



WASHINGTON
Secretary of State
Corporations & Charities Division

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: ARTICLES OF DOMESTICATION WA NONPROFIT TO FOREIGN NONPROFIT
RCW 24.03A.795

General Instructions: 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 by contacting our office, to ensure you have the most recent version of the form.

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: The filing fee for Articles of Domestication from a Washington Nonprofit or Nonprofit Professional Service Corporation to a Foreign Nonprofit Corporation is \$10.

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): 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) Name of Nonprofit Corporation: Provide the name as recorded with the Office of the Secretary of State of Washington.

(3) Name of Foreign Nonprofit Corporation After Domestication: Provide the name of the Nonprofit Corporation as it will be recorded in the new jurisdiction.

(4) Domestication to: Provide the new jurisdiction of the Nonprofit Corporation.

(5) Domestication Attestation: By the authorized person signing they are attesting that the domestication was approved in accordance with RCW 24.03A.755 through RCW 24.03A.880.

(6) 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.

(7) Return Address for this Filing: If provided, the confirmation regarding this specific filing will be sent to this address, in addition to the Registered Agent's address.

(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/corporations for a rapid response from one of our representatives with our chat option.



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Tel: 360.725.0377 | Website: www.sos.wa.gov/corporations-charities

THIS BOX FOR OFFICE USE ONLY

☐ Filing Fee \$10

☐ To Expedite Filing, Add \$50

ARTICLES OF DOMESTICATION
Washington Nonprofit Corporation or
Washington Nonprofit Professional Service Corporation
[RCW 24.03A](#)

All fields are **REQUIRED** unless otherwise specified

(1) UBI No.: _____

(2) **NAME OF NONPROFIT CORPORATION:** (as currently recorded with the Office of the Secretary of State)

(3) **NAME OF FOREIGN NONPROFIT CORPORATION AFTER DOMESTICATION:**

(4) **DOMESTICATING TO:** New jurisdiction _____

(5) **DOMESTICATION ATTESTATION:** [RCW 24.03A.795](#)

By the authorized person signing the business attests that the below statement is true and correct.

- The plan of domestication was approved in accordance with **RCW 24.03A.755** through **24.03A.880**

(6) **EFFECTIVE DATE:** Check **ONE** of the following:

☐ Date of filing ☐ Specify a date _____ (cannot be more than 90 days following received date)

(7) **RETURN ADDRESS FOR THIS FILING:**

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: _____

(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 Person

Printed Name/Title

Date