



## **INSTRUCTIONS: ARTICLES OF DOMESTICATION WA NONPROFIT TO FOREIGN NONPROFIT** **RCW 24.03A.795**

**Purpose:** Articles of Domestication for a Washington Nonprofit to a Foreign Nonprofit is used for a Washington Nonprofit to change their current jurisdiction of Washington to be a different state or country.

**General Instructions:** Use dark ink only. Complete the entire form and enter all requested information in the fields provided. A fillable .pdf version of this form is available by contacting our office, to ensure you have the most recent version of the form.

**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:** The filing fee for Articles of Domestication from a Washington Nonprofit or Nonprofit Professional Service Corporation to a Foreign Nonprofit Corporation is \$10.

**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 Nonprofit Corporation:** Provide the name as recorded with the Office of the Secretary of State of Washington.

**(3) Name of Foreign Nonprofit Corporation After Domestication:** Provide the name of the Nonprofit Corporation as it will be recorded in the new jurisdiction.

**(4) Domestication to:** Provide the new jurisdiction of the Nonprofit Corporation.

**(5) Domestication Attestation:** By the authorized person signing they are attesting that the domestication was approved in accordance with [RCW 24.03A.755](#) through [RCW 24.03A.880](#)

**(6) 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.

**(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](http://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

**THIS BOX FOR OFFICE USE ONLY**

Filing Fee \$10

To Expedite Filing, Add \$100

**ARTICLES OF DOMESTICATION**

Nonprofit Corporation or Nonprofit Professional Service Corporation

To A Foreign Nonprofit Corporation or Foreign Nonprofit Professional Service Corporation

[RCW 24.03A](#)

All fields are **REQUIRED** unless otherwise specified

(1) UBI No.: \_\_\_\_\_

(2) NAME OF NONPROFIT CORPORATION: (as currently recorded with the Office of the Secretary of State) \_\_\_\_\_

(3) NAME OF FOREIGN NONPROFIT CORPORATION AFTER DOMESTICATION: \_\_\_\_\_

(4) DOMESTICATING TO: New jurisdiction \_\_\_\_\_

(5) DOMESTICATION ATTESTATION: [RCW 24.03A.795](#)

By the authorized person signing the business attests that the below statement is true and correct.

- The plan of domestication was approved in accordance with [RCW 24.03A.755](#) through [RCW 24.03A.880](#)

(6) EFFECTIVE DATE: 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)

(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: \_\_\_\_\_ 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