



Office of the Secretary of State
Corporations & Charities Division

Mailing Address: PO Box 40234 • Olympia, WA 98504 - 0234
Phone: 360 - 725 - 0377 • Web Address: www.sos.wa/corps

This Box For Office Use Only

- 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 CORPORATION: (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

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

Jurisdiction of entity: _____ (Required)

WITHDRAWAL DUE TO CONVERSION

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 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:** _____ **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