



**WASHINGTON**  
**Secretary of State**

Corporations & Charities Division

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To Expedite Filing, Add \$50

**REPORT OF MERGER**

All fields **REQUIRED** unless otherwise specified

**SURVIVING ORGANIZATION INFORMATION:**

(1) **Organization Name:** *Must match the name provided on the trust instrument*

(2) **Registration No.:** \_\_\_\_\_ **Federal EIN/Tax ID Number:** (Nine digits) \_\_\_\_\_

(3) **Contact Information:**

**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**NON - SURVIVING ORGANIZATION INFORMATION:**

(4) **Organization Name:** *Must match the name provided on the trust instrument*

(5) **Registration No.:** \_\_\_\_\_ **Federal EIN/Tax ID Number:** (Nine digits) \_\_\_\_\_

(6) **Contact information:**

**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

(7) **Merger documents:**

- If the Merger is submitted for a Trust or Commercial Fundraiser the merger documents have been enclosed.
- If a duplicate registration is the cause for the merger a statement must be attached stating the error.

(8) **RETURN ADDRESS FOR THIS FILING:** *(optional)*

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Surviving Organization's mailing address.

**Attention:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

(9) **SIGNATURE:**

By executing this document, the applicant certifies the following:

- He/she is authorized to represent the above named organizations.
- The information contained herein is accurate and true to the best of the applicant's knowledge.

\_\_\_\_\_  
Signature of Applicant Printed Name / Title Date