



INSTRUCTIONS: HOST HOME REGISTRATION RCW 74.15.315 & RCW 74.15.020

Purpose: A Host Home Registration can be used by a Nonprofit Corporation or Nonprofit Professional Service Corporation that is tax exempt to document that it meets all statutory requirements under RCW 74.15.020. After this submission is successfully filed, the business entity will be flagged as a Host Home which is publicly viewable.

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.

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 is \$20 for a Host Home Registration.

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 Nonprofit Corporation: 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) Host Home Attestation: By selecting the box the Nonprofit Corporation attests that it meets all statutory requirements under RCW 74.15.020.

(4) 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

(5) Signature and Notarization: Complete the information in this section with a notary. A notary must stamp the form, prior to submission to our office.

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 \$20

☐ To Expedite Filing, Add \$100

THIS BOX FOR OFFICE USE ONLY

REGISTRATION AS A HOST HOME

Nonprofit Corporation

Nonprofit Professional Service Corporation

[RCW 74.15.315](#) & [RCW 74.15.020\(2\)\(o\)](#)

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) HOST HOME ATTESTATION:

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

The Host Home Program meets all statutory requirements per [RCW 74.15.020](#)

(4) 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:** _____

(5) SIGNATURE AND NOTARIZATION:

These representations are true and correct, and contain no material omissions of fact to the best of my knowledge and belief.

Authorized Person of Business Printed Name

Authorized Person of Business Signature

State of Washington County of: _____

Signed and affirmed before me on: _____

By: _____

Notary Public Printed Name

Notary Public Signature

My Commission Expires: _____

NOTARY
STAMP
USE