



INSTRUCTIONS: NAME REGISTRATION RCW 23.95.315

Purpose: A Name Registration may be used by any foreign business entity to reserve for use in Washington State its business name used in its home jurisdiction with the Secretary of State. A Name Registration may be renewed with the Secretary of State between October 1st to December 31st annually.

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.**

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 Registration is \$30.00 for all for-profit business entity types and \$20.00 for a Nonprofit Corporation.

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) Registration Information: Select if it is a new name registration or a renewal of a currently recorded name registration. If this is a renewal provide the registration number that was issued.

(2) Business Entity Name to be Registered/Renewed: Provide the name to be registered 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 or registered with the Secretary of State's office.

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

(4) Foreign Business Entity Information: Provide the jurisdiction, either the home state or country under whose law the organic documents are filed. Provide the date of formation in the business entity's jurisdiction. Required is the submission of a Certificate of Existence/Good Standing from the home jurisdiction, this must have been issued no more than 60 days prior to the date of submission of the Name Registration.

(5) 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.

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

(7) 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.



WASHINGTON
Secretary of State

Corporations & Charities Division

Overnight address by commercial carrier: 801 Capitol Way S Olympia, WA 98501-1226

Mailing Address (ALL USPS): PO Box 40234 Olympia, WA 98504-0234

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

- Filing Fee \$30 - Profit entity types
- Filing Fee \$20 - Nonprofit entity type
- To Expedite Filing, Add \$100

THIS BOX FOR OFFICE USE ONLY

FOREIGN NAME REGISTRATION

[RCW 23.95.315](#)

A name registration must be renewed annually between October 1st and December 31st

All fields are REQUIRED unless otherwise specified

(1) REGISTRATION INFORMATION: Check ONE of the following, if "Renewal" provide the registration number issued previously.

- New Registration
- Renewal: _____ (registration number)

(2) BUSINESS ENTITY NAME TO BE REGISTERED/RENEWED:

(3) BUSINESS ENTITY TYPE:

- Limited Liability Company \$30
- Profit Corporation \$30
- Nonprofit Corporation \$20

(4) FOREIGN BUSINESS ENTITY INFORMATION:

Jurisdiction: _____ **Date of formation:** _____

REQUIRED: A Certificate of Existence/Good Standing or document of similar import from the home jurisdiction issued no more than 60 days before the date of submission must be attached to this filing. Failure to do so will result in the Foreign Registration Statement being returned for correction. Contact your Secretary of State or your keeper of corporate records for instructions on obtaining this document.

(5) 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:** _____

(6) CLIENT: Required if different from applicant

Name: _____

Address: _____

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

(7) 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:** _____