

(Section 3) ALSO KNOWN AS NAMES USED BY SURVIVING ORGANIZATION

List any other name(s) the surviving organization will use to solicit contributions, if different than registered name

(Section 4) SIGNATURE

By signing this form, the applicant –

A. Certifies that the information contained in the form, and its enclosures, are accurate and true to the best of the applicants knowledge;

B. 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

C. Certifies that 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	Printed Name / Title	Date	Phone

This form must be signed and dated by the organization’s President, Treasurer or a comparable officer.

ALL SUBMISSIONS ARE SUBJECT TO PUBLIC REVIEW

- **Make checks payable to the “Secretary of State”**
- **Send regular mail to:** Secretary of State, Charities Program PO Box 40234 Olympia, WA 98504-0234
- **Send overnight/priority mail to:** Secretary of State, Charities Program 801 Capitol Way S Olympia, WA 98501-1226

Have questions? Instructions for this form are available at <http://www.sos.wa.gov/charities/AllForms.aspx>
For further assistance, contact the Charities Program at charities@sos.wa.gov or call (360) 725-0378 during regular business hours.