



WASHINGTON
Secretary of State

Corporations & Charities Division

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See website for overnight address by commercial carrier

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

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REPORT OF MERGER

All fields **REQUIRED** unless otherwise specified

SURVIVING ORGANIZATION INFORMATION:

(1) **Organization Name:** *Must match the name provided on the trust instrument*

(2) **Registration No.:** _____ **Federal EIN/Tax ID Number:** (Nine digits) _____

(3) **Contact Information:**

Address: _____

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

Email: _____ **Phone:** _____

NON - SURVIVING ORGANIZATION INFORMATION:

(4) **Organization Name:** *Must match the name provided on the trust instrument*

(5) **Registration No.:** _____ **Federal EIN/Tax ID Number:** (Nine digits) _____

(6) **Contact information:**

Address: _____

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

Email: _____ **Phone:** _____

(7) **Merger documents:**

- If the Merger is submitted for a Trust or Commercial Fundraiser the merger documents have been enclosed.
- If checked the organization is stating that a duplicate registration was submitted in error which created an additional registration number.

(8) **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 Surviving Organization's mailing address.

Attention: _____ **Email:** _____

Address: _____

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

(9) **SIGNATURE:**

By executing this document, the applicant certifies the following:

- He/she is authorized to represent the above named organizations.
- The information contained herein is accurate and true to the best of the applicant's knowledge.

Signature of Applicant _____ Printed Name / Title _____ Date _____