



INSTRUCTIONS: COMMERCIAL REGISTERED AGENT TERMINATION STATEMENT RCW
23.95.440

General Instructions: Use dark ink only. Complete the entire form and enter all requested information in the fields provided. At our website www.sos.wa.gov/corps a fillable .pdf version of this form is available or you can file online at www.cafs.sos.wa.gov

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

Payment: 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 no filing fee to termination the Commercial Registered Agent listing.

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) Name of Commercial Registered Agent: Provide the name of the Commercial Registered Agent as currently recorded with the Office of the Secretary of State.

(2) Attestation: By signing the Commercial Registered Agent attests that the statements in this section are true and correct.

(3) Return Address for this Filing: If provided, the confirmation regarding this specific filing will be sent to this address.

(4) 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 call 360-725-0377 or visit our website for a chat option with a representative.



Physical/Overnight address: 801 Capitol Way S Olympia, WA 98501-1226

Mailing Address: PO Box 40234 Olympia, WA 98504-0234

This Box For Office Use Only

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

COMMERCIAL REGISTERED AGENT TERMINATION STATEMENT

[RCW 23.95.425](#)

All fields are **REQUIRED** unless otherwise specified

(1) NAME OF COMMERCIAL REGISTERED AGENT: (as currently recorded with the Office of the Secretary of State)

(2) ATTESTATION:

By the authorized person signing the Commercial Registered Agent attests that the below statements are true and correct

I affirm that I will promptly furnish each entity represented by me a notice of this termination statement and include the information that this termination takes effect on the 31st day following the filing at the OSOS. The entity must appoint another Registered Agent within 30 days following the effective date. By signing this form, I affirm that I am no longer in the business of service as a Commercial Registered Agent in Washington.

Signature of Registered Agent

Printed Name

Date

(3) 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 Registered Agent's address.

Attention: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

(4) 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 Person

Printed Name/Title

Date