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: STATEMENT OF WITHDRAWAL OF FILED RECORD BEFORE EFFECTIVE RCW 23.95.215

Purpose: A Statement of Withdrawal of a Filed Record may be used by any domestic or foreign business entity to withdrawal a filed record prior to the record taking effect.

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**. The post mark date is not the received date.**

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 for the Statement of Withdrawal of Filed Record Before Effective is $10.00

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(3) Type of Record to be Withdrawn: Indicate the name of the filed record to be withdrawn. The name of the record can be seen by conducting a business search and reviewing the title under the business entity's filing history.

(4) Filed Date of the Record to be Withdrawn: Indicate the filed date of the record to be withdrawn. This is the date that the record was completed by the Secretary of State.

(5) Effective Date of Record to be Withdrawn: Provide the date that the record was to take effect. This date cannot have already passed.

(6) 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.

(7) 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

☐ **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:** _____