

Corporations & Charities Division

Mailing Address: PO Box 40234 • Olympia, WA 98504 - 0234

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No Filing FeeExpedite Service \$50

STATEMENT OF WITHDRAWAL OF FOREIGN REGISTRATION RCW 23.95.530

This Box For Office Use Only

Please provide UBI #			
NAME AND JURISDICTION OF ENTITY: (a:			
Jurisdiction of Entity:			
<b>REQUIRED INFORMATION:</b> By checking the boxes below you are attesting t			
□ This entity is not doing business in Washington	n and withdraws its registration to do business. (Required)		
□ Revenue Clearance Certificate is attached per <u>RCW 82.32.260</u> (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 from received date		
ADDRESS FOR SERVICE OF PROCESS: Required			
First Name:	Last Name:		
Entity Name:			
Country:			
Address:			
Zip: City:	State:		

RETURN ADDRESS FOR THIS FILING:				
Attention:	Email:			
Country:				
Address:				
Zip: City:	Stat	e:		
AUTHORIZED PERSON:				
Name, address, and signature	required. Attach	additional sheets if necessa	nry.	
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	