WASHINGTON
Secretary of State
Corporations & Charities Division

Corporations & Charities Division
Physical/Overnight address:
801 Capitol Way S
Olympia, WA 98501-1226
Mailing address:
PO Box 40234
Olympia, WA 98504-0234
Tel: 360.725.0377
www.sos.wa.gov/corporations

INSTRUCTIONS: ARTICLES OF DISSOLUTION OF A PROFIT CORPORATION; PROFIT PROFESSIONAL SERVICE CORPORATION; OR SOCIAL PURPOSE CORPORATION RCW 23B

Purpose: Articles of Dissolution is used to voluntarily dissolve the business entity. After 120 days of this submission being filed the business entity is no longer eligible for reinstatement or revocation and is considered permanently dissolved.

General Instructions: Use dark ink only. Complete the entire form and enter all requested information in the fields provided. At our website www.sos.wa.gov/corporations a fillable .pdf version of this form is available or you can file online at https://ccfs.sos.wa.gov

Mail: Send the completed form and payment to the address listed above**.**

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 no filing fee for the 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) Name of Business Entity: Provide the name as recorded with the Office of the Secretary of State of Washington. The Name and UBI Number of the business **must** match our records to be accepted.

(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 Statement: Select how the Dissolution was adopted by checking the appropriate box.

(6) Date Dissolution was Approved: Enter the specific date of when the Dissolution was approved.

(7) 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.

(8) 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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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

Profit Corporation

Profit Professional Service Corporation

Social Purpose Corporation

RCW 23B.14

All fields REQUIRED unless otherwise specified

(1) UBI No.: _____

(2) BUSINESS ENTITY NAME: (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 received date)

(4) REVENUE CLEARANCE:

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

(5) ADOPTION STATEMENT: Check **ONE** of the following

☐ Approved by the initial directors, the incorporators, or the board of directors in accordance with **RCW 23B.14.010**

OR

☐ Proposed by the board of directors and approved by the shareholders in accordance with **RCW 23B.14.020**

(6) DATE DISSOLUTION WAS APPROVED:

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

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

Attention to: _____ **Email:** _____

Address: _____

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

(8) 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**