

Corporations & Charities Division

Physical/Overnight address:

801 Capitol Way S
Olympia, WA 98501-1226

Mailing address:

PO Box 40234
Olympia, WA 98504-0234
Tel: 360.725.0377
sos.wa.gov/corps

INSTRUCTIONS: NONPROFIT CORPORATION ARTICLES OF DISSOLUTION RCW 24.03A

<u>General Instructions</u>: Use dark ink only. Complete the entire form and enter all requested information in the fields provided. A fillable .pdf version of this form is available for download at www.sos.wa.gov/corps

Mail: Send the completed form to the address listed above.

<u>Payment</u>: Make checks or money orders payable to "Secretary of State." Checks cannot be backdated more than 60 days from the date the check is received.

Fees: There is not a filing fee for Articles of Dissolution.

Expedited Service: If expedited service is requested, an *additional* \$50 must be added to the filing fee. Check the box indicating expedited service on page one.

ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD

- (1) Unified Business Identifier (UBI) and Federal Employer Identification Number (FEIN): Provide the UBI Number assigned to the business registration as on file with the Office of the Secretary of State of Washington. The UBI Number and name of the business must match our records in order to be accepted.
- (2) Business Name: Provide the name as recorded with the Office of the Secretary of State of Washington.
- (3) Effective Date: Select the date this filing is to be effective. If "Date of Filing" is selected, the effective date will be the date the submission is completed by our office. A future effective date may be specified which may not be more than 90 days after the date of filing.
- (4) Revenue Clearance: Select the box to confirm that the required Department of Revenue Clearance Certificate is attached. The request for a revenue clearance can be found at https://dor.wa.gov/doing-business/my-account/revenue-clearance-certificate or by contacting the Department of Revenue. A .pdf fillable version of the form can also be located on our website at https://www.sos.wa.gov/corps/forms.aspx Once you have submitted the Application for Clearance to the Department of Revenue, they will provide the Revenue Clearance Certificate to submit to our office.
- (5) Adoption Statement: Select the type of Nonprofit and the applicable adoption of Dissolution.
- (6) Dissolution Attestations: By the authorized person signing the business attests that the statements in this section are true and correct.
- (7) Return Address for Filing: Complete the return address for this filing.
- (8) Authorized Person: Sign, print, provide the signer's title, and date the document.

If you have questions, need assistance, or would like to provide feedback, please visit the Corporations Division website at sos.wa.gov/corps email corps@sos.wa.gov or call 360-725-0377.



Contact Information Tel: 360.725.0377 www.sos.wa.gov/corps This Box For Office Use Only

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	No	Filing Fee
П	To	Expedite Filing, Add \$50

ARTICLES OF DISSOLUTION

Washington Nonprofit and Nonprofit Professional Service Corporation

RCW 24.03A

All fields REQUIRED unless otherwise specified						
(1) UBI	(1) UBI No.:					
(2) NAI	(2) NAME OF NONPROFIT CORPORATION: (as currently recorded with the Office of the Secretary of State)					
(3) EFFECTIVE DATE OF THIS FILING: Check ONE of the following						
□ Date	of filing Specify a Date	_ (cannot be more than 90 days following received date)				
(4) REV	ENUE CLEARANCE:					
□ A W	ashington State Department of Revenue Cleara	nce Certificate is attached.				
(5) ADC	(5) ADOPTION STATEMENT: Select one type of Nonprofit Corporation and the applicable adoption statement					
□ The	☐ The Nonprofit Corporation is a membership corporation and;					
	as members that are entitled to vote on its dissolutions also to dissolve.	on and the requisite number of members have approved the				
OR						
	oes not have members that are entitled to vote on the isite number of directors.	he dissolution and the dissolution was authorized by the				
□ The	Nonprofit Corporation is not a membership cor	poration and;				
□ tl	ne dissolution was authorized by the requisite numb	per of directors.				

(6) DISSOLUTION ATTESTATIONS:

By the authorized person signing the business attests that the below statements are true and correct.

• The net assets of the Nonprofit Corporation remaining after winding up have been, or will be, distributed in accordance with the Nonprofit Corporation's articles and bylaws and the Nonprofit Corporation's adopted plan of distribution.

AND

• If the Nonprofit Corporation is a charitable nonprofit OR holds property for charitable purposes, the attorney general has approved or deemed to have approved the Nonprofit Corporation's adopted plan of distribution per RCW 24.03A.908

(7) RETURN ADDRESS FOR	THIS FILING:							
Attention to:	Em:	ail:						
Address:								
City:		Zip:						
(8) AUTHORIZED PERSON:								
I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.								
Signature of Authorized Perso	on Printed Nam	ne/Title Date						