



Office of the Secretary of State  
 Corporations & Charities Division  
 (360) 725 - 0377 | [www.sos.wa.gov/corps](http://www.sos.wa.gov/corps)  
 801 Capitol Way S, Olympia, WA 98504-0234

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## Commercial Registered Agent Termination Statement

[RCW 23.95.425](#)

**Name of Commercial Registered Agent:** (as currently recorded with the Office of the Secretary of State)

**ATTESTATION [RCW 23.95.425](#):** By checking the boxes below you are attesting that the statements are true.

- The agent is no longer in business serving as a commercial registered agent in Washington State
- The agent listed understands that they are responsible for promptly furnishing to each entity they represent a notice of filing/record

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**

**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 Registered Agent’s street/ mailing address.

**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