13. Signatures:** The printed name and signature of the President <u>or</u> Vice President of the corporation, and its Secretary <u>or</u> Assistant Secretary is required. If the same person holds two of these positions two different people must sign the application unless one person holds all positions.

If you have specific legal questions or concerns about this filing, you are strongly advised to consult an attorney or other professional to assist you.

Mail pages 1-- 4 and the appropriate filing fee (in U.S. dollars).

\$350.00 Foreign Business Corporation

\$350.00 Foreign Cooperative Corporation

\$50.00 Non-Profit Corporation

Mail to: State of Alaska Corporations Section PO Box 110806 Juneau, AK 99811-0806

For additional information or forms visit our website at <a href="http://www.commerce.state.ak.us/occ">http://www.commerce.state.ak.us/occ</a>

#### **ADDITIONAL RESOURCES:**

Alaska Corporate Net Income Tax

Alaska Department of Revenue, Tax Division, P.O. Box 110420, Juneau, Alaska, 99811-0420, Telephone (907) 465-2320. 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. A corporation may elect to file a consolidated Alaska return with its affiliates. The Alaska return is due 30 days after the due date of the Federal Tax Return. The tax due must be paid by the 15th day of the third month following the close of the tax year. Form 04-611 is the prescribed form on which the Alaska Corporation Net Income Tax is to be reported for most corporations. However, those corporations engaged in oil and gas production or pipeline transportation must use Form 04-650.

Non-Profit 501(c) (3)

**The State of Alaska does not grant tax-exempt status.** This designation comes from the U.S. Department of the Treasury, Internal Revenue Service. For additional information or IRS forms visit <a href="www.irs.gov">www.irs.gov</a>. Telephone assistance specific to exempt organizations is available by calling: IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500.



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DO NOT STAMP ABOVE THIS BOX
CORP
(OFFICE USE ONLY)

## **CERTIFICATE OF AUTHORITY**

Foreign Business, Non Profit, or Cooperative Corporation

Pursuant to the provisions of the Alaska Statutes, the undersigned corporation applies for a Certificate of Authority and, for that purpose, submits the following statement:

1. The legal name of the corpabbreviation of one of these words		st contain the wo	ord "corpora	ntion", "co	ompar	ny", "incorpo	orate	ed", "lii	mited	d" or ar
The entity listed above is a:										
☐ Foreign Business Corporation	fit Corpora	tion [	□ Fo	reign Coo <sub>l</sub>	pera	tive C	Corpo	oration		
☐ This foreign entity is activ	e and in go	ood standing i	n the stat	e of dor	micil	е.				
2. The assumed name elected	d to use in A	Alaska if the leg	al name ir	not ava	ailabl	e:				
3. State of domicile, date of in Duration is the length of time a coryears or "Perpetual".  State of Domicile:			may be a sp		ure da					an 100
<b>4.</b> The purpose of the corpora the initial activities of the corpo		e 6-digit NAICS	industry g	ırouping	code	e that mos	t cle	arly c	desci	ribe
Purpose:			NAI0 Code							
<ol><li>Address of the principal off</li></ol>	ice of the c	orporation whe	rever loca	ated:						
Mailing Address:										
Physical Address if Mailing Address is a Post Office Box:										
	City: State					ZIP Code:				
E-mail address:										

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<b>6.</b> Registered Age	ent name	<u>ana adar</u>	ress:	Must nave	a pnysicai and	maiiing ad	aaress	in Ala	ska				
Name:													
Mailing Address:							AK	ZIP	ZIP Code:				
Physical Address Address is a Pos Box:		g				,							
		City	y:			AK Z				IP Code:			
7. Name and Add	dress of e	ach alier	n affili	iate. <i>If thei</i>	re are no alien a	ffiliates in	dicate i	by "No	one":				
Name:								-					
Mailing Address:													
City:			Stat	te:	ZIP Code:	IP Code: Provi			ince:				
Country:													
Attach additional	sheet if m	ore than	one	alien affili	ate.								
8. Number of Aut	horized S	Shares: R	Requir	ed for Busi	ness and Coope	erative Co	rporation	oņs. Z	Zero (0) is	not acceptable.			
		Comi	mon										
		□ Prefe	erred										
# of Authorized Shares Class					Series	Series			Par Value				
-or-			mon										
# of Authorized Shares Clas								Pa	ar Value				
9. Number of issu	ued share	es: If vou l	have i	issued sha	res please comi	olete #11							
		, , , , , ,											
# of Issued Shares Class						Р			Par Value				
# of Issued Shares Class			ss Series				Par Value						
10. The names a		g addres	ses c				corpo	ratio					
Title	Name			Mailing A	ddress	ess 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.

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<b>11.</b> Name and address of issued shares and the pe								
owning 5% or more please	indicate with "NON	E". Attac	ch an addition	al page i	fneces	sary. <i>If you ha</i>	ive shareholders	
Name Mailing Address			City		State	ZIP Code	% Issued Shares Held	
<b>12.</b> If entity is a Cooperation	ve Corporation, list t	he name	e and mailing	address	of at le	east one mem	nber residing in	
Name:								
Mailing Address:		City:			AK	ZIP Code:		
13. The PRINTED name Secretary or an Assistant people must sign the appl By signing this application and correct.	Secretary, is require ication unless one p	ed. If the erson h	same persor olds all positi	n holds t ons.	wo of tl	nese position	s, two different	
Signature of President or	Vice President		Printed Nam	ne		Date		
orginatare or i rodiaem or	VIOC I IOSIGOIII		T TIMOG TYGI				_/_/_	
Signature of Secretary or Assistant Secretary			Printed Nam		Date			
					//			
To resolve questions wi	th this filing: Pleas	e be aw	are, this form	will bec	ome pu	ublic informat	ion.	
Contact Name				Contact	Phone	Number		
If you have specific legal of attorney or other profession		ns abou	t this filing, yo	ou are st	rongly a	advised to co	nsult an	
Mail pages 1 4 and the app	oropriate filing fee (in U	J.S. dolla	rs).					
☐ \$350.00 Foreign Bus	iness Corporation							
☐ \$350.00 Foreign Coo	perative Corporation							
☐ \$50.00 Non-Profit Co	rporation							
Mail to: State of Alaska Corporations Section PO Box 110806 Juneau, AK 99811-								

For additional information or forms please visit our web site at: <a href="http://www.commerce.state.ak.us/occ">http://www.commerce.state.ak.us/occ</a>

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# DISCLOSURE OF CORPORATE PURPOSE USING THE NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS)

A separate Disclosure of Corporate Purpose must be attached to the Application for Certificate of Authority, which most closely describes the activities of the corporation. The NAICS Code must not conflict with the purpose listed in the Articles of Incorporation.

You may view or search the NAICS codes at the website below:

http://www.commerce.state.ak.us/occ

<u>пцр.//</u>	VV VV V	<u>v.coi</u>	IIIIIE	100.5	iai <del>c</del> .	an.u	<u> </u>
The 6 digit NAICS industry grouping code	whi	ch m	ost	clear	ly de	scrib	be the initial activities of the corporation is:

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