



INSTRUCTIONS: STATEMENT OF WITHDRAWAL OF FOREIGN REGISTRATION RCW 23.95.530

Purpose: A Statement of Withdrawal can be used to voluntarily withdraw the business entity from transacting business in Washington State. After this submission is successfully filed, the UBI number may no longer be used.

General Instructions: Use dark ink only. Complete the entire form and enter all requested information in the fields provided. At our website www.sos.wa.gov/corporations a fillable .pdf version of this form is available or for-profit businesses can file online at <https://ccfs.sos.wa.gov>

Mail: Send the completed form and payment to the address listed above.

Payment: Make checks or money orders payable to "Secretary of State." Checks cannot be backdated more than 60 days from the date the check is received.

Fees: There is no filing fee for the Statement of Withdrawal.

Expedited Service: If expedited service is requested, an *additional* \$100 must be added to the filing fee. Check the box indicating expedited service on page one.

ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD.

(1) Unified Business Identifier (UBI): Provide the UBI Number assigned to the business registration as on file with the Office of the Secretary of State of Washington. The UBI Number and name of the business **must** match our records in order to be accepted.

(2) Name of Business Entity: Provide the name as recorded with the Office of the Secretary of State of Washington. The Name and UBI Number of the business **must** match our records to be accepted.

(3) Jurisdiction: Enter the home state or country under whose law the organic documents are filed.

(4) Withdrawal Attestations: By the authorized person signing the business attests that the statements in this section are true and correct.

(5) Effective Date: Select the date this filing is to be effective. If "Date of Filing" is selected, the effective date will be the date the submission is completed by our office. A future effective date may be specified which may not be more than 90 days **after** the date of filing.

(6) Address for Service of Process: Provide the Business Entity Name and address where service can be conducted.

(7) Return Address for this Filing: If provided, the confirmation regarding this specific filing will be sent to this address, in addition to the Registered Agent's address.

(8) Authorized Person: Sign, print, provide the signer's title, and date the document.

For a rapid response to questions, requests for assistance, or to provide feedback, please visit the Corporations and Charities website at www.sos.wa.gov/corporations to chat with a representative.



WASHINGTON
Secretary of State

Corporations & Charities Division

Overnight address by commercial carrier: 801 Capitol Way S Olympia, WA 98501-1226

Mailing Address (ALL USPS): PO Box 40234 Olympia, WA 98504-0234

Tel: 360.725.0377 | Website: www.sos.wa.gov/corporations-charities

No Filing Fee

To Expedite Filing, Add \$100

THIS BOX FOR OFFICE USE ONLY

STATEMENT OF WITHDRAWAL OF FOREIGN REGISTRATION

[RCW 23.95.530](#)

All fields REQUIRED unless otherwise specified

(1) UBI No.: _____

(2) BUSINESS ENTITY NAME: (as currently recorded with the Office of the Secretary of State) _____

(3) JURISDICTION: Country: _____ State: _____

(4) WITHDRAWAL ATTESTATIONS:

By the authorized person signing the business attests that the below statements are true and correct.

- This business entity is not doing business in Washington and withdraws its registration to do business.
- This business entity revokes the authority of the registered agent to accept service on its behalf.
- Revenue Clearance Certificate is attached per [RCW 82.32.260](#) (Required only for Profit and Nonprofit Corporations)

(5) EFFECTIVE DATE OF THIS FILING: Check ONE of the following

- Date of filing (default) this is the date that the submission is completed by our office
- Specify a Date _____ (cannot be more than 90 days following received date)

(6) ADDRESS FOR SERVICE OF PROCESS:

Business Entity Name: _____

Attention to: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

(7) RETURN ADDRESS FOR THIS FILING: (Optional)

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

Attention to: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

(8) AUTHORIZED PERSON:

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

Signature of Authorized Person **Printed Name/Title** **Date**