



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

This Box For Office Use Only

- Filing Fee \$10**
- Filing Fee with Expedited Services \$60**

## Commercial Registered Agent Listing Statement

### RCW 23.95.420

**Name of Commercial Registered Agent :**

A Commercial Registered Agent is an entity/individual that is registered with the Office of the Secretary of State to receive legal documents on behalf of a corporation. A Commercial Registered Agent has the entities/individual’s address on record with the office.

**COMMERCIAL REGISTERED AGENT INFO:**

**Phone: (optional)** \_\_\_\_\_ **Email: (optional)** \_\_\_\_\_

<p><b>Registered Agent Street Address (required)</b> (Must be a physical address No PO Box or PMB)</p> <p><b>Country: <u>United States</u>     State: <u>Washington</u></b></p> <p><b>Address :</b> _____</p> <hr/> <p><b>Zip:</b> _____ <b>City:</b> _____</p>	<p><b>Registered Agent Mailing Address (optional)</b> <input type="checkbox"/> Check if mailing address is the same as street address</p> <p><b>Country: <u>United States</u>     State: <u>Washington</u></b></p> <p><b>Address :</b> _____</p> <hr/> <p><b>Zip:</b> _____ <b>City:</b> _____</p>
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**CONSENT TO SERVE AS REGISTERED AGENT - REQUIRED FOR ALL TYPES**

I hereby consent to serve as Registered Agent in the State of Washington for the named entity. I understand it will be my responsibility to accept service of process, notices, and demands 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 the Registered Office Address.

\_\_\_\_\_  
 Signature of Registered Agent                      Printed Name/Title                      Date

**TYPE OF COMMERCIAL REGISTERED AGENT:**

**Please select the type of Agent**  Individual  Entity

**If Individual,** continue to page 2.

**If Entity,** please provide information below and continue to page 2.

Entity Type: \_\_\_\_\_

Country: \_\_\_\_\_ State: \_\_\_\_\_

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**COMMERCIAL REGISTERED AGENT ATTESTATION:**

- I will accept service of process, notices and demands in a form other than a written record.
- I am affirming that I am in the business of service as a commercial registered agent in Washington State. *(Required)*

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**REPRESENTED ENTITIES:**

Please list all entities that you will be serving as Commercial Registered Agent for in Washington State. Please attach additional pages if necessary.

1. UBI: \_\_\_\_\_ and Entity Name: \_\_\_\_\_
2. UBI: \_\_\_\_\_ and Entity Name: \_\_\_\_\_
3. UBI: \_\_\_\_\_ and Entity Name: \_\_\_\_\_
4. UBI: \_\_\_\_\_ and Entity Name: \_\_\_\_\_
5. UBI: \_\_\_\_\_ and Entity Name: \_\_\_\_\_
6. UBI: \_\_\_\_\_ and Entity Name: \_\_\_\_\_
7. UBI: \_\_\_\_\_ and Entity Name: \_\_\_\_\_
8. UBI: \_\_\_\_\_ and Entity Name: \_\_\_\_\_

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**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** \_\_\_\_\_

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**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