



INSTRUCTIONS: STATEMENT OF CORRECTION RCW 23.95.220

Purpose: A Statement of Correction may be used by any domestic or foreign business entity to correct an error that was made on a filing recorded with this office. The original filed document will not be corrected; however, the data maintained by the filing system will be corrected to reflect the changes.

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 for download at www.sos.wa.gov/corporations

Mail: Send the completed form and payment to the address listed above. **The post mark date is not the received date.**

Email: An email address is required on all documents submitted to this office. Existing email addresses will be used for notifications unless replaced via a filing with this office. Archived emails from previous filings will continue to be used for all notifications.

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 the Statement of Correction is \$30.00

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

(3) Document Name that needs to be Corrected: Indicate the Name of the Filed Record to be revised with this Statement of Correction. Only one record may be revised per each Statement of Correction submitted.

(4) Filed Date of the Record: Indicate the Effective/Filed Date of the record to be revised with this Statement of Correction submission.

(5) Specify the Inaccuracy or Defect of Filed Record: Provide the specifications of the inaccurate or defective information. (Example: "Article 3, incorrectly states the Number of Shares as 500".)

(6) Specify the Corrections of the Filed Record: Provide the corrections to be made to the filed record. (Example: "Correcting Article 3, Number of Shares should be 5000 shares".)

(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.

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.



WASHINGTON
Secretary of State

Corporations & Charities Division

Mailing Address (ALL USPS): PO Box 40234 Olympia, WA 98504-0234

See website for overnight address by commercial carrier

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

☐ **Filing Fee \$30**

☐ **To Expedite Filing, Add \$100**

THIS BOX FOR OFFICE USE ONLY

STATEMENT OF CORRECTION

Pursuant to [RCW 23.95.220](#), the undersigned business hereby submits a Statement of Correction for the purpose of correcting a record filed with the Corporations and Charities Division of the Office of the Secretary of State.

All fields REQUIRED unless otherwise specified

(1) UBI No.: _____

(2) BUSINESS NAME: _____

(3) DOCUMENT NAME THAT NEEDS TO BE CORRECTED: (Examples: Annual Report, Articles of Incorporation, etc.) _____

(4) FILED DATE OF THE RECORD: _____

(5) SPECIFY THE INACCURACY OR DEFECT OF THE FILED RECORD: Attach additional pages if necessary

(6) SPECIFY THE CORRECTIONS OF THE FILED RECORD: Attach additional pages if necessary

(7) 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: _____

(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

Phone: (optional) _____ **Email:** _____