



State of Alaska
 Department of Commerce, Community, and Economic Development
 Corporations, Business, and Professional Licensing
 Corporations Section
 PO Box 110808
 Juneau AK 99811-0808

APPLICATION FOR REGISTRATION

Foreign Limited Liability Company

Pursuant to the provisions of the Alaska Statutes, the undersigned limited liability company applies for a Certificate of Registration and, for that purpose, submits the following statement:

1. The legal name of the limited liability company:

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The assumed name elected to use in Alaska if the legal name is not available:

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2. State of domicile, date of organization, and the period of duration in the state or country of domicile:

State of Domicile:	Date of Organization:	Duration:
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The limited liability company is active and in good standing in the state of domicile.

3. Registered Agent name and address:

Name:			
Mailing Address:			
Physical Address if Mailing Address is a Post Office Box:			
	City:	AK	ZIP Code:

4. The Department is appointed the agent of the company for service of process if the foreign limited liability company fails to appoint or maintain a registered agent.

5. Address of the administrative office of the company wherever located:

Mailing Address:			
Physical Address if Mailing Address is a Post Office Box:			
	City:		ZIP Code:

6. Email Address:

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7. The purpose of the company and the 6 digit NAICS industry grouping code that most clearly describe the initial activities of the company:

Purpose:	NAICS Code:
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If the company is managed by a manager, give the names and addresses of the managers, members and persons owning at least a five percent interest of the company and the percentage of interest owned by the interest holders.

If the company is not managed by a manager the names and addresses of the members and persons owning at least a five percent interest of the company and the percentage of interest owned by the interest holders.

Title -Check Applicable Box	Name:	Mailing Address:	City:	State :	ZIP Code:	% Interest Held:
<input type="checkbox"/> Member						
<input type="checkbox"/> Manager						
<input type="checkbox"/> Member						
<input type="checkbox"/> Manager						
<input type="checkbox"/> Member						
<input type="checkbox"/> Manager						
<input type="checkbox"/> Member						
<input type="checkbox"/> Manager						

The PRINTED name and SIGNATURE by a person who is authorized by the law of the state or other jurisdiction where the company was organized to sign the application:

Signed this _____ day of _____, 20_____.

By signing this application for Certificate of Authority, I attest that the information set forth above is true and correct.

Signature of Authorized Person	Printed Name	Title

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 the completed filing and the **\$350.00** filing fee (in U.S. dollars) to:

State of Alaska
Corporations Section
PO Box 110808
Juneau, AK 99811

For additional information or forms please visit our web site at: www.corporations.alaska.gov