



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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- Expedite Services \$50
- Filing Fee \$10

INITIAL REPORT

[RCW 23.95.255](#)

All fields required unless otherwise specified

Entity Name: _____ **UBI:** _____

Has your registered agent changed? YES NO **If Yes, please be sure to complete page 2**

Phone: (optional) _____ **Email:** (optional) _____

Governor(s) (list at least one, attach additional pages if necessary) *An entity cannot serve as its own Governor

Name: _____ **Name:** _____

Name: _____ **Name:** _____

Name: _____ **Name:** _____

Nature of Business (briefly describe the type of business your entity conducts in the state of Washington):

This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.

Signature of Authorized Person: _____ **Date:** _____

Print Name and Title (if applicable): _____

Phone: (optional) _____ **Email:** (optional) _____

NEW REGISTERED AGENT:

Is the Registered Agent a Commercial Registered Agent? Yes No

If Yes, provide the name of the Commercial Registered Agent: _____

A Commercial Registered Agent is an entity or individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual's address on record with the office.

A Registered Agent consent is still required for a Commercial Registered Agent located below.

If No, please continue below

Please complete **ONE** type of Registered Agent below, be sure to include the name below the checked box. Then continue to provide the required street address. Mailing address if needed.

<input type="checkbox"/> Individual	<input type="checkbox"/> Entity	<input type="checkbox"/> Office or Position
_____	_____	_____
First and last name of a Non-commercial Registered Agent. (Any person not registered as a Commercial Registered Agent.)	Name of a Non-commercial Registered Agent. (Any business not registered as a Commercial Registered Agent.)	List the Office or Position serves as agent. (Only if using the specific office or position as the registered agent, no matter who holds the position like: Secretary, Member or Treasurer.)

Phone: _____

Email: _____

Registered Agent Street Address (required) (Must be a physical address No PO Box or PMB)	Registered Agent Mailing Address (optional) <input type="checkbox"/> Check if mailing address is the same as street address
Country: <u>United States</u> State: <u>Washington</u>	Country: <u>United States</u> State: <u>Washington</u>
Address : _____	Address : _____
_____	_____
Zip: _____ City: _____	Zip: _____ City: _____

CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my responsibility to accept service of process, notices, and demands on behalf of the entity; to forward mail to the entity; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

_____	_____	_____
Signature of Registered Agent	Printed Name/Title	Date