

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

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LICENSE DETAILS

License #: 108995
Program: Professional Counselors
Type: Board Approved Supervisor
Status: Active
Issue Date: 11/04/2012
Effective Date: 11/04/2012
Expiration Date: Perpetual
Mailing Address: HONOR, MI, UNITED STATES
Public Note: LICENSED PHYSICIAN LICENSE MEDS4107

OWNERS

Owner Name	Entity Number
NICOLE FLISS	

RELATIONSHIPS

No Relationships Found

DESIGNATIONS

No Designations Found

AGREEMENTS/ACTIONS/ACCUSATIONS

No Agreements/Actions/Accusations Found

Juneau Mailing Address

P.O. Box 110806
 Juneau, AK 99811-0806

Physical Address

333 Willoughby Avenue
 9th Floor
 Juneau, AK 99801-1770

Phone Numbers

Main Phone: (907) 465-2550
 FAX: (907) 465-2974

Anchorage Mailing/Physical Address

550 West Seventh Avenue
 Suite 1500
 Anchorage, AK 99501-3567

Phone Numbers

Main Phone: (907) 269-8160
 FAX: (907) 269-8156