



Office of the Secretary of State

Corporations & Charities Division

(360) 725 - 0377 | www.sos.wa.gov/corps

801 Capitol Way S, Olympia, WA 98504-0234

This Box For Office Use Only

- No Filing Fee
- Expedite Service \$50

**ARTICLES OF DISSOLUTION**  
**Washington Nonprofit Corporation**

[RCW 24.03](#)

**Please provide UBI #** \_\_\_\_\_

**Name of entity:** (as currently recorded with the Office of the Secretary of State)

**EFFECTIVE DATE:** Please check ONE of the following:

- Date of filing
- Specify a Date \_\_\_\_\_ cannot be more than 90 days following received date

**REVENUE CLEARANCE**

- A Washington State Department of Revenue Clearance Certificate is attached.

**ADOPTION STATEMENT**

**Articles of Dissolution were adopted by:** (please check and complete one of the following)

The dissolution was adopted by a meeting of members held: (Date) \_\_\_\_\_ A quorum was present at the meeting and the amendment received at least two-thirds of the votes which the members present or represented by proxy were entitled to cast.

The dissolution was adopted by a consent in writing and signed by all members entitled to vote.

There were no members that have voting rights. The dissolution received a majority vote of the directors at a board meeting held: (Date) \_\_\_\_\_

**DISSOLUTION ATTESTATIONS**

**By checking all three boxes below you are attesting that the statements are true.**

All debts, obligations, and liabilities of the corporations have been paid and discharged or that adequate provision has been made therefore. *Required*

All of the remaining property and assets of the corporation have been transferred, conveyed or distributed in accordance with the provisions of this chapter. *Required*

No suits are pending against the corporation in any court, or that adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit. *Required*

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**RETURN ADDRESS FOR THIS FILING - *REQUIRED*:**

**Attention:** \_\_\_\_\_

**Email: (optional)** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Zip:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

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**AUTHORIZED PERSON:**

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

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**Signature**

**Printed Name/Title**

**Date**

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