

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

www.sos.wa.gov/corporations

INSTRUCTIONS: STATEMENT OF WITHDRAWAL OF FOREIGN REGISTRATION ON DISSOLUTION OR CONVERSION RCW 23.95.540

<u>Purpose</u>: Withdrawal Statement on Dissolution or Conversion is used to record that a foreign business has either dissolved or converted in its home jurisdiction and is no longer transacting business in Washington State. After this submission is successfully filed the business entity is no longer eligible for requalification and is considered permanently withdrawn from Washington State.

<u>General Instructions</u>: Use dark ink only. Complete the entire form and enter all requested information in the fields provided. At our website <u>www.sos.wa.gov/corporations</u> a fillable .pdf version of this form is available or for-profit businesses can file online at https://ccfs.sos.wa.gov

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

<u>Payment</u>: 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 for the Withdrawal Statement on Dissolution or Conversion.

Expedited Service: If expedited service is requested, an *additional* \$100 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 Business Entity: Provide the name as recorded with the Office of the Secretary of State of Washington. The Name and UBI Number of the business must match our records to be accepted.
- (3) Jurisdiction: Enter the home state or country under whose law the organic documents are filed.
- **(4)** Type of Withdrawal: Select if the foreign business is withdrawing based on either dissolution or conversion in its home jurisdiction.
- (5) Withdrawal Due to Conversion: If withdrawing due to conversion in the foreign business's home jurisdiction provide the name, new business entity type, new jurisdiction, and the service of process address where service can be conducted of the foreign business entity.
- (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) Withdrawal Attestations Based on Dissolution: By the authorized person signing the business attests that the statements in this section are true and correct.
- (8) Withdrawal Attestations Based on Conversion: By the authorized person signing the business attests that the statements in this section are true and correct.

(9) 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.

(10) Authorized Person: Sign, print, provide the signer's title, and date the document.

For a rapid response to questions, requests for assistance, or to provide feedback, please visit the Corporations and Charities website at www.sos.wa.gov/corporations to chat with a representative.

Overnight address by commercial carrier: 801 Capitol Way S Olympia, WA 98501-1226

<u>Mailing Address (ALL USPS)</u>: PO Box 40234 Olympia, WA 98504-0234 Tel: 360.725.0377 | Website: www.sos.wa.gov/corporations-charities

☐ No Filing Fee☐ To Expedite Filing, Add \$100

THIS BOX FOR OFFICE USE ONLY

STATEMENT OF WITHDRAWAL OF FOREIGN REGISTRATION ON DISSOLUTION OR CONVERSION

RCW 23.95.540

All fields REQUIRED unless otherwise specified				
(1) UBI No.: (2) BUSINESS ENTITY NAME: (as currently recorded with the Office of the Secretary of State)				
(4) TYPE OF WITHDR				
Why is the business entity withdrawing from business in Washington State? (Check one)				
□ Dissolution in its hom	ne jurisdiction			
□ Conversion in its home jurisdiction (complete section 5)				
(5) WITHDRAWAL DU	UE TO CONVERSION: Required	if conversion is checke	ed above	
Name of converting business entity:				
New business entity type to which the business entity converted:				
New Jurisdiction of converting business entity:				
SERVICE OF PROCES				
Business Entity Name:				
City:	State:	Zip:	Country:	

(6) EFFECTIVE DATE OF THIS FILING	Check ONE of the following			
\Box Date of filing (default) this is the date that the su	ubmission is completed by our office			
☐ Specify a Date (ca	(cannot be more than 90 days following received date)			
(7) WITHDRAWAL ATTESTATIONS BA	ASED ON DISSOLUTION:			
By the authorized person signing the busin	ness attests that the below statements	are true and correct.		
• This business entity surrenders its registr	ration to do business in Washington Sta	te.		
(8) WITHDRAWAL ATTESTATIONS BA	ASED ON CONVERSION:			
By the authorized person signing the busin	ness attests that the below statements	are true and correct.		
This business entity surrenders its registre	ration to do business in Washington Sta	te.		
• This business entity revokes the authority	y of the registered agent to accept servi	ce on its behalf.		
(9) RETURN ADDRESS FOR THIS FILE	NG: (Optional)			
If provided, the confirmation regarding this s Agent's address.	specific filing will be sent to the address	s below, in addition to the Registered		
Attention to:	Email:			
Address:				
City:	State:	Zip:		
(10) AUTHORIZED PERSON: I hereby certify, under penalty of law	, that the above information is accurate requirements of state law.	ate and complies with the filing		
Signature of Authorized Person	Printed Name/Title	Date		