



Office of the Secretary of State  
Corporations & Charities Division

**Filing Fee: \$10**

**With Expedited Service: \$60**

*For office use only*

## COMMERCIAL REGISTERED AGENT LISTING STATEMENT

*SEE INSTRUCTIONS BEFORE COMPLETING FORM - TYPE OR PRINT ALL INFORMATION IN DARK INK*

Commercial Registered Agent Name:

UBI# (if applicable):

Registered Agent is an:	Individual	Entity
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If entity, type of entity (*Profit Corp, LLC, etc.*):

Jurisdiction of Formation (*State or Country*):

Physical Street Address in WA (*required*):

Physical Street Address in WA (*continued*):

City:

State:

Zip:

Mailing Address in WA (*optional*):

Mailing Address in WA (*continued*):

City:

State:

Zip:

(optional) I will accept service of process, notices and demands in a form other than a written record.

Email Address:

By signing this form, I am affirming that I am in the business of serving as a commercial registered agent in Washington.

Signature	Print Name	Title	Date
<b>This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.</b>			

RETURN COMPLETED FORM AND PAYMENT TO:

**801 Capitol Way S  
PO Box 40234  
Olympia, WA 98504-0234**

All fees are non-refundable.  
All payments must be in US currency or  
drawn on a US bank.  
Make checks and Money Orders payable to:  
**Secretary of State**