WASHINGTON
Secretary of State
Corporations & Charities Division

Corporations & Charities Division
Mailing address:
PO Box 40234
Olympia, WA 98504-0234
Tel: 360.725.0377
www.sos.wa.gov/corporations

INSTRUCTIONS: NONPROFIT MISCELLANEOUS AND MUTUAL CORPORATION ARTICLES OF DISSOLUTION RCW 24.06

Purpose: Articles of Dissolution is used to voluntarily dissolve the business entity. After this submission is successfully filed, the business entity is no longer eligible for reinstatement.

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 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 not a filing fee for Articles of Dissolution.

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) Business Name: Provide the name as recorded with the Office of the Secretary of State of Washington.

(3) 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.

(4) Revenue Clearance: Select the box to confirm that the required Department of Revenue Clearance Certificate is attached. The request for a revenue clearance can be found at https://dor.wa.gov/doing-business/my-account/revenue-clearance-certificate or by contacting the Department of Revenue. Once you have submitted the Application for Clearance to the Department of Revenue, they will provide the Revenue Clearance Certificate to submit to our office. Do not submit the Dissolution without the Clearance Certificate, submitting the application is not acceptable.

(5) Adoption Attestations: By the authorized person signing the business attests that the statements in this section are true and correct.

(6) Date of Adoption: Provide the date that the Dissolution was adopted.

(7) Dissolution Attestations: By the authorized person signing the business attests that the statements in this section are true and correct.

(8) Return Address for Filing: Complete the return address for this filing.

(9) 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.

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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**

ARTICLES OF DISSOLUTION

Nonprofit Miscellaneous and Mutual Corporation

RCW 24.06

All fields REQUIRED unless otherwise specified

(1) UBI No.: _____

(2) NAME OF NONPROFIT CORPORATION: (as currently recorded with the Office of the Secretary of State)

_____

(3) 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 the received date)

(4) REVENUE CLEARANCE:

☐ **A Washington State Department of Revenue Clearance Certificate is attached.**

(5) ADOPTION ATTESTATION:

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

A quorum was present at the meeting of members or shareholders at which the resolution to dissolve was adopted and certifies that such resolution received at least two-thirds of the votes which members and shareholders present in person or by mail or by electronic transmission at such meeting or represented by proxy were entitled to cast or was adopted by a consent in writing signed by all members and shareholders.

(6) DATE OF ADOPTION:

The date that the Articles of Dissolution were adopted was: _____

(7) DISSOLUTION ATTESTATIONS:

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

- All debts, obligations, and liabilities of the corporation have been paid and discharged or that adequate provision has been made therefor;
- All the remaining property and assets of the corporation have been transferred, conveyed or distributed in accordance with the provisions of this chapter;

AND

- There are no suits pending against the corporation in any court or, if any suits are pending against it, that adequate provisions have been made for the satisfaction of any judgement, order or decree which may be entered.

(8) RETURN ADDRESS FOR THIS FILING: ***(optional)***

Attention to: _____ **Email:** _____

Address: _____

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

(9) 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**