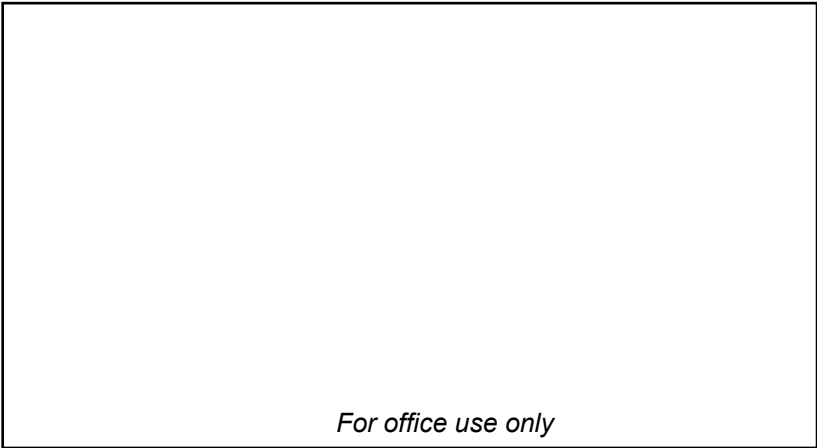




Office of the Secretary of State
Corporations & Charities Division

Filing Fee: \$30

With Expedited Service: \$80



For office use only

APPLICATION FOR TRANSFER OF FOREIGN ENTITY REGISTRATION ON MERGER OR CONVERSION

SEE INSTRUCTIONS BEFORE COMPLETING FORM - TYPE OR PRINT ALL INFORMATION IN DARK INK

1. Foreign Entity Information Prior to Merger or Conversion:

Foreign Entity Name:

UBI#:

Type of Entity Prior to Merger or Conversion (*LLC, Corp., etc.*):

2. Applicant Information:

Name of Surviving or Converted Entity (*as recorded in jurisdiction of record*):

If above name not available, name to be used in WA:

Jurisdiction of Applicant (*State or Country*):

Type of Entity after Merger or Conversion (*LLC, Corp., etc.*):

3. Address of Principal Office (*if different after Merger or Conversion*):

Street Address:

Street Address (*continued*):

City:

State:

Zip:

Mailing Address:

Mailing Address (*continued*):

City:

State:

Zip:

4. Address of Office in Home Jurisdiction (*if required to have one*):

Street Address:

Street Address (*continued*):

City:

State:

Zip:

Mailing Address:

Mailing Address (*continued*):

City:

State:

Zip:



Office of the Secretary of State
Corporations & Charities Division

REQUIRED: if a change is made to the Entity Name, Entity Type or Jurisdiction, a Certificate of Existence or document of similar import issued no more than 60 days before the date of submission must be attached to this Statement. Failure to do so will result in the Statement being returned for correction. Contact your Secretary of State or corporate regulating authority for instructions.

5. Registered Agent/Office (required if different after Merger or Conversion):

Registered Agent is a: <i>(must select one)</i>	Commercial Registered Agent	Non-Commercial Registered Agent
---	-----------------------------	---------------------------------

Current or New Registered Agent Name:

Physical Street Address *(required if non-commercial registered agent)*:

City: State: Zip:

Mailing Address in WA *(optional)*:

City: State: Zip:

CONSENT TO SERVE AS REGISTERED AGENT:

I consent to serve as Registered Agent in the State of Washington for the above named entity. I understand it will be my responsibility to accept Service of Process 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 my address.

Signature	Print Name	Title	Date
-----------	------------	-------	------

6. Executor Information:

This record is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.			
Signature	Print Name	Title	Date

RETURN COMPLETED FORM AND PAYMENT TO:

**801 Capitol Way S
PO Box 40234
Olympia, WA 98504**

All fees are non-refundable.
All payments must be in US currency or drawn on a US bank.
Make checks and Money Orders payable to:
Secretary of State