



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

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- No Filing Fee
- Expedite Service \$50

**STATEMENT OF WITHDRAWAL OF FOREIGN REGISTRATION
 ON DISSOLUTION OR CONVERSION**
[RCW 23.95.540](#)

Please provide UBI # _____

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

Is this entity withdrawing from business in Washington State due to a dissolution or conversion in the entity's home jurisdiction state or country? (Check one) Dissolution Conversion

WITHDRAWAL DUE TO DISSOLUTION: *Required only if Dissolution is checked above*

This entity surrenders its registration to do business in the State of Washington **(Required)**

Jurisdiction of entity: _____ **(Required)**

WITHDRAWAL DUE TO CONVERSION: *Required only if Conversion is checked above*

Name of converting entity: _____

New entity type to which entity has converted (LLC, Profit Corp, etc): _____

Jurisdiction of Converting Entity (State or Country): _____

New Jurisdiction of Converting Entity (State or Country): _____

This entity surrenders its registration to do business in the State of Washington **(Required)**

THE FOLLOWING SECTIONS ARE REQUIRED FOR BOTH TYPES OF WITHDRAWAL - Continued on page 2

By checking both 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)**
- 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
