

Physical/Overnight address:

801 Capitol Way S
Olympia, WA 98501-1226

Mailing address:

PO Box 40234
Olympia, WA 98504-0234
Tel: 360.725.0377
sos.wa.gov/corps

INSTRUCTIONS- FOREIGN REGISTRATION STATEMENT RCW 23.95

General Instructions: Use dark ink only. Complete the entire form and enter all requested information in the fields provided. A fillable .pdf version of this form is available for download, or you can file online at www.sos.wa.gov/corps

Mail: Send the completed form and payment to the address listed above.

Payment: Make checks or money orders payable to "Secretary of State." Checks cannot be backdated more than 60 days from the date the check is received.

Expedited Service: If expedited service is requested, include an *additional* \$50 fee and check the box indicating expedited service on page 1.

Fees: The filing fee is \$180 for all entity types except for nonprofit entities. Foreign nonprofit entities submit a filing fee of \$30.

ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD.

Required: A Certificate of Existence/Good Standing or document of similar import from the home jurisdiction issued no more than 60 days before the date of submission must be attached to this filing. Failure to do so will result in the Foreign Registration Statement being returned for correction. Contact your Secretary of State or your keeper of corporate records for instructions on obtaining this document.

(1) Regualification: If this entity has previously registered with our office, indicate so by checking "Yes" and provide the UBI number and the previous registration expiration date. In addition, under section (13), "Date Began Doing Business in Washington," enter the last registration expiration date. Back fees may apply. Contact our office for details and fee calculation.

(2) Unified Business Identifier (UBI): If the entity has previously filed with another state agency such as the Department of Revenue, the Department of Labor and Industries, or the Employment Security Department, the entity may already have a 9-digit UBI number that can be entered. Do not enter the UBI number of a Sole Proprietorship or General Partnership. If the entity does not have a UBI number, select "No" and continue with the filing. If "No" is selected, the entity will be issued a UBI number upon successful completion of the filing.

(3) Entity Name: Enter the name as it appears on the Certificate of Existence/Good Standing from the home jurisdiction. For naming requirements see RCW 23.95.305 for the specific entity type.

If the entity does not have a Name Reservation Number, select "No" and enter a name for review. If "Yes," enter the Name and Reservation Number.

(4) Doing Business As (DBA) Name: If the name of the entity is not available in Washington or the designation does not meet statutory requirements, choose an alternate name (DBA) to use in Washington. Refer to RCW 23.95.525 for more information.

(5) Jurisdiction: Enter the home state or country under whose law the organic documents are filed.

(6) Entity Type in Home Jurisdiction: Select the type of structure the entity is filed as in the home jurisdiction.

(7) Registered Agent: All entities must have a Registered Agent in Washington State per RCW 23.95.415. Select only **one** type of agent. The Consent of the Registered Agent **must** be signed, regardless of the type of Registered Agent. Print the name and title of the person signing and provide the date of signature.

- **Option 1:** Commercial Registered Agent is an entity or individual registered with the Office of the Secretary of State, whose nature of business it is to receive legal documents, notice, or demand required or permitted by law to be served on behalf of the entity. A Commercial Registered Agent has a verified address on record with the Office of the Secretary of State.
 - Select “Yes” or “No.”
 - If “Yes,” provide the name of the Commercial Registered Agent. An address is not required.
 - If “No,” continue to Option 2: Noncommercial Registered Agent directions below.
- **Option 2:** Noncommercial Registered Agent is an entity or individual who agrees to receive legal documents, notice, or demand required or permitted by law to be served on behalf of the entity.
 - Make **one** selection: Individual, Entity, or Office/Position, and fill out accordingly.
 - Individual: Write the individual’s first and last name.
 - Entity: Write the entity’s full name.
 - Office/Position: Write the office or position such as President, Secretary, or Member.
 - Provide the required **physical** street address of the Noncommercial Registered Agent. You may also provide the mailing address if needed. Addresses **must** be in Washington State.
 - Provide a contact phone number and email address (optional). This information will be used if there are any questions regarding the submission.

(8) Principal Office: Enter the principal office address. This is the place where the entity’s records are kept. This address must be a physical address. A PO Box or PMB will not be accepted. The address does not need to be in Washington State.

(9) Governors: List the individuals/entities responsible for governing the entity. Attach additional pages if necessary. An entity cannot serve as its own governor. A governor is commonly an entity/individual who has the authority to make decisions on behalf of the entity.

(10) Date of Formation: Enter the date of formation as recorded in the home jurisdiction.

(11) Period of Duration in Home Jurisdiction: Enter the entity’s period of duration as it is recorded in the home jurisdiction.

(12) Nature of Business: Enter a brief description of the type of business the entity conducts in Washington State.

(13) Date Began Doing Business: Select the date the entity began or will begin doing business in Washington State.

(14) Effective Date: Select the date this filing is to be effective. If “Date of Filing” is selected, the effective date will be the date the submission is completed by our office. A future effective date may be specified which may not be more than 90 days **after** the date of filing.

(15) Return Address for this Filing: This section is optional. This address will be sent document(s) regarding this specific filing in addition to the document(s) being sent to the Registered Agent’s street/ mailing address.

(16) Authorized Person: Sign, print, provide the signer’s title, and date the document.

