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

Registered Agent Name:		UBI# *(if applicable)*:
Registered Agent is an: ☐ Individual ☐ Entity	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: WA	Zip:

Mailing Address in WA *(optional)*:		
Mailing Address in WA *(continued)*:		
City:	State: WA	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

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

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