



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

Purpose: 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is successfully filed the business entity is no longer eligible for requalification and is considered permanently withdrawn from Washington State.

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/corporations 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.

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: 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.



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

☐ No Filing Fee

☐ To Expedite Filing, Add \$100

**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) _____

(3) JURISDICTION: _____ (as currently recorded with the Office of the Secretary of State)

(4) TYPE OF WITHDRAWAL:

Why is the business entity withdrawing from business in Washington State? (Check one)

☐ **Dissolution** in its home jurisdiction

☐ **Conversion** in its home jurisdiction (*complete section 5*)

(5) WITHDRAWAL DUE TO CONVERSION: *Required if conversion is checked above*

Name of converting business entity: _____

New business entity type to which the business entity converted: _____

New Jurisdiction of converting business entity: _____

SERVICE OF PROCESS ADDRESS

Business Entity Name: _____

Attention to: _____

Address: _____

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

(6) EFFECTIVE DATE OF THIS FILING: Check ONE of the following

- ☐ Date of filing (default) this is the date that the submission is completed by our office
- ☐ Specify a Date _____ (cannot be more than 90 days following received date)

(7) WITHDRAWAL ATTESTATIONS BASED ON DISSOLUTION:

By the authorized person signing the business attests that the below statements are true and correct.

- This business entity surrenders its registration to do business in Washington State.

(8) WITHDRAWAL ATTESTATIONS BASED ON CONVERSION:

By the authorized person signing the business attests that the below statements are true and correct.

- This business entity surrenders its registration to do business in Washington State.
- This business entity revokes the authority of the registered agent to accept service on its behalf.

(9) 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 to: _____ **Email:** _____

Address: _____

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

(10) 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
