



Office of the Secretary of State

Corporations & Charities Division

Mailing Address: PO Box 40234 • Olympia, WA 98504 - 0234

Phone: 360 - 725 - 0377 • Web Address: www.sos.wa.gov/corps

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Expedited Services \$50

Commercial Registered Agent Termination Statement

RCW 23.95.425

Name of Commercial Registered Agent as Recorded at OSOS : _____

UBI Number (if applicable): _____

ATTESTATION RCW 23.95.425

The agent is no longer in business serving as a commercial registered agent in Washington State
(Check one) Yes No

The agent listed understands that they are responsible for promptly furnishing to each entity they represent a notice of filing/record
(Check one) Yes No

I affirm that I will promptly furnish each entity represented by me a notice of this termination statement and include the information that this termination takes effect on the 31st day following the filing at the OSOS. The entity must appoint another Registered Agent within 30 days following the effective date. By signing this form, I affirm that I am no longer in the business of service as a Commercial Registered Agent in Washington.

_____ Signature of Registered Agent	_____ Printed Name/Title	_____ Date
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FILING CORRESPONDENCE ADDRESS

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

Attention to: _____

Email: _____

Address: _____

City _____ State _____ Zip _____

AUTHORIZED PERSON - Required

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

_____ Signature of Authorized Person	_____ Printed Name/Title	_____ Date
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