Form **598**

Primary Fish Buyers and Fish Processors Assignment of Certificate of Deposit

Type: ☐ Primary Fish Buyer ☐ Fish Processor ☐ Both

AS 44.25.040. For the value received, the undersigned hereby assigns and transfers unto the State of Alaska, the annexed

TCDS #, _____ in the amount of $ _____

Issued by: Bank Name _____

Address _____

City, State, ZIP Code _____

Bank Phone Number _____

for the Fish Business License security for (1) wages owing to all persons furnishing labor to the primary fish buyer or fish processor named herein, including contractual employee benefits; and (2) independent registered commercial fishermen for the price of the raw fishery resource from them, and (3) fees owing for service of transporting raw fish, and (4) unemployment insurance contributions, as required by the laws of the State of Alaska for licensing of:

_____

as a Primary Fish Buyer or Fish Processor, as defined under AS 44.25.048, doing business as

_____

who is a/an: ☐ Corporation ☐ Partnership ☐ Sole Proprietor ☐ LLC ☐ Other _____

The undersigned does hereby irrevocably constitute and appoint the State of Alaska, by and through its duly authorized agents as their Attorney-in-Fact, to do all things necessary and appropriate to effectuate the purposes of this assignment.

It is agreed and understood that this assignment shall remain in full force and effect for the period of time provided by law for actions against the said security.

Dated at _____ Alaska, this _____ day of _____, 20_____

The person whose name appears on the Certificate of Deposit must sign below:

_____

Applicant's Signature Social Security Number / FEIN

STATE OF ALASKA)
) ss:
_____ JUDICIAL DISTRICT)

This is to certify that, on this _____ day of _____, before me, the undersigned, notary public in and for the State of Alaska, duly commissioned and sworn, personally appeared _____ to me known to be the person described in and who executed the above and foregoing Assignment of Certificate of Deposit, and he/she acknowledged to me that he/she signed and sealed the same freely and voluntarily for uses and purposes therein mentioned.

WITNESS my hand and official seal the day and year in this certificate first above written.

_____

Notary Public for the State of Alaska

My Commission Expires: _____

By signature below, the issuing institution agrees that only the State of Alaska, upon presentation of written notice, shall cause the release of any and all funds described above.

_____ _____

Bank Representative Date

Mail to: Alaska Department of Revenue, Tax Division, PO Box 110420, Juneau AK 99811-0420

Phone 907.269.6620 • Fax 907.269.6644