



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

THIS BOX FOR OFFICE USE ONLY

- ☐ Filing Fee \$30 - Profit entity types
- ☐ Filing Fee \$20 - Nonprofit entity type
- ☐ To Expedite Filing, Add \$100

NAME RESERVATION

RCW 23.95.310

All fields are **REQUIRED** unless otherwise specified

(1) BUSINESS ENTITY NAME TO BE RESERVED:

(2) ALTERNATE NAMES: List alternates in order of preference. An alternate name will only be used if the initial name is not available.

Alternate 1: _____

Alternate 2: _____

(3) BUSINESS ENTITY TYPE: Check ONE of the following

- | | | |
|--|---|--|
| <input type="checkbox"/> Limited Liability Company \$30 | <input type="checkbox"/> Profit Corporation \$30 | <input type="checkbox"/> Cooperative Association \$30 |
| <input type="checkbox"/> Limited Partnership \$30 | <input type="checkbox"/> Limited Liability Partnership \$30 | <input type="checkbox"/> Limited Cooperative Association \$30 |
| <input type="checkbox"/> Nonprofit Corporation \$20 | <input type="checkbox"/> Nonprofit Miscellaneous and Mutual Corporation \$20 | |

(4) RETURN ADDRESS FOR THIS FILING: *(Optional)*

If provided, the confirmation regarding this specific filing will be sent to the address below.

Attention: _____ **Email:** _____

Address: _____

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

(5) CLIENT: Required if different from applicant

Name: _____

Address: _____

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

(6) APPLICANT:

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

Name: _____

Address: _____

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

Signature of Applicant

Printed Name/Title

Date

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