

INSTRUCTIONS – HOST HOME REGISTRATION

Please complete all sections of the Host Home Registration.

USE DARK INK ONLY. For an electronic, fillable version of this form, please visit our website at www.sos.wa.gov/corps.

FEES: Host Home Registration is \$20.00 in addition to any other fees.

If expedited service is requested then include an additional \$50.00 and write “EXPEDITE” on the outside of the envelope. Make the checks or money orders payable to “Secretary of State”.

(ALL fees are non-refundable and all documents are public record)

UBI NUMBER:

Please enter your existing Unified Business Identifier (UBI Number) if applicable.

NAME:

Enter the name of the corporation as currently recorded with the Office of the Secretary of State. If this registration is attached to **NEW** Nonprofit Articles of Incorporation make sure the name matches exactly as what is being requested in the Articles.

STATEMENT:

In this section you are stating that you have met the statutory requirements of a Host Home Program as provided in RCW 74.15.020.

SIGNATURE AND NOTARIZATION:

This is a required part of the Host Home Registration. Sign and print your name in the presence of a notary public and include the appropriate seal from the notary public.

Mail completed forms and payment to:

In Person:
Secretary of State
Corporations Division
801 Capitol Way S
Olympia, WA 98501-1226

By Mail:
Secretary of State
Corporations Division
PO BOX 40234
Olympia, WA 98504-0234

If you have questions, need assistance, or would like to provide feedback please visit the Corporations Division website at www.sos.wa.gov/corps, call 360-725-0377 or email corps@sos.wa.gov.



This Box For Office Use Only

Host Home Registration

See attached instructions

- Filing Fee \$20
- Filing Fee with Expedited Service \$70

UBI Number:

HOST HOME REGISTRATION

Chapter 24.03 RCW

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

STATEMENT

I state that this Host Home Program meets all statutory requirements as provided in RCW 74.15.020.

SIGNATURE AND NOTARIZATION

These representations are true and correct, and contain no material omissions of fact to the best of my knowledge and belief.

(Printed Name)

X

(Signature)

State of Washington
County of _____

Signed and affirmed before me on _____

By (print name) _____

Notary Public Signature

My Commission Expires: _____