Office of the Secretary of State Corporations & Charities Division Mailing Address: Po Box 40234 • Olympia Phone: 360 - 725 - 0378 • Web Address: ww No fee Expedite fee \$50 CHARITABL		This Box For Office Use Only ION CLOSURE		
	RCW 19.09			
All fields required unless otherwise specific	ed	Registration #		
ORGANIZATION INFORMATION				
Organization Name:				
be mailed. Attention to: Address City State		e an address where the closure document(s) can		
Date of Closure:				
Closure Reasons:				
□ Organization no longer exists □ Organiza	tion does not raise funds	s in WA		
□ Other (fill out below) □ Previously closed providing final financial figures on page 2.				
Other from above:				
Please continue to page 2 to report the Organization's Final financial figures. If Final financial figures are not ready to be filed the Organization will need to file an updated closure filing to report the figures. This updated filing will need to be mailed in.				

ORGANIZATION'S FINANCIAL INFORMATION

CLOSURE SOLICITATION REPORT FOR PRECEDING, COMPLETED ACCOUNTING YEAR

<u>ALL</u> below financial fields must be completed, enter zero if the organization does not have any financial information to report for a specific section. <u>Do Not</u> enclose a copy of the organization's 990 form. Actual gross figures are required; rounded to the nearest dollar; net figures or estimates will not be accepted.

Organization must be complete with its fiscal year prior to reporting final figures.					
Organization's Accounting Year Beginning Date	Organization's Accounting Year Ending Date				
Beginning Gross Assets:	Ending Gross Assets:				
\$	\$				
Revenue: Gross Contributions from Solicitations:	Expenses: Gross Expenditures from Program Services:				
\$	\$				
Gross Revenue from all other sources:	Total Gross from All Expenditures:				
	(cannot be less than Expenses)				
\$	\$				
Total Dollar Value of Gross Receipts: (please add figures from Revenue and Gross Revenue and provide total below)					
\$					
Solicitation Comments:					

FILIN	G CORRESPONDENCE ADDRESS]				
This address will be sent document(s) regarding this specific filing in addition to document(s) being sent to the organiza- tion's mailing address. (Optional)						
Attent	tion to:					
Email	:					
Addre	285:					
City_	State Zip	_				
SIGN	ATURE (Required)					
By exe	ecuting this document, the applicant certifies the follo	wing:				
• He/she is authorized to represent the above named organization.						
• The organization's governing body or committee has reviewed and accepted the financial information provided where applicable.						
• Th	• The information contained herein is accurate and true to the best of the applicant's knowledge.					
	• He/she irrevocably appoints the Secretary of State to receive process (notice of lawsuit) in non-criminal cases against the applicant, and under the conditions set out in RCW 19.09.305; and					
• Neither the organization nor any of its officers, directors, and principals have been convicted of a crime involving charitable solicitations, nor been subject to a permanent injunction or administrative order under the Washington Consumer Protection Act (Chapter 19.86 RCW) in the past 10 years.						
X						
	Signature of Applicant Prin	ited Name / Title	Date			
Contac	et phone number					
ALL SUBMISSIONS ARE SUBJECT TO PUBLIC REVIEW						
• M	• Make checks payable to: Secretary of State					
• Se						
• Send overnight/express mail to: Secretary of State • Charities Program • 801 Capitol Way S • Olympia, WA 98501						