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: NAME RESERVATION RCW 23.95.310

Purpose: A Name Reservation may be used by any business entity to reserve a business name prior to registering with the Secretary of State and receiving the Unified Business Identifier (UBI) Number. A Name Reservation is not able to be renewed and the intention is that the business entity will register with the Secretary of State.

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 Name Reservation is $30.00 for all for-profit business entity types and $20.00 for all Nonprofit business entity types.

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) Business Entity Name to be Reserved: Provide the name to be reserved for review. A corporate name must be distinguishable upon the records of the Secretary of State from any other business already registered or a name already reserved with the Secretary of State's office.

(2) Alternate Names: Alternate names may be provided. Alternate 1 will be used if the initial name provided to reserve is already in use or already reserved.

(3) Business Entity Type: Select the business entity type that the name is being reserved for.

(4) Return Address for this Filing: If provided, the confirmation regarding this specific filing will be sent to this address, in addition to the Applicant's address.

(5) Client: Provide the name and address of the client if the applicant is not who the name is being reserved for.

(6) Applicant: Provide the name, address, signature of the Applicant. 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 $30 - Profit entity types**

☐ **Filing Fee $20 - Nonprofit entity type**

☐ **To Expedite Filing, Add $100**

NAME RESERVATION

RCW 23.95.310

All fields are REQUIRED unless otherwise specified

(1) BUSINESS ENITTY NAME TO BE RESERVED:

_____

(2) ALTERNATE NAMES: List alternates in order of preference. An alternate name will only be used if the initial name is not available.

Alternate 1: _____

Alternate 2: _____

(3) BUSINESS ENTITY TYPE: Check **ONE** of the following

☐ Limited Liability Company **$30** ☐ Profit Corporation **$30** ☐ Cooperative Association **$30**

☐ Limited Partnership **$30** ☐ Limited Liability Partnership **$30** ☐ Limited Cooperative Association **$30**

☐ Nonprofit Corporation **$20** ☐ Nonprofit Miscellaneous and Mutual Corporation **$20**

(4) RETURN ADDRESS FOR THIS FILING: ***(Optional)***

If provided, the confirmation regarding this specific filing will be sent to the address below.

Attention: _____ **Email:** _____

Address: _____

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

(5) CLIENT: Required if different from applicant

Name: _____

Address: _____

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

(6) APPLICANT:

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

Name: _____

Address: _____

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

_____ _____ _____

Signature of Applicant **Printed Name/Title** **Date**

Phone: (optional) _____ **Email:** _____