



**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](http://www.sos.wa.gov/corporations-charities)

**THIS BOX FOR OFFICE USE ONLY**

☐ **Filing Fee \$10**

☐ **To Expedite Filing, Add \$100**

**STATEMENT OF WITHDRAWAL OF FILED RECORD BEFORE EFFECTIVE**  
**RCW 23.95.215**

**All fields REQUIRED unless otherwise specified**

**(1) UBI No.:** \_\_\_\_\_

**(2) BUSINESS NAME:** \_\_\_\_\_

**(3) TYPE OF RECORD TO BE WITHDRAWN:** Provide the title of the record that needs to be withdrawn  
\_\_\_\_\_

**(4) FILED DATE OF RECORD TO BE WITHDRAWN:** Provide the date the record was filed with our office

Date: \_\_\_\_\_

**(5) EFFECTIVE DATE OF RECORD TO BE WITHDRAWN:** The record cannot be withdrawn if it has taken effect

Date: \_\_\_\_\_ This date must occur after the date that the Statement of Withdrawal will be filed with our office

**(6) 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: \_\_\_\_\_

**(7) 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: \_\_\_\_\_