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



Office of the Secretary of State

Corporations & Charities Division

This Box For Office Use Only

Physical/Overnight address

801 Capitol Way S
Olympia, WA 98501-1226

Mailing Address

PO Box 40234
Olympia, WA 98504-0234

- ☐ **Nonprofit \$30**
☐ **All Other Entity Types \$180**
☐ **To Expedite Filing Add \$50**

FOREIGN REGISTRATION STATEMENT

RCW 23.95

All fields required unless otherwise specified

(1) REQUALIFICATION:

Has this entity previously registered with the Office of the Secretary of State? (Check one) ☐ Yes ☐ No

If Yes, provide UBI # and Expiration date, then continue: UBI #: _____ Expiration: _____

If No, please continue.

(2) Do you already have a UBI Number? (Check one) ☐ Yes ☐ No If Yes, provide UBI # _____

If No, a new UBI # will be issued to you upon successful completion of the filing.

(3) ENTITY NAME: _____

Name must match the name listed on the Certificate of Existence/Good Standing

Does the entity have a name reserved? (Check one) ☐ Yes ☐ No

If Yes, provide the Name Reservation Number and Name . If No, provide only the name above.

Reservation Number: _____

For name requirements, please see the following RCW(s) as shown below.

Profit Corporation - [RCW 23.95.305 \(1\)](#), **Nonprofit Corporation** - [RCW 23.95.305 \(2\)](#), **Limited Partnership** - [RCW 23.95.305 \(3\)](#),

Limited Liability Partnership - [RCW 23.95.305 \(4\)](#), **Limited Liability Company** - [RCW 23.95.305 \(5\)](#)

(4) DOING BUSINESS AS (DBA) NAME: [RCW 23.95.525](#)

If above name is not available, enter a name to be used in Washington State. _____

(5) JURISDICTION:

Country: _____ State: _____

(6) ENTITY TYPE IN HOME JURISDICTION: (Check one)

- ☐ **Profit Corporation** ☐ **Limited Liability Company** ☐ **Nonprofit Corporation** ☐ **Limited Partnership**
☐ **Limited Liability Partnership** ☐ **Professional Profit Corporation** ☐ **Professional Limited Liability Company**

(7) REGISTERED AGENT:

Is the Registered Agent a Commercial Registered Agent? ☐ Yes ☐ No

If Yes, provide the name of the Commercial Registered Agent: _____

A Commercial Registered Agent is an entity or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual's address on record with the office.

A Registered Agent consent is still required for a Commercial Registered Agent located below.

If No, please continue below

Please complete **ONE** type of Registered Agent below. Be sure to include the name below the checked box.
Then continue to provide the required street address. Mailing address if needed.

☐ **Individual**

First and last name of a Non-commercial
Registered Agent. (Any person not registered
as a Commercial Registered Agent.)

☐ **Entity**

Name of a Non-commercial Registered Agent.
(Any business not registered as a Commercial
Registered Agent.)

☐ **Office or Position**

List the Office or Position serves as agent. (Only
if using the specific office or position as the
registered agent, no matter who holds the
position like: Secretary, Member or Treasurer.)

Phone: _____

Email: _____

Registered Agent Street Address (required)
(Must be a physical address. No PO Box or PMB)

Country: United States State: Washington

Address : _____

Zip: _____ City: _____

Registered Agent Mailing Address (optional)

☐ Check if mailing address is the same as street address

Country: United States State: Washington

Address : _____

Zip: _____ City: _____

CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

Signature of Registered Agent

Printed Name/Title

Date

(8) PRINCIPAL OFFICE: *The place where the entity's records are kept

Street Address
(Must be a physical address; No PO Box or PMB)

Address: _____

Zip: _____ City: _____
State: _____ Country: _____

Mailing Address (optional)
☐ Check if mailing address is the same as street address.

Address: _____

Zip: _____ City: _____
State: _____ Country: _____

Phone: (optional) _____ Email: (optional) _____

(9) GOVERNORS: *An entity cannot serve as its own Governor

List at least one, attach additional pages if necessary

Name: _____ Name: _____
Name: _____ Name: _____
Name: _____ Name: _____

(10) DATE OF FORMATION IN HOME JURISDICTION: _____

(11) PERIOD OF DURATION IN HOME JURISDICTION: Please check ONE of the following

- ☐ This Company has a perpetual duration ☐ This Company has a duration of _____ years.
- ☐ This Company expires on _____
-

(12) NATURE OF BUSINESS: *Briefly describe the type of business your entity conducts in Washington State

(13) DATE BEGAN DOING BUSINESS IN WASHINGTON: Please check ONE of the following:

- ☐ Date of filing ☐ Specify a date _____
-

(14) EFFECTIVE DATE:

☐ Date of filing ☐ Specify a date _____ cannot be more than 90 days from received date

(15) RETURN ADDRESS FOR THIS FILING: *(Optional)*

This address will be sent document(s) regarding this specific filing in addition to document(s) being sent to the Registered Agent's street/mailling address.

Attention to: _____ **Email:** _____

Address: _____

City _____ **State** _____ **Zip** _____

(16) AUTHORIZED PERSON:

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

Signature of Authorized Person

Printed Name/Title

Date

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