



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

STATEMENT OF WITHDRAWAL OF FOREIGN REGISTRATION

[RCW 23.95.530](#)

Please provide UBI # _____

NAME AND JURISDICTION OF ENTITY: (as currently recorded with the Office of the Secretary of State)

Jurisdiction of Entity: _____

REQUIRED INFORMATION:

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

- This entity is not doing business in Washington and withdraws its registration to do business. *(Required)*
- Revenue Clearance Certificate is attached per [RCW 82.32.260](#) *(Required for Profit and Nonprofit Corporations only)*.
- This entity revokes the authority of the registered agent to accept service on its behalf. *(Required)*

EFFECTIVE DATE:

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

ADDRESS FOR SERVICE OF PROCESS: *Required*

First Name: _____ Last Name: _____

Entity Name: _____

Country: _____

Address: _____

Zip: _____ City: _____ State: _____

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 address for service of process.

Attention: _____ **Email:** _____

Country: _____

Address: _____

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

AUTHORIZED PERSON:

Name, address, and signature required. Attach additional sheets if necessary.

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

Address: _____

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

Signature

Printed Name/Title

Date
