

WASHINGTON Secretary of State Corporations & Charities Division

□ Filing Fee \$50

COVER SHEET FOR SERVICE OF PROCESS TO THE SECRETARY OF STATE'S OFFICE <u>RCW 23.95.450</u> & <u>RCW 23B.18.040</u>

Corporations & Charities Division <u>Physical/Overnight address:</u> 801 Capitol Way S Olympia, WA 98501-1226 <u>Mailing address:</u> PO Box 40234 Olympia, WA 98504-0234 Tel: 360.725.0377

sos.wa.gov/corps

Business Name:

UBI No.:

required if service per RCW 23.95.450

□ Non-Admitted: per <u>RCW 23B.18.040</u>

Jurisdiction:

required if non-admitted is selected

Effective January 1, 2016, service of process, notice, or demand on a business entity, nonprofit corporation, limited liability company, limited partnership, or general cooperative association must be made according to Chapter <u>23.95.450</u> RCW. This cover sheet does not apply to nonresident motorist summons.

By serving an entity through the Office of the Secretary of State, and executing this document, the applicant certifies the following:

- I exercised reasonable diligence in attempting to serve the Registered Agent, if any, as listed in the entity's information in the records of the Secretary of State, or
- If the entity does not have a Registered Agent, or service was attempted on the Registered Agent, I attempted service on the entity by registered or certified mail, return receipt requested, or similar commercial delivery service at the principal office address as shown on the entity's most recent annual report filed with the Office of the Secretary of State, and
- I could not serve the entity using any of the above methods therefore I attempted service by handing a copy of the summons and complaint to the individual in charge of any regular place of business or activity of the entity, and the individual served is not a plaintiff in the action.

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

Signature		Printed Name		
Date	Place			
RETURN ADDRESS	FOR CONFIRMATION OF	SERVICE:		
Attention:				
Email:				
Address:				
City:	State	e:	Zip:	