



THE STATE
of **ALASKA**

Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing

COR

FOR DIVISION USE ONLY

Corporations Section

State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: Corporations@Alaska.Gov
Website: Corporations.Alaska.Gov

AMENDED Registrant Information Only

Change to CERTIFICATION MARK'S Registrant (Owner) Information (AS 45.50)

- For a "How To" guide to successfully register a trademark, as well as a list of FAQs, visit our website at www.Corporations.Alaska.Gov and select *Register a Trademark*.
- Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days. All filings are reviewed in the date order they are received.

1.	Important: This form is <u>only</u> to amend the <u>current registrant's</u> (owner's) information.	AS 45.50.010-.205
<p>An "Amended Registrant Information" form may be used to <u>amend the current registrant's</u> (owner's) information, without change of ownership, on a certification mark registered with the State of Alaska. An amendment to the registrant's information may be a result of: entity conversion, entity domestication, a legal name change of an entity or an individual, a change of physical and/or mailing address, or a change of partners. A change in registrant information will not extend the term of a mark; the mark will maintain its current expiration date. A Certificate of Amended Certification Mark Registration will be issued upon approval of this form, reflecting the changes to the registrant's information.</p> <p>If the certification mark has <u>changed registrants</u> (owners), use the "Assignment of Certification Mark" form (#08-4738).</p> <p>A certification mark registration is valid only in the State of Alaska. The Corporations Section does not check an application against other states' registrations, or registrations on file with the U.S. Patent and Trademark Office. If you require assistance, you are advised to seek the services of an attorney or other qualified professional specializing in trademark law.</p>		

2. Fee:	<input type="checkbox"/> \$25 Nonrefundable Filing Fee (CORF)	AS 45.50.120(b)
<p>Mail this form and the non-refundable \$25 filing fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.</p>		

3.	Registrant's Current Information on Record:	AS 45.50.020(1)
<p>Name of Current Registrant: _____</p> <p>Certification Mark Registration Number: _____</p> <p>Mailing Address: _____</p>		

4. Registrant's NEW Information:

AS 45.50.125

NEW Name of Registrant:
-----Physical Address:
-----Mailing Address:
-----**5. Registrant Information:**

AS 45.50.020(1)(a) and (b)

a. Registrant Type: Corporation (INC, LLC, LP, LLP) Partnership Sole Proprietor**b. Home State of Organization:**
-----**c. If the Entity is a Partnership, list all General Partners:**

1. -----

2. -----

3. -----

4. -----

10. Required Signature of CURRENT Registrant in Item 3:AS 45.50.030 and
AS 45.50.200**IMPORTANT:**

By signing this application I declare, under penalty of perjury, that this application is true and complete, including any information provided in this application and the following statements:

- the applicant is the owner of the certification mark;
- the certification mark is in use; and,
- to the knowledge of the individual signing the application, no other person has the right to use the mark either in the identical form or in a near resemblance to it as to be likely, when applied to the goods or services of another person, to cause confusion or mistake or to deceive.

The signer must be the applicant, or a member of the firm or an officer of the corporation, partnership, or association applying for the certification mark as listed in ITEM 3 of this application.

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.

Signature: -----**Date:** -----**Printed Name:** -----**Title of Authorized Signer:** -----

If the certification mark is owned by an entity (listed in Item #3), then the signer must identify their signing authority, such as: corporation President or LLC Member. Example: John Doe, President of owning entity XYZ Incorporated.



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Contact Information

- Return this form with your filing
- This information may be used by the Division to assist with processing your attached filings
- This form will not be filed for record, or appear online

Entity Information		Enter your entity information as it appears on this filing.	
Entity Name:			
AK Entity #:			

Contact Person		Whom may we contact with any questions or problems with this filing?	
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:
Phone:			
Email:			

Document Return Address		Provide an address for the return of your filed documents.	
<input type="checkbox"/> Return my filings to the address provided ABOVE			
<input type="checkbox"/> Return my filings to this address provided BELOW			
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:



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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

Application Fee: _____

License or Renewal Fee: _____

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